

HEALTH & DISEASE - HOSPITALS &
CLINICS

1990

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JANUARY — MARCH.

Hospital mum on staff losses (98)

J G STRIJDOM Hospital officials yesterday refused to disclose how many staff had been lost as a result of its reclassification to a whites-only own affairs hospital.

Wits University withdrew the last of its staff and all students from the hospital from January 1 in protest at its reclassification. *3/10 am 4/1/90*

Superintendent Chris Visagie would not speak to Business Day and a Transvaal Hospital Services spokesman refused to say how many people had left since the hospital was transferred from general to own affairs in April last year.

He would not say how many posts were vacant, but said there were 50 full- and

TANIA LEVY

part-time doctors working at the hospital.

About 100 doctors and specialists were employed at the hospital when its status changed. Besides medical staff, the hospital's superintendent and more than 50 nurses also resigned in protest at the reclassification.

Many staff resigned immediately despite Wits University's agreement to stay on until the end of the year to give authorities the opportunity to restore J G Strijdom Hospital to general affairs. Under own affairs it could no longer be classified a teaching hospital.

Patients got a raw deal (98)

A NUMBER of East Rand residents claim they have been turned back and refused treatment at the Natalspruit Hospital in the past three months.

The hospital has denied this allegation.

Residents from Tokoza, Katlehong and Vosloorus said they had been told that only "serious cases" will be attended to.

Residents claimed the situation at the hospital got worse last month when Vosloorus residents were referred to the Boksburg-Benoni-Hospital in Boksburg.

Natalspruit hospital's chief superintendent, Dr N Kernes, denied that

By MZIKAYISE EDOM

patients were being turned away and refused treatment from his hospital.

He said: "As is the practice in most hospitals, we only attend to emergency cases at night.

"Any person refused treatment at night even though he was desperately ill must contact me and I will personally investigate the complaint."

Kernes said his hospital treated anybody irrespective of the township he or she came from.

One-year-old Mfundo Mashabane of Vosloorus

Sowetan 5/11/90
who was scalded by boiling water was refused treatment at the hospital when his parents took him for treatment.

His father, Mr Living Mashabane, said they had to take him to a private doctor.

He said: "He was badly injured. I spent more than R600 on treatment, including medication."

Mrs Gladys Mathebula of Ngema Section, Katlehong, said last month she went to the hospital with a stomach ailment. She arrived at the hospital at 2am and was attended to at 4.30am.

"Without checking me, a doctor said there

was nothing wrong with me and that I should go home and come later in the day as I was not a 'serious case'," said Miss Mathebula.

A pensioner Mr Tempest Ntshangase of Vosloorus said: "I had pains all over my body and I could not walk properly. I went to the hospital and a white doctor, who refused to examine me, said there was nothing wrong with me and chased me out of the hospital."

Mr Ephraim "Bricks" Likole of Katlehong said he had badly injured his hand at work two weeks ago and when he went to the hospital he was refused treatment.

Colonel Deane's situation.

Heart disease still the major killer

Star 10/11/90

Motor vehicle accidents claimed more lives than heart disease in the below 40 age group, but heart disease remained the greatest cause of death and was responsible for 46,9 percent of deaths in all age groups, according to Old Mutual general manager Mr Bobbie Jooste.

The statement said the figures came from a review of Old Mutual's payouts for death claims in 1989, based on 33 576 claims.

Old Mutual Individual Life received 15 death claims due to Aids in 1989 compared to eight in 1988 which included the first death claim from the killer disease.

MOTOR ACCIDENTS

An alarming 40,6 percent of the policy holders under 25 who died between 1986 and 1989 died as a result of motor accidents.

Motor accidents were responsible for 26,2 percent of the death claims in the age group 25 to 40 and represented 11,5 percent of the total death claims Old Mutual handled.

More policy holders under the age of 40 died as a result of violence during the last eight years than any other age group, according to the report.

Cancer was responsible for 12 percent of death claims.

RESPIRATORY TRACT

During 1989 death claims due to diseases of the respiratory tract represented 7,8 percent and those due to diseases of the digestive tract 3 percent of the total death claims.

The claims following suicide increased by 246 cases and form 2,3 percent of the total number of death claims by policy holders the report said.

"Although there was a marginal decrease in the prevalence of both heart disease and motor accidents, the impact that it has on the most productive age group gives grave cause for concern," said Mr Jooste.
— Sapa.

Call for nonracial nurses residences

Star 10/11/90

By Mckeed Kotlolo,
Pretoria Bureau

The South African Nursing Association yesterday announced its support for multiracial nurses' residences.

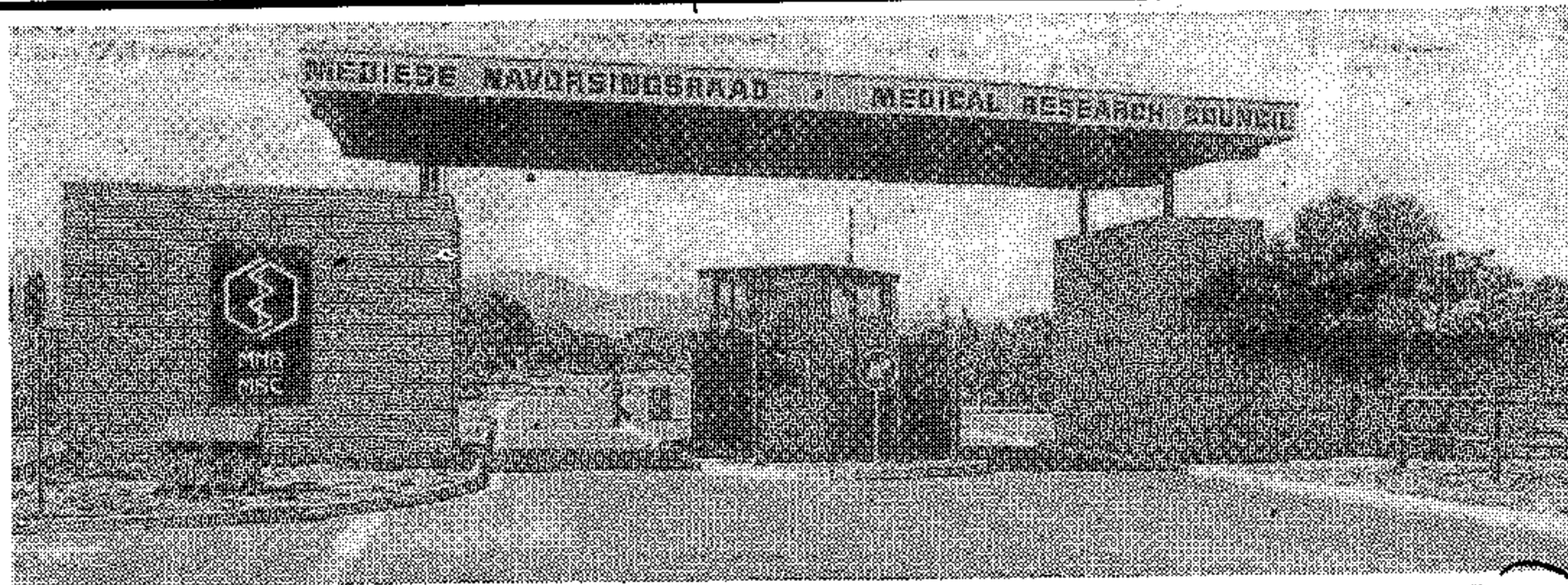
In a statement, it commented for the first time on the accommodation of staff from Hillbrow Hospital after their residence was gutted about three weeks ago.

The statement said that while the association was not convinced that integrating facilities by force was the correct approach, its central board believed facilities for training of nurses should be opened to all races.

The association further said nurses' residences should be open to all nurses employed at that specific hospital, or at a neighbouring hospital in an emergency case.

Nurses should be able to apply for a post wherever they want to work and "it is the employer's prerogative to select staff according to merit".

Sowetan 10/11/90.



Medical Research Council in Cape Town.

98

In search of health

JUST near Tygerberg Hospital in Cape Town stands one of South Africa's most significant scientific institutions - the Medical Research Council.

Established in 1969, the MRC was originally part of the Council for Scientific and Industrial Research (CSIR) but later became autonomous. This was because CSIR covered more general aspects of science while MRC was for specific medical research.

According to MRC president, Dr Phillip van Heerden, the institution does research across the country around three

main programmes: Its national programme identifies a health problem in the country and researches it with the aim of finding a cure.

Tuberculosis is a typical example. Dr Van Heerden said there was a high incidence of TB in the Western Cape. MRC was investigating the causes, why the resistance of the people was low and means of improving their resistance.

He said South Africa was the only country south of the Sahara able to provide the expertise and technology to solve

many health problems.

MRC's Research Support institutes provide computer facilities and bio-statistics to all medical researchers in the country. Like the South African Institute for Medical Research, MRC has a symbiotic relationship with medical institutions.

Research

The Partnership Research Programme conducts research in collaboration with the medical schools. Dr Van Heerden explained that using existing facilities at the

university was cost-effective. MRC obtains 95 percent of its funds from the treasury while five percent comes from the private sector. It has a staff of more than 500 countrywide. Its departments include medicine, bio-chemistry and microbiology.

The MRC has spread its tentacles in the country with 20 research units currently operational. The institution has first world facilities to cater for third world problems. Dr Van Heerden said MRC provides bursaries and scholarships for post-graduates to train overseas.

Wednesday January 10 1990

Link two hospitals, urge doctors

Plea for Strijdom, Coronation to join

By Toni Youngusband, Medical Reporter

The only way to save the dying J G Strijdom Hospital was to amalgamate it with the nearby "coloured" Coronation Hospital, doctors said yesterday.

In a desperate plea to save what was once one of the country's finest teaching hospitals, doctors have called on the Government to combine the hospitals into one multiracial health centre.

They stand just 2 km apart yet the Strijdom is closing its beds as patients at Coronation lie on stretchers in overcrowded wards.

When The Star visited the Strijdom yesterday only two patients awaited attention in the once bustling casualty department. The hospital's long passages were deathly quiet, padlocks and chains barred entry to wards which stand empty.

Africa map is a 'must'

On Friday The Star will publish a colour map of Africa which is a "must" for every classroom. Based on the annual calendar produced by The Star's Africa News Service, the map gives full details of the 50 countries in Africa, plus the neighbouring islands. The flags of every country will also be reproduced in full colour.

In addition to the basic statistics applicable to each country (such as trade figures and population) the map also has notes on the most recent political developments in the various countries.

Don't miss The Star on Friday for this free map.

Down the road at Coronation, queues of people waited outside casualty and the wards and passages thronged with life.

At least 100 doctors left the Strijdom in the wake of a Government decision in April last year to make it a whites-only "own affairs" institution.

Under "own affairs" it cannot hold academic status and the University of the Witwatersrand was forced to withdraw its staff. Those specialist departments which have not closed down are staffed by part-timers.

Beleaguered

One of the last doctors to leave the beleaguered hospital told The Star that millions of rands of sophisticated equipment lay unused at the Strijdom because the staff trained to operate it had left.

"There is one gamma camera, worth hundreds of thousands of rands, which has been locked up and not used since the ICU staff left — and that was in July last year," the doctor said.

Another doctor said the Strijdom had some of the best lung-function equipment in the country worth millions of rands and, while a few technicians remained to operate it, there were no doctors to interpret the results.

The Intensive Care Unit, once one of the best in the country, is now staffed chiefly by part-time consultants.

Before the hospital's reclassification to "own affairs", its department of medicine had 11 full-time and three part-time specialists. By September 1, five had transferred to other hospitals and six had resigned.

"Just before I left the atmosphere was Doomsday, infinitely worse than it was ever envisaged. Before April there was

the secret hope that the Strijdom and Coronation would be amalgamated.

"This was the only logical decision to make. It was a terrible blow when we heard what the authorities had done. It was exactly the opposite to the expectations of the staff," he said.

A spokesman for the doctors' liaison committee at Coronation said this hospital's bed occupancy fluctuated between 90 per cent and 110 per cent.

"Our wards are supposed to take 24 beds. At times we have up to 40 patients and we have to bring in stretchers to accommodate the overflow."

Another doctor pointed out that if there was overflow at Coronation he was ordered to transfer his "coloured" and Indian patients to the Lenasia South Hospital 42 km away.

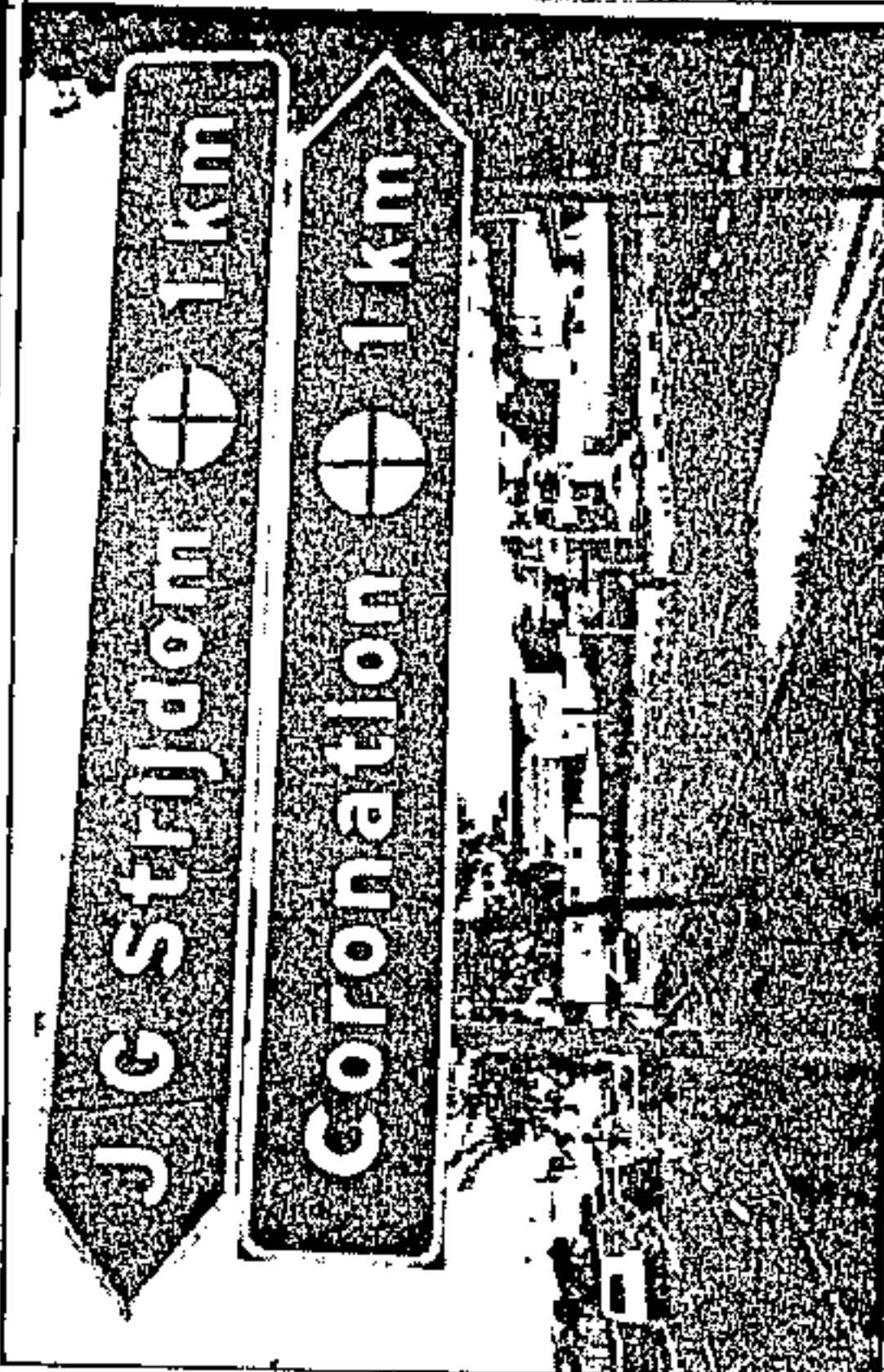
Ludicrous

"That's about the same distance as to Pretoria. It is the most ludicrous situation when you have a hospital just a kilometre away which stands half empty," he said.

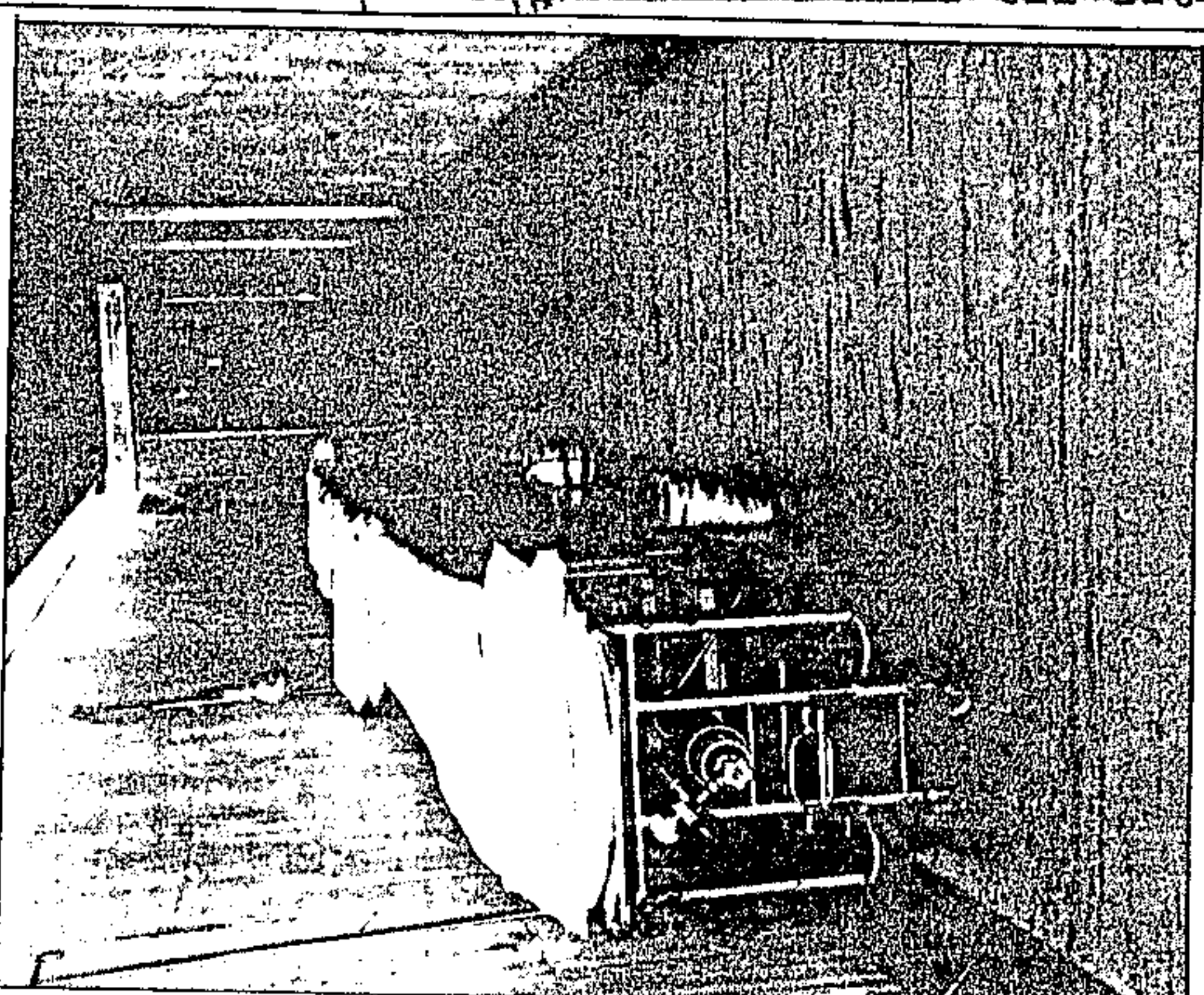
"We have enough doctors to work at the Strijdom and I am sure if the two hospitals were amalgamated they would be happy to go there," the doctors' liaison committee spokesman said, pointing out that an amalgamation would mean a balanced patient load leaving more space at Coronation, an old building with narrow corridors and dark wards.

Provincial authorities have claimed that a number of doctors have been recruited for the Strijdom.

"They might replace numbers but they cannot replace the calibre of doctors they lost, not without the university," another doctor said.



The one is half empty, the other overflowing. The two hospitals stand just a couple of kilometres apart yet only whites may be admitted to the Strijdom, while the Coronation is for coloureds and Indians.



Empty stretchers and bare corridors bear testimony to the dying J G Strijdom Hospital, which was once one of South Africa's finest teaching hospitals.

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It's still functioning effectively - Minister

9/6/10/11/90 Staff Reporter (98)

There is no possibility of J G Strijdom Hospital closing its doors, the authorities have said.

The Transvaal Provincial Administration and the Department of Health Services and Welfare in the House of Assembly held discussions yesterday regarding the controversial hospital.

Minister of Health Services, Welfare and Housing Mr Sam de Beer said in a statement yesterday that only one ward at J G Strijdom Hospital had been closed in the past six months.

He said the 22 wards had never been used solely to accommodate patients - they had also been used for physiotherapy, occupational therapy and social work.

"Altogether 24 new specialists and medical practitioners have been recruited. The hospital will therefore soon have 75 full-time and part-time doctors and specialists.

"It is pleasing that more than 50 student nurses have been selected for training this year," Mr de Beer said.

The full-time usage of the operating theatres reflected their effective utilisation.

The hospital treated about 300 out-patients a day.

"The University of the Witwatersrand continues to support the hospital in planning and maintenance of services (which) is proof of the ongoing discussions taking place to ensure effective functioning of the hospital in this new phase of development.

"The hospital provides an important service to the community and there is no possibility that it will close its doors in the future," the statement said.

Olympic talks raise hopes for SA

By Alan Robinson, The Star Bureau (98) 10/11/90

LONDON - It looks as if South African sport has been given a massive fillip in talks with International Olympic Committee representatives. And hopes are soaring that at last there is a prospect of an end to isolation.

A trio of top-ranking sports chiefs spent more than five hours in intensive discussions in Paris yesterday with Mr Sam Ramsamy and Mr Fekrou Kidane, both hardline campaigners for international ostracism ... and came away bursting with optimism.

Delegation leader Mr Johann du Plessis, president of the SA National Olympic Committee, said: "We are shattered. It has been a long, long day. But we go home delighted at what has been achieved.

"Make no mistake. It has been tough. But we have established a rapport that promises only good for our sportsmen and sportswomen.

"We go home knowing what we have to do. Given goodwill and hard work, we can do it all. It needs the co-operation of all our sports leaders. If we can get that, there can be no stopping us."

It had been widely predicted that the meeting would end in stalemate between the all-or-nothing approach of Mr Ramsamy and the step-by-step, cautious policy that has so far been adopted by South African sports administrators. Yet the outcome could not have been more different.

Both sides left convinced that "positive" results had been achieved.

It is understood that Mr du Plessis takes back to South Africa with him a strong plea from Mr Ramsamy and governing bodies of other sports to abandon the strategy of staging "rebel" tours.

There is a growing feeling here that the forthcoming cricket tour by Mike Gatting's team could jeopardise the new-found understanding abroad and exacerbate tensions at home.

All of this may be a ploy by militants here to spike Gatting's (and Dr Ali Bacher's) guns, but the mood in Paris suggests otherwise.

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Hospital to remain open

JOHANNESBURG.
The J G Strijdom Hospital here will not close its doors in the near future, the Department of Health Services and Welfare announced last night.

A statement released by the Minister of Health Services, Welfare and Housing, Mr Sam de Beer, said that 24 new specialists and medical practitioners had been recruited.

The statement follows discussions between the Department of Health Services and Welfare and the Transvaal Provincial Administration.

"The hospital serves a very important service and there is no possibility that it will close in the future," Mr De Beer said. — Sapa

Heart-liver girl ill

PITTSBURGH. — The world's first recipient of a heart-liver transplant, Stormie Jones, was in a serious condition yesterday at the Children's Hospital of Pittsburgh, where she was undergoing tests, a spokeswoman said.

The 12-year-old, who underwent the transplant in 1984, was admitted three days ago. — Sapa-AP

By Day 10/11/90 98

COURT BID TO HALT IPI TOMBI FOLLOW UP SHOW IN THE CAPE

THE authors and producers of the musical Ipi Tombi, Bertha Egnos and Gail Lakier, launched an urgent application in the Rand Supreme Court yesterday in a bid to halt the backers of the follow-up from opening the new show in Cape Town tonight.

Egnos and Lakier, who also devised and produced the follow-up musical, were seeking an interim order preventing Pink Parrot Promotions (Pty) Ltd from presenting The Warrior (previously known as Ipi Tombi - The New Generation) at the Baxter Theatre in Cape Town pending action for a final interdict.

They also wanted Pink Parrot Promotions stopped from staging the show under the name The Warrior pending the action for a final order.

Egnos and Lakier claimed the licence they granted Pink Parrot to stage the new show restricted performances to the Victory Theatre in Johannesburg where it was performed earlier this year.

In an affidavit Egnos also claimed Pink Parrot Promotions

SUSAN RUSSELL

was not entitled to change the name of the new show or present it elsewhere without a new fee structure being agreed upon for herself and Lakier.

Egnos said she had ascertained that the name of the show had been changed to The Warrior and that she and Lakier were no longer credited in publicity material as being the authors and producers.

Mr Justice Strydom postponed the application until next Tuesday to allow Pink Parrot Promotions time to file affidavits answering the allegations made by Egnos and Lakier.

He did this after asking counsel for the pair, advocate JF Roos, why Pink Parrot Promotions was only given 23 hours notice when the court papers had been signed last Thursday.

Pink Parrot Promotions was given until noon next Monday to file answering affidavits.

Egnos and Lakier had to file their replying affidavits by 10am next Tuesday.

Blacks can stay in white hospital 'until probe ends'

GERALD REILLY

PRETORIA - Black Hillbrow Hospital staff members will be allowed to stay at Johannesburg Hospital until a top-level provincial investigation has been completed, according to a spokesman.

About 100 doctors, nurses and physiotherapists - most of them black - had to evacuate their accommodation at Hillbrow Hospital after a fire last month.

The initial reaction of the Transvaal Provincial Administration (TPA) was to instruct the hospital to find accommodation elsewhere for the black staffers.

But the staff of the half-empty white Johannesburg Hospital has supported the continued accommodation of the Hillbrow staff until their accommodation has been renovated.

Reacting to the issue in a statement in Pretoria yesterday, the

South African Nursing Association (Sana) said nursing residences should be opened to all races.

A Sana representative said the association was not convinced that forced integration of facilities was necessarily right, but it firmly believed conditions of employment for nurses - including accommodation, creches and other facilities - should be equal.

It believed, too, that nurses should be able to apply for posts wherever they wanted to work, although it was the prerogative of each employer to select staff on merit.

The Sana statement added that facilities for the training of nurses should also be opened to all races.

Sana's central board had noted "with concern" media reports about the Hillbrow Hospital-Johannesburg Hospital issue.

VRYE Weekblad editor Max du Preez and journalist Jacques Pauw have been subpoenaed in terms of Section 205 of the Criminal Procedure Act to disclose details concerning interviews with alleged former "hit squad" police-

Vrye Weekblad editor subpoenaed

men Dirk Coetzee and David Tshikalange. By Day 10/11/90

Du Preez yesterday confirmed he was to appear before a Johannesburg magistrate on January 12.

The two journalists have been subpoenaed to provide information regarding the murder of human rights attorney Griffiths Mxenge and other murders and

crimes mentioned in the newspaper on November 17 and 24.

Du Preez said they had also been ordered to hand over tape recordings made and notes taken during interviews with Coetzee and Tshikalange. - Sapa.

Quality Tyres in

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SAP suggested allegations were made by men wear... on Els said charged the hospital

Screen Traders Association is
to discuss the issue at a meeting in Johannes-
lay. The JSE could not be reached for comment.

e Prof Odell gets top heart surgery post

Own Correspondent 98

CAPE TOWN — Top local surgeon Prof John Odell is to take over from Prof Bruno Reichart as head of the department of cardio-thoracic surgery at Groote Schuur Hospital.

This appointment to one of the country's most prestigious medical posts has not been announced officially yet and has to be given final approval by provincial authorities. The information was supplied by a reliable source. 31 Oct 11/11/90

UCT Medical School dean Prof J P van Niekerk said yesterday that until provincial confirmation of the appointment was received, no official statement could be made.

Shortly after Reichart left for Germany late last year, Van Niekerk said the appointment would probably be made public "early in the new year".

He said then that John Odell, who was Reichart's deputy, had been made acting head of the department until an appointment was made official.

He referred to him as a "highly competent surgeon".

Van Niekerk said much interest had been shown in the position and that applications both from within the country and abroad had been received.

Odell, a UCT graduate, maintained a low profile for the three-and-a-half years he worked with Reichart.

Before this he worked at Wentworth Hospital in Durban and had previously spent some time in Scotland.

He declined to comment on the appointment when approached by our correspondent yesterday.

Reichart, who took over as department head from Prof Chris Barnard in 1984, now heads Munich University's department of cardio-thoracic surgery.

WHITE & WOOD 7500

Transfer 'a political ploy'

Strijdom move a debacle – DP

By Toni Younghusband,
Medical Reporter

There was no doubt the Government decision to transfer JG Strijdom Hospital from "general affairs" administration to white "own affairs" was politically motivated, Democratic Party spokesman on health Mr Mike Ellis said yesterday.

Doctors working at the Strijdom and at the nearby coloured Coronation Hospital claimed in interviews with The Star that there was no logical reason why a hospital which was functioning exceptionally well and providing an excellent service should be reclassified as a regional institution under "own affairs" administration.

"To take a decision like that with no reason given, without any discussion with senior medical personnel, was nothing short of an absolute debacle," Mr Ellis said.

However, Minister of Health Services, Welfare and Housing in the House of Assembly Mr Sam de Beer said yesterday the suggestion that this was a political move was at variance with the facts.

He said the Strijdom was first identified in 1986 by the Commission of Ad-

ministration — an "impartial body" — as one of many hospitals to be reclassified. "The only political decision was to confirm the correctness of the commission's ongoing recommendation."

A spokesman for the Coronation Hospital doctors' liaison committee said it was a pity the conservative white people who used the Strijdom did not realise their health care had been compromised by the Government's decision.

Another doctor, who once worked at the Strijdom, said the transfer had done the white population "an enormous disservice".

Unused equipment

Many of the hospital's specialist facilities had closed, at least 100 doctors had left and millions of rands of equipment lay unused.

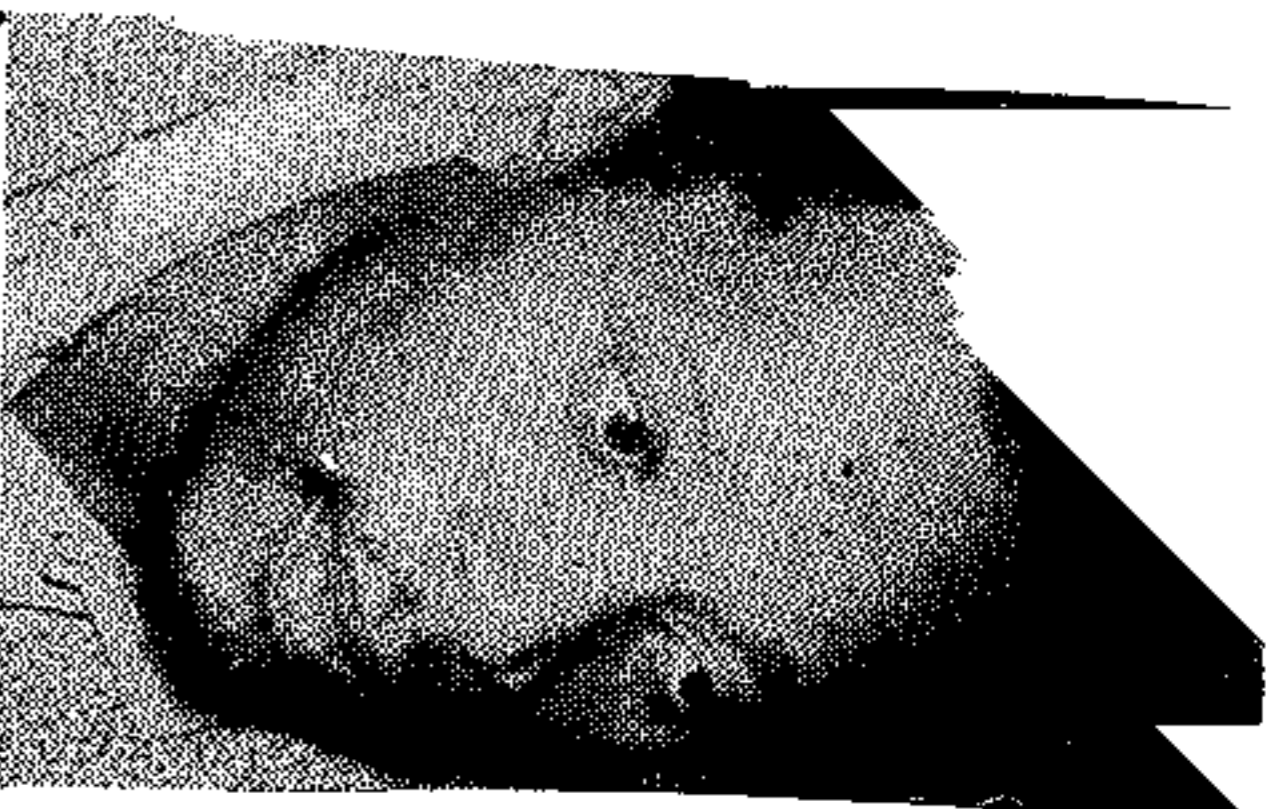
He said the hospital ought to be given back to "general affairs" to enable it to return to what it once was.

Others suggest that the only way to save the Strijdom would be to amalgamate it with Coronation Hospital.

In reply, Mr de Beer said the Government was continually looking into the provision of improved health services, and to venture an answer on possible amalgamation at this early stage would be premature.

Healers seek healthy respect

Lungisa Putine



THE AFRICAN National Healers' Association is fighting for recognition by Government and for respect in the black community.

The association believes the contribution of its members should be viewed as a pivotal part of people's lives. In fact, it thinks its work should enjoy similar esteem to conventional medicine.

In an interview with *Sowetan*, ANHA deputy president, Mr Lungisa Putine, said 337 years of deliberate oppression had deprived black traditional

healers of many things. However, his organisation was seeking to overcome the centuries of deprivation to ensure that the traditional doctors' role was respected.

Among ANHA's objectives are recognition from the medical and dental councils. Such recognition is regarded as a prerequisite to future understanding and co-operation.

ANHA also hopes to acquire recognition from medical aid schemes so its patients can be reim-

bursed for treatment and the products sold by inyangas.

Putine said his organisation would set standards of proficiency and issue certificates to those inyangas who met this testing criteria.

He said it also intended to improve the efficiency of consultations, diagnosis and treatment.

The organisation will ensure that proper ethics and standards are maintained. ANHA said it was committed to uplifting the status of inyangas in all communities.

98

Sowetan 12/11/90

Hospitals turn away hundreds

By SOPHIE TEMA (98)

HUNDREDS of patients have for months been turned away from Baragwanath and Hillbrow Hospitals and forced to seek medical treatment in private health institutions.

This was revealed to *City Press* by a spokesman for the Southern African Health Workers' Congress (Sahwco) after the Transvaal Provincial Administration (TPA) announced that the number of patients admitted to hospitals would be restricted.

Patients whom hospital authorities considered to be living above the bread-line were sent to private health institutions and doctors for medical treatment.

The TPA said the measures would apply to about 10 percent of provincial hospital patients and would only apply until the end of March, when the new financial year began.

Sahwco is considering calling a meeting with community organisations to discuss the TPA move, which was announced in a secret document sent to hospital superintendents and circulated among doctors.

The spokesman said there had been genuine complaints from health workers, as the move was likely to create animosity between them and their communities.

The TPA said the move to reduce the number of patients in hospitals was prompted by the fact that Hospital Services funds were depleted.

Although the TPA has given its assurance that no emergency would be turned away, doctors in hospitals treating black patients have voiced concern that clerks, rather than doctors, would screen patients.

A Sahwco spokesman said: "To say the administration is strapped for funds is foolish, considering that there are 14 departments of health - one for whites, one for Indians, one for Coloureds and one for each ethnic group.

"Health is a basic human right and the most important barometer by which to measure the socio-political condition of a country. To cut back on health services is uncivilised and a way of destroying the entire health strategy."

The National Medical and Dental Association (Namda) said in a statement the move towards greater privatisation had to be criticised as:

- It sought to duck the fundamental issues of "apartheid medicine"; and

- Privatisation would shift the burden on to victims of apartheid, most of whom were unemployed and were faced with the ever-rising cost of living.

Namda said: "The new move by the TPA means greater hardships for blacks, especially those in the lower economic classes, who will not be able to afford private fees."

TPA officials could not be contacted at the weekend.

C/Press 14/1/90

Cash crisis forces hospitals to restrict patient numbers

B/Dam 15/11/90

98

GOVERNMENT moves to cut spending, as well as severe financial strains in the Transvaal Provincial Administration (TPA) had led to a restrictions on the number of patients admitted to hospitals, TPA director-general Andre Cornelissen said yesterday.

"The financial situation in Transvaal hospitals is serious and is still under review," he said.

The TPA's restriction on patients was announced on Friday, but City Press newspaper reported at the weekend that some hospitals began turning away patients months ago.

A Southern African Health Workers' Congress (Sahwco) spokesman told the newspaper that hundreds of patients had been turned away from the Baragwanath and Hillbrow hospitals.

Patients considered by hospital authorities to be living above the bread

NEIL YORKE SMITH

line were sent to private health institutions, the report said.

A Health Department source confirmed at the weekend that provincial hospital funds were severely depleted.

"I estimate more than 80% of TPA funds have been spent in less than three quarters of the financial year," he said.

Cornelissen said measures to contain costs and boost hospital efficiencies would be maintained in the new financial year, which begins on March 31.

"We will investigate all possible waste areas, including material orders and staff numbers," he said.

Salaries and medicine costs make up about 60% of the hospital services' bill.

National Health and Development director-general Coen Slabber said yesterday the "high increase in the medical price index" was a problem.

"Medical costs are increasing at be-

tween 18% and 21% a year, compared with the overall inflation rate of around 15%. This places enormous strain on health budgets," he said.

A TPA spokesman said on Friday the restrictions would affect about 10% of patients applying to TPA hospitals.

"All new admissions will be evaluated according to the severity of the patient's condition. Cases which are not serious will be referred to private hospitals and clinics," he said.

However no emergency or serious case would be turned away.

Medical Association of SA (Masa) acting secretary general Dr Hendrik Hanekom said on Friday Masa had not received official notification of the emergency savings measures.

"However, Masa is aware of many problems at several institutions as a result of staff shortages and the curtailment of services because of lack of funds," he said.

New R147m hospital for Soweto — MEC

1/10/98 TANIA LEVY 98
AN 800-bed hospital is to be built in Soweto at a cost of R147m, Transvaal Health Services MEC Fanie Ferreira said in Pretoria yesterday.

The first phase of the six-year project could be built within a year if the Transvaal Provincial Administration (TPA) Health Services Department budget is approved in March, he said.

Soweto needed another hospital because Baragwanath, which has more than 2 000 beds, is overcrowded, Ferreira said.

He said the department initially estimated a budget of about R2,5bn for the coming financial year, but the budget approved by Treasury would always be lower.

Ferreira said the department was trying everything to stay within its tight budget. For this reason it had appealed to hospitals to cut the number of patients admitted by 10% where possible.

The department hoped this would save R11,2m in the remaining two-and-a-half months of the financial year, he said.

Ferreira said no emergency cases or people who needed to be admitted for treatment would be turned away. A doctor or nursing sister would have the final say as to whether a person needed to be an in-patient or not. Hospitals which were unable to reduce their patient intake 10% would not be penalised in any way.

About R90m could be saved annually if one less patient a day were admitted at each Transvaal provincial hospital, Ferreira said.

More than 1-million patients were admitted to Transvaal provincial hospitals each year and a further 6-million were treated as out-patients.

Provincial cutbacks criticised

Hospital crisis after R130-m is overspent

By Karen Stander

Transvaal provincial hospitals are in a financial crisis after overspending by R130 million, and provincial authorities may have to approach the Treasury for extra funds if emergency cutbacks are not successful.

The Transvaal Provincial Administration's Department of Health Services has been severely criticised for the emergency measures it has instituted.

These include a controversial directive to 47 "general affairs" hospitals to cut by a tenth the number of patients admitted and the number of out-patients treated.

Limit numbers

Hospital staff have been instructed to admit only serious cases and to limit the number of out-patients seen by appointment each day. Those out-patients unable to be accommodated would have to "come back the next day" or see a private doctor.

Defending the decision at a press conference in Pretoria yesterday, the MEC for health services, Mr Fanie Ferreira, said this measure alone could save R11,2 million over the next 2½ months until the end of the financial year.

It would also be an exercise in more efficient management and, if successful, could be instituted permanently, he said.

He claimed that 10 percent of patients went into hospital unnecessarily and could be treated without being admitted.

Mr Ferreira said a deficit of R250 million had already been cut to the present deficit of R130 million.

He stressed that anyone seriously ill or injured would not be turned away.

The running cost of each hospital bed was between R150 and R300 a day. About 6 million out-patients and more than 1 million in-patients were treated a year, Mr Ferreira said.

A spokesman for the National Medical and Dental Association (Namda) said the financial crisis at Transvaal hospitals was particularly bad this year and had necessitated the closure of wards and the failure to extend overcrowded hospitals for black people.

"But the root causes are not being addressed.

"Not enough money is being spent, while there is wastage, duplication and inefficiency.

"Hospitals must be desegregated, duplication eliminated and private patients encouraged to come to provincial hospitals and pay the hospital what they would have paid for treatment in the private sector."

Dr Hendrik Hanekom, acting secretary-general of the Medical Association of South Africa (Masa), said Masa was aware of many problems at several institutions resulting from staff shortages and the curtailment of services due to lack of funds.

"Although the present problems may be attributed to various causes, Masa believes that the fragmentation of health services has a detrimental effect on the appropriation of available funds," Dr Hanekom said.

● Professor S J de Villiers, head of the cardiology department at H F Verwoerd Hospital in Pretoria, resigned yesterday, throwing the department into a crisis and raising speculation that the unit might be closed.

Professor de Villiers and a hospital spokesman today declined to comment on the reasons for the professor's resignation.

gn to absorb any sig-
nificant expansion of the

The economic slowdown would
have a delayed impact on employ-
ment. Unemployment was a lagging

estimated at 49 600 at the end of last
year. The total at the end of 1991
could rise to 66 000.

Private clinics admit more low income patients

NEIL YORKE SMITH

PRIVATE clinics offering a broad range of medical services had already felt increased demand from low income earners who had been turned away from provincial hospitals, sources said yesterday.

"We have seen progressively more low income patients admitted and there is no telling how many prospective patients who, for financial reasons, have not been admitted," a northern suburbs clinic manager said yesterday.

Sources at more specialised clinics said there had been no drastic increase in the number of admissions turned away from provincial hospitals.

None of the clinics wished to be named.

The manager stressed that while private clinics would try to cater for the increased demand, they were private sector organisations which could not take over the role of public medical institutions.

"About 5-million SA patients are covered by medical aid. Of these more than 80% are white," he said.

Responsibility for those who were not insured lay with public organisations, rather than the private sector, he said.

Managers agreed SA's problem was unique as this country faced both First and Third World medical needs.

DP finance spokesman Harry Schwarz said yesterday the TPA announcement that it would be cutting back hospital services was "utterly unacceptable".

Schwarz said in a statement the move demonstrated a "complete absence of appreciating the priorities for our community".

He said the Minister of Finance could make funds available to ensure the functioning of the provincial hospitals.

"Parliament can vote the necessary money in the additional estimates," he said.

20-warders appear on assault charge

DURBAN — Twenty Westville Prison warders appeared in the Pinetown Magistrate's Court yesterday on a charge of assaulting a group of inmates.

The hearing was adjourned until this morning because one of the accused failed to appear.

The court was told Sgt M S Thusini had fallen ill and was unable to attend.

The charge sheet said the 21 accused — all warders at Westville Prison at the time — were charged with assaulting 37 prison inmates on July 14 1988 by "hitting them with rubber batons and/or kicking them, causing wounds, injuries or hurts".

They were Capt C H Holtzhausen, W/O A van Rooien, W/O M I Sheik-Moodien, W/O A N Khanyile, W/O S Mtetwa, Sgt T W Mazibuko, Sgt C S Mathe, Sgt L V Mthembu, Sgt T J Gule, Sgt D P van den Berg, Sgt J Benkes, Sgt A Mtetwa, Sgt M M Mdaba, Sgt L S Xulu, Sgt M S Thusini, Sgt Z A Ishmail, Warder H D Claasen, Warder T M Mthembu, Warder P S Zibane, Warder D E A Fourie and Warder J M Mkhize.

Adjournment

The accused, who filled benches lining three sides of the court-room, were not asked to plead.

Prosecutor Q Paterson asked the court if it was not possible to continue the trial in Thusini's absence. But the three defence counsels asked for an adjournment until he was found.

Magistrate Trengove replied that the trial could not proceed because Thusini had not yet pleaded. He adjourned the hearing until today.

He warned the 20 accused to appear, but issued a warrant for the arrest of Thusini.

A policeman was ordered to bring Thusini to the court today, when it will be determined if he is able to stand trial.

Rockman to

Health Department to seek budget of R7bn

B/Dam 18/1/90 TANIA LEVY

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ALMOST R7bn, of which about 70% will go towards salaries, will be budgeted for the National Health and Population Development Department in the March Budget.

National Health and Population Development planning director Johan Kotze said yesterday the estimated R6,974bn budget for the 1990-91 financial year had not yet been confirmed.

If approved in March, the amount will represent a 7% increase on the 1989-90 budget of about R6,483bn.

Family planning, AIDS, immunisation and other community health services are the department's primary areas of concern.

Hospital administration falls under the various provincial administrations.

The Transvaal Provincial Administration (TPA) Health Services Department's budget was about R1,9bn for the 1989-90 financial year.

An original deficit of more than R250m had been reduced to R130m through cost-cutting measures, said Health Services MEC Fanie Ferreira.

● Comment: Page 8

TED reclaims its school desks

B/Dam 18/1/90 TANIA LEVY

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THE Transvaal Education Department (TED) has removed desks and other equipment from Berea's Barnato Park High School — formerly Johannesburg Girls' High — which opens its doors as a privately run, non-racial, co-educational school next Wednesday.

The 102-year-old school was closed as a government school last December because of dwindling numbers of white pupils. Government refused requests to open the school to all races.

Yesterday TED deputy director Ken Paine said the TED had not removed everything from the school. Certain furniture and textbooks had been leased to the Barnato Park board of trustees.

Mast Education director and consultant to the board of trustees Grant Nupen confirmed the equipment had been leased along with the school property. He said there was nothing sinister about the TED removing equipment.

Nupen said the school would open its doors to 250 pupils in Stds 6, 7 and 8.

Directive 'impossible to obey'

Doctors criticise TPA decision on patient cutbacks

By Karen Stander

Doctors have reacted with outrage to a directive to cut by 10 percent the number of patients admitted to hospital and out-patients treated, arguing that this would mean compromising medical ethics.

The directive, issued to 47 "general affairs" hospitals by the Transvaal Provincial Administration's department of health services, is one of a series of cutbacks instituted to reduce the department's R130 million deficit.

At a press conference this week, MEC for hospitals Mr Fanie Ferreira stressed that no emergency cases would be turned away.

Basic costs

He said 10 percent of patients admitted to hospitals did not need hospital treatment and this cutback would save his department more than R11 million.

Doctors interviewed yesterday by The Star described this as flawed logic.

"If beds are empty, it simply means that the cost per patient rises because the basic overhead costs remain the same whether the bed is filled or not," one doctor said.

Another doctor, who cannot be named for ethical reasons, said black hospitals were already overflowing because of a shortage of facilities. This meant that any patient admitted had to be really ill.

"Any cutback is ridiculous and would be disastrous," he said.

No admission was unwarranted, although on very strict medical terms some patients were admitted when they did not need to be in hospital.

"But it is only once a patient has been admitted, and tests have shown that the patient is healthy, that one knows that. You can't send a patient with chest pains away when it's possible that the patient is having a heart attack. He or she might leave only to die outside."

He said the claim that too many patients were admitted to hospital suggested that doctors were either not capable of assessing whether patients needed to be admitted or were incompetent.

The cutback on the treatment of out-patients was also disastrous. "How do we know which are really sick, without

examining them? Some people urgently in need of attention might not be able to afford a private doctor."

He said the directive would force doctors to compromise their ethical standards.

"It is impossible to obey. If people are sick, we must treat them."

Doctors had not been consulted on how best to solve the fiscal crisis, the doctor said.

Mr Cedric de Beer, of the Centre for the Study of Health Policy at the Wits Medical School, said there was a need to look at ways of reducing wastage in health services, such as unnecessary x-rays and tests.

However, he questioned whether the reduction of patient loads "in this arbitrary fashion" was the way to do it.

"There is a need for research in order to come up with rational procedures and guidelines for doctors, but the way to do it is surely to test the measures in one or two hospitals over a couple of years.

"The whole thing looks highly arbitrary and there is no guarantee that there will be no serious compromise of the health of some section of the population.

Duplication

"Improving the cost-effectiveness of health services needs serious thought and rational planning. There also needs to be adequate consultations with doctors, particularly senior medical staff.

"We need also to look at the duplication of health services and how much money can be saved by eliminating this," Mr de Beer said.

Medical Association of SA (Masa) acting secretary-general Dr H A Hanekom expressed concern at the problems caused by staff shortages and the curtailment of services because of a lack of funds.

"It is regretted that the country's economic situation has led to this unfortunate cutback and we welcome Mr Ferreira's assurance that no urgent and emergency cases will be turned away," Dr Hanekom said.

"As these measures were introduced only recently, it's difficult to comment at this stage on the practical implications. However, Masa will constantly observe the situation."

Cardiac dept 'not in crisis'

By Jovial Rantao

The Transvaal Provincial Administration (TPA) yesterday denied that the cardiac department at the H F Verwoerd Hospital in Pretoria had been thrown into a state of crisis by the resignation of two top heart specialists.

The head of the department of cardiac thoracic surgery, Professor Johan de Villiers, and the head of the department of cardiology, Professor Mike Bennet, resigned on Tuesday after deteriorating conditions led to patients' health being endangered.

Neither of the two men were prepared to discuss their resignations.

Mr Hennie van Wyk, executive director of the TPA's Health Services branch, said: "The TPA considers the resignation of Professors de Villiers and Bennet as an internal staff matter. We are not prepared at this stage to react to speculation and don't wish to be involved in any controversy."

He said a total of 744 or 35 percent of the nursing posts at the hospital were currently vacant and four wards had been closed.

The hospital's superintendent was not prepared to comment on the resignations.

5 Jan 18/1/90

(98)

Probe planned after nursing strike at home

9/11/90
9/11/90

By CLAUDIA KING

AN investigation into working conditions at New King's Residential, Kalk Bay, home for the aged has been requested after 11 assistant nurses who went on strike were found guilty of disgraceful conduct by the South African Nursing Council's disciplinary committee yesterday.

They were each given three months' suspension, suspended for one year.

Two of the 15 nurses charged with disgraceful or improper conduct after a four-hour strike on March 8 last year were found not guilty. They are Miss S J Msutu and Miss T C E Vanyasa.

Mrs T B Mona and Miss G J Hlahatsi were found guilty of improper conduct and cautioned and reprimanded.

The nurses went on strike in sympathy with Miss Msutu and Miss Vanyasa who had been dismissed and reinstated into the occupational therapy unit instead of to the wards.

This created a further strain on already over-worked nursing staff, said witnesses.

In mitigation of their sentence, defence for the nurses said evidence had shown industrial relations practices at the New King's to be outdated.

Unresolved

In addition, grievances brought to the management of the institution remained unresolved for years and there was salary discrimination on racial grounds. In delivering sentence, the chairman of the committee, Professor W J Kotze, said the nursing profession had an unwritten contract to provide safe and adequate care to their patients and the South African public.

The happiness of the nursing staff and the fulfilment of their career potential was also extremely important, prompting the committee to suggest that a letter requesting that an investigation be conducted into the conditions of employment at the home be sent to the South African Nursing Association, she said.

The 11 nurses are: Ms J N Mthunjwa, Ms B N Dlamini, Ms S N Stemela, Ms N G Geza, Ms N E Geza, Ms N C Peter, Ms L L Ntshauzana, Ms P N Mapundy, Ms C N Roto, Ms C Z Yisa and Ms V N Malasa.



WAITING FOR VERDICT ... These 15 nurses were charged with disgraceful or improper conduct and appeared before the South African Nursing Council's disciplinary committee yesterday.

Picture: ANNE LAING

Nursing council 'will not tolerate' strikes

By ANDREA WEISS
Medical Reporter

1964 19/1/70 (95)

THE nursing profession will not tolerate strikes by nurses for higher wages, a disciplinary committee of the SA Nursing Council has declared.

This was said after a hearing of 15 enrolled nursing assistants from the New King's Home for the elderly in Kalk Bay who were charged with improper or disgraceful conduct for leaving work without permission for four hours last year.

Eleven of the nurses were found guilty of "disgraceful conduct", two of "improper conduct", and two were found not guilty.

Passing sentence on the group, committee chairman Professor W J Kotzé said nursing was a "service profession" and staying away from work would not be tolerated.

The work stoppage occurred when two nursing assistants, Miss Cynthia Vanyaza and Mrs Sarah Msutu, were told that they would be moved from ward duty to the occupational therapy department. Both nursing assistants had just been reinstated in their jobs after previous dismissals.

The disciplinary committee found Miss Vanyaza and Mrs Msutu not guilty of leaving work without permission as they were told by a matron to see the manager of the home that morning.

Two nursing assistants, Mrs G J Hlahatsi and Mrs T B Mona, who were asked by a ward sister to "go and see" what was happening as a crowd gathered in the driveway outside the manager's office, were found guilty only of "improper conduct". They were reprimanded and warned.

Mrs J Thunjwa, Mrs B Dlamini, Miss S Stemela, Miss N G Geza, Miss N E Geza, Miss N Peter, Miss L Ntshauzana, Mrs P Mapundy, Miss C Roto, Miss C Yisa and Miss V Malase were found guilty of "disgraceful conduct" for abandoning their "old and vulnerable" patients, many of whom were bedridden and unable to move.

They were sentenced to three-months' suspension from their profession, suspended for a year.

Clinic on the mend

By Charmain Naldoo

MEDI-CLINIC, Rembrandt's hospital company, is out of its sickbed.

5/7/90
The company, which sustained losses two years after its listing, was one of the big risers this week, the share price soaring 40c to 105c.

The group had difficulty in breaking even because of the high capital cost of its five-star hospitals, which were largely debt-funded.

But inflation makes geniuses out of hospital keepers. Medi-Clinic's revenue has risen steeply partly because several clinics have opted out of medical-aid agreements.

With the R79-million of debentures costing only 11,5% a year, interest costs have been stagnant. At last balance sheet, Medi-Clinic had R22-million in cash.

The company broke into the black in the year to March 1989 with a profit after debenture interest of R3,6-million. In the six months to September, taxed profit was R5,25-million and there was a promise of a maiden dividend.

More optimistic forecasts are for earnings of 12c and a dividend of 6c for the year.

Clinic on the mend

By Charmain Naidoo

MEDI-CLINIC, Rembrandt's hospital company, is out of its sickbed. *S/Tues 21/1/90*

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Lack of security starts clinic strike

C/Press 21/1/90

By S'BU MNGADI

EARLIER this week a security guard at the KwaMashu Polyclinic, Durban, watched helplessly as a woman gave birth outside the gate at dawn after a crippling two-day strike over inadequate security.

Staff at the polyclinic had complained of inadequate security, and said during the present outbreak of violence in the townships patients had been brought in with stab and gunshot wounds and had been followed into the clinic by their attackers who had attempted to kill them in the wards or examination rooms.

Earlier this week, six doctors had stayed away after a dispute between staff and medical superintendent Dr A Garachee, who they accused of being "abusive". Garachee had had the tyres of his official car

slashed on Monday.

An official of the KwaZulu's Department Of Health later tried to get staff to return to work.

The staff however demanded Garachee be reprimanded for leaving the community and insisted that a private security firm be hired to ensure maximum security in the area.

A senior nurse said the problems had started during the Christmas period when violence had spilled over into the clinic and the superintendent asked the KwaMashu police commander of the KwaZulu police for guards.

The guards subsequently stayed away after a prisoner had escaped before being treated and staff this week told the KwaZulu health official they no longer wanted the KwaZulu police as guards.

The nurse continued: "On Sunday more than 32 gunshot victims were brought in.

"The problem was that the attackers followed their victims and tried to stab or shoot them in their beds. During this episode, nurses and other staff were roughed up and at some stages had guns pointed at them when they tried to intervene. Our internal security guards were absolutely useless as they were not properly armed."

The staff said although letters had been written to Ulundi appealing for better security, there had not been any response.

Dr Frank Mdlalose, KwaZulu's Minister of Health, said he had not received any correspondence in this matter. However, he confirmed a private firm had been employed to maintain safety.

The KwaZulu Police were not available for comment.

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More than half J G Strijdom doctors' posts vacant — TPA

THE J G Strijdom Hospital's reclassification as an own affairs institution has left it with more than 58% of doctors' posts and 45% of nursing posts vacant.

In contrast, the over-flowing Baragwanath Hospital had only a 5% vacancy in doctor's posts, a Transvaal Provincial Administration (TPA) statement said.

The half-empty Johannesburg Hospital and Southrand Hospital had 95% of approved doctor's posts filled. At H F Verwoerd, where two cardiac surgeons resigned last week, there was a 13% shortage of doctors.

TPA figures show about 388 of 715 nursing positions at J G Strijdom are vacant.

The change of status last April — which caused a spate of resignations — meant it could no longer be classified as an academic hospital.

In December last year Wits University withdrew the last of its students and surgeons who had formed the backbone of the hospital's staff.

Transvaal hospitals have been badly hit by the nurse shortage.

At Pretoria's H F Verwoerd Hospital there is a 35% shortage of nurses. The vacancy rate at South Rand, Baragwanath

TANIA LEVY and
NEIL YORKE-SMITH

and Johannesburg hospitals is about 25%.

The TPA figures did not show how many wards or beds had been closed at J G Strijdom. But 16 wards had been closed at the Johannesburg Hospital.

Almost half the beds at the South Rand Hospital are "closed".

Democratic Party finance spokesman Harry Schwarz said in a statement yesterday hospital services would collapse if black nurses were removed from major urban hospitals where whites were treated.

It was remarkable that in the year 1990 the government had stated it was investigating the nursing situation, academic hospitals and health services in general.

He was responding to National Health and Population Development Minister Rina Venter's statement at the weekend that a total solution was being sought for health services' problems.

He said extra money would have to be voted for to keep health services going, despite the desirability of general cut-backs in government expenditure.

State surgeons moonlighting — claim

SURGEONS at the Johannesburg Hospital are "moonlighting" at private clinics during on-duty hours, a medical source has said. *B/Dcm 23/1/90*

The source, who asked to remain anonymous, said a number of surgeons who were paid by the provincial administration as full-time employees at Johannesburg Hospital consulted, assisted and operated at private clinics.

A TPA hospital services spokesman said the allegations would be investigated.

Doctors questioned at the hospital denied any knowledge of such practices among their colleagues.

A chief nursing sister employed by the province earns R1 200 a month and a doctor at the hospital starts at a salary of about R2 000 a month, while a medical

TANIA LEVY

health officer earns less than R2 500 a month.

At two clinics near Johannesburg Hospital, spokesmen said hospital surgeons were not working at their clinics.

All operations were performed by a set number of consultants on the clinic premises.

SA Medical and Dental Council (SAMDC) registrar Nico Prinsloo said there were no specific council rules regarding moonlighting. *(98)*

However, it was usually a condition of employment that doctors and surgeons employed full-time by the state were not allowed to work elsewhere.

When H F Verwoerd hurts . . . it's suddenly a crisis

In 1988, doctors at Baragwanath Hospital in Soweto went public in an attempt to force the authorities to do something to alleviate the appalling conditions at the hospital.

In a letter published in the SA Medical Journal, they told of the hundreds of patients sleeping on the hospital floors and warned of the falling standards in academic medicine as tired, overworked doctors battled against ever-increasing patient loads and smaller budgets.

Transvaal Provincial Authorities claimed they had no money and it was private enterprise that finally stepped in with the funds to provide more beds.

A year later the chief superintendent of the Johannesburg Hospital Dr Reg Broekmann, told the Star his hospital could no longer cope with the demands placed on it.

Crippling shortages

Crippling staff shortages meant only 833 of the hospital's 2 000 beds were being utilised and once again academic medicine was under threat. Waiting lists for non-emergency operations grew from weeks to months.

In May 1989, the superintendent of the J G Strijdom Hospital, Dr Annette van der Merwe, announced her resignation in protest against the transfer of the hospital from "general affairs" to "own affairs" administration . . . a move which had stripped one of the country's finest teaching hospitals of its academic status. By the end of the year

The budget cuts and staff shortages plaguing Pretoria's H F Verwoerd Hospital may have captured the attention of Health Minister, Dr Rina Venter, but these are problems which other State hospitals have been fighting against for a long time. TONI YOUNGHUSBAND, The Star's Medical Reporter, examines the threatened collapse of South Africa's top medical institutions.

more than 100 doctors and scores of nurses had left and the majority of the hospital's top specialist units had closed down. Today wards stand empty and the hospital's once-bustling casualty department sees only a handful of patients. Expensive equipment lies unused.

At the Hillbrow and Coronation Hospitals in Johannesburg patient loads are enormous and the staff is hopelessly overworked. Specialists-in-training have no time for study, working 36 hours shifts.

Two years ago Durban's Addington Hospital announced it was cutting back on some operations and scrapping others altogether because they cost too much. Last year, the hospital floundered amidst one of its worst nursing crises.

Cape Town's Groote Schuur Hospital, arguably the best academic hospital in the country, complained of overworked doctors and a serious nursing shortage. Sections of the hospital's new emergency ward were closed down late last year because there were no nurses to care for the patients. In response to the hospitals' com-

plaints, health authorities called for investigations and commissions of inquiry, but pointed out the basic problem was a lack of funds.

Last week the Transvaal Provincial Administration's department of health services announced a 10 percent cut-back in the number of patients admitted to hospital and outpatients treated. This directive was one of a series instituted to reduce the department's deficit of R130 million. The MEC for Hospital Services, Mr Fanie Ferreira, said the cutback would save his department more than R11 million.

A few days later, the head of cardiothoracic surgery at the H F Verwoerd Hospital in Pretoria, Professor Johan de Villiers, and Professor Mike Bennett, the head of cardiology, announced their resignations because they could no longer render acceptable patient service in that hospital.

Their resignations, which, compared to the desperate actions of staff at other beleaguered hospitals appeared minor, caught the attention of Health Minister Dr Rina Venter who has now promised to find a solution to this country's health crisis.

Yesterday, the heads of South Africa's medical schools said services sporadically collapsed and the exodus of nurses and highly-qualified physicians to the private sector posed a serious threat to the future of health services in the country.

The committee said the causes for the crisis included the fragmentation of health services, centralised decision-

making, the lack of deregulation, as well as the fact that provincial authorities and universities interpreted the role of academic centres differently.

Dr Venter responded by saying the medical universities should come up with recommendations on how to solve their functional problems and the problem of fragmentation would be tackled by the Government "in the same dynamic way it was tackling constitutional problems".

Various representative groups in the health sector have blamed the duplication of hospital services, the segregation of black, white, coloured and Indian institutions and poor salaries as the reasons for the growing crisis.

Not attractive

The academic medical profession was no longer attractive to university graduates who could earn three times a provincial hospital salary in the private sector. Nurses get more working as secretaries or pharmaceutical representatives.

Whatever the reasons, the patient is the one who suffers in the end.

The Government believes part of the answer is to promote primary health care and to reserve academic hospitals for the indigent and specialist medicine. Medical aid patients are referred to private hospitals.

Some have suggested a national health service is the answer. Until Dr Venter's investigation is complete, South Africa's health services hang in the balance.



Minister of Health Dr Rina Venter . . . Government is determined to tackle the crisis in provincial and academic medical facilities "in the same dynamic way as it is dealing with constitutional problems".

Govt probe into health services

CAP TIMES 23/1/90

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Staff Reporter

THE recent resignation of two top heart surgeons from the H F Verwoerd Hospital in Pretoria has sparked a massive government investigation into the problems affecting the health services in South Africa.

This was announced by the Minister of National Education and Population Development, Dr Rina Venter, after she held talks with the two surgeons, Dr Johan de Villiers and Professor Mike Bennet, the Transvaal MEC for hospitals, Mr Fanie Ferreira, the hospital authorities and the University of Pretoria, yesterday.

Dr Venter is reported to have said there was a shortage of nursing staff and well equipped facilities at all teaching hospitals and that it was essential that the whole question of health services receive attention.

The announcement has been greeted with mixed feelings and caution by members of the medical fraternity some of whom feel the move has come "too late".

Superintendent of Tygerberg Hospital, Dr J G L Strauss praised the move, saying that Dr Venter had "touched on the crux of the matter".

"An in depth investigation in the shortage of nurses followed by the upgrading of peripheral and primary health services will combine to alleviate the pressure currently placed on hospitals," he said.

Dr Jocelyn Kane-Berman, superintendent of Groote Schuur Hospital, welcomed the steps being taken by Dr Venter as did the acting superinten-

dent of the Red Cross Children's Hospital, Dr M S Hassim.

However, publicity officer for the National Medical and Dental Association, Dr Max Price, said the announcement "hardly inspired confidence".

"We are concerned that the move is merely another delaying tactic. One doesn't need a commission to become aware of the money wasted through the fragmentation of the health services," he said.

"This investigation has been precipitated by the conditions in a white hospital when a far worse situation exists at Baragwanath Hospital and has been ignored."

A medical officer at a local provincial hospital said the province has already lost most of its nurses to the private industry and that the move had come "too late".

"The same can be said for doctors — most of whom have either gone into private practice or emigrated. The sad factor is that no matter what the province does they will not get them back. The authorities attitude is management by crisis — they let a crisis build up and only do something about it when it's too late," he said.

● The J G Strijdom Hospital's reclassification as an own-affairs institution has left it with a skeleton staff and more than 58% of doctors' posts and 45% of nursing posts vacant at present.

And DP finance spokesman Mr Harry Schwarz said yesterday hospital services would simply collapse if black nurses were removed from major urban hospitals where whites are treated.

Salary rise 98 plan to meet hospitals crisis

Star 23/1/90



Ferreira ... to meet hospital heads.



Venter ... considering raising salaries.

By Peter Fabricius,
Political Correspondent

The crisis in academic hospitals is not confined only to the H F Verwoerd Hospital in Pretoria — it exists at all of them, says Minister of National Health Dr Rina Venter.

In a statement yesterday issued jointly with Mr Fanie Ferreira, the MEC for hospitals in the Transvaal, Dr Venter said Government was considering increasing salaries of highly skilled doctors and nurses in academic hospitals to check the growing crisis.

A restructuring of services was also needed to relieve pressure on academic hospitals by sending patients who were not seriously ill to community and regional institutions.

A meeting is scheduled to be held on February 8 between Mr Ferreira and rectors of Transvaal academic hospitals to discuss the various problems.

Dr Venter, who issued the joint statement after visiting H F Verwoerd Hospital on Sunday, said she would shortly visit Baragwanath Hospital — which serves Soweto — and see the Cape MEC for health today. She has already visited King Edward VIII Hospital in Durban.

Top surgeons quit

The crisis in academic hospitals has been highlighted by events at H F Verwoerd Hospital, where two top surgeons resigned from the heart unit, citing inadequate nursing staff and equipment as their reasons.

Dr Venter said the heart unit would not close — a new team would be appointed as soon as possible.

The deans of South Africa's medical schools said yesterday that the future of academic hospitals was in such jeopardy that they could be regarded as being in crisis.

In a statement issued by the Co-ordinating Committee of Medical Deans, they said services were collapsing and highly skilled nurses and physicians were leaving for the private sector, creating a threat to health care.

Dr Venter said it was clear that a shortage of nurses was the greatest problem in academic hospitals.

She is awaiting a report from a private company investigating nurses' salaries. It should be ready by the end of March and its proposals will be presented to the Cabinet.

In the meantime, the possibility of "differentiated" salaries for both nurses and doctors in the academic hospitals will be investigated.

New strategy

The University of Pretoria and H F Verwoerd Hospital administrators had been asked to submit proposals by yesterday to solve the nursing shortage and equipment problems.

Dr Venter said serious attention is being given to a new approach and strategy for health services.

The deans of medical schools said the causes of the crisis included the fragmentation of health services, centralised decision-making, lack of deregulation, and because the mission of academic centres was being interpreted differently by the hospital authorities and medical universities.

Health authorities saw the mission as services. Universities saw the prime object as training and research.

Academic medical centres were the source of all categories of health workers. Without them there could be a serious shortage.

Dr Venter agreed that academic hospitals should be "centres of excellence", and be able to concentrate on both education and research.

She promised that the crisis would be handled effectively.

● See Page 15.



Possible clues ... this soiled and torn clothing, which a 12-year-old girl, was found on a dump near the V

New clues on missi

By Norman Chandler and Craig Kotze
Police are in possession of important new information relating to investigations into paedophile Gert van Rooyen and the disappearance of six schoolgirls.

This was disclosed today by CID chief Lieutenant-General Alwyn Conradie.

He said the information could not be made public at this stage.

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Salary rise plan to meet hospitals crisis



Ferreira ... to meet hospital heads.



Venter ... considering raising salaries.

Star 23/1/90

98

By Peter Fabricius, Political Correspondent

The crisis in academic hospitals is not confined only to the H F Verwoerd Hospital in Pretoria — it exists at all of them, says Minister of National Health Dr Rina Venter.

In a statement yesterday issued jointly with Mr Fanie Ferreira, the MEC for hospitals in the Transvaal, Dr Venter said Government was considering increasing salaries of highly-skilled doctors and nurses in academic hospitals to check the growing crisis.

A restructuring of services was also needed to relieve pressure on academic hospitals by sending patients who were not seriously ill to community and regional institutions.

A meeting is scheduled to be held on February 8 between Mr Ferreira and rectors of Transvaal academic hospitals to discuss the various problems.

Dr Venter, who issued the joint statement after visiting H F Verwoerd Hospital on Sunday, said she would shortly visit Baragwanath Hospital — which serves Soweto — and see the Cape MEC for health today. She has already visited King Edward VIII Hospital in Durban.

Top surgeons quit

The crisis in academic hospitals has been highlighted by events at H F Verwoerd Hospital, where two top surgeons resigned from the heart unit, citing inadequate nursing staff and equipment as their reasons.

Dr Venter said the heart unit would not close — a new team would be appointed as soon as possible.

The deans of South Africa's medical schools said yesterday that the future of academic hospitals was in such jeopardy that they could be regarded as being in crisis.

In a statement issued by the Co-ordinating Committee of Medical Deans, they said services were collapsing and highly skilled nurses and physicians were leaving for the private sector, creating a threat to health care.

Dr Venter said it was clear that a shortage of nurses was the greatest problem in academic hospitals.

She is awaiting a report from a private company investigating nurses' salaries. It should be ready by the end of March and its proposals will be presented to the Cabinet.

In the meantime, the possibility of "differentiated" salaries for both nurses and doctors in the academic hospitals will be investigated.

New strategy

The University of Pretoria and H F Verwoerd Hospital administrators had been asked to submit proposals by yesterday to solve the nursing shortage and equipment problems.

Dr Venter said serious attention is being given to a new approach and strategy for health services.

The deans of medical schools said the causes of the crisis included the fragmentation of health services, centralised decision-making, lack of deregulation, and because the mission of academic centres was being interpreted differently by the hospital authorities and medical universities.

Health authorities saw the mission as services. Universities saw the prime object as training and research.

Academic medical centres were the source of all categories of health workers. Without them there could be a serious shortage.

Dr Venter agreed that academic hospitals should be "centres of excellence", and be able to concentrate on both education and research.

She promised that the crisis would be handled effectively.

● See Page 15



Possible clues ... this soiled and torn clothing, which cost a 12-year-old girl, was found on a dump near the Verwoerd Hospital.

New clues on missing girls

By Norman Chandler and Craig Kotze

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Health costs are at 'disturbing level'

317 am 24/11/90
GERALD REILLY

PRETORIA — The cost of health services had increased to a disturbing level in the past few years, Health Services, Welfare and Housing Minister Sam de Beer said yesterday.

Opening a new wing at the Far East Rand Hospital, he said in 1986 health services appropriated 9,1% of the Budget.

Current indications were that this had risen to 10,2%.

One reason for the escalating expenditure was patient demand for the most modern equipment and treatments.

Simple arithmetic, he said, precluded the possibility of increasing health expenditure per capita in SA.

 98 
Own affairs

Economic imperatives obliged government to look for alternatives and more imaginative health care solutions.

Defending the own affairs principle De Beer said it had been repeatedly stated that other races could receive treatment in own affairs hospitals.

The granting of maximum authority to each population group over issues which affected their interests could scarcely be seen as prejudicial to other population groups.

Meanwhile, government sources said yesterday, it was virtually certain substantial increases in the pay of nurses and police would be announced in the March Budget, if not before.

The sources said the crisis in the nursing profession and the consequent threatened breakdown, or restriction, of hospital services, and the rising crime rate in urban townships, as well as the Natal violence, had conditioned public opinion to pay rises.

□ SA Nursing Association president Odelia Muller said yesterday negotiations on nurses salaries were well advanced.

However, the association had been told there would be no interim increases.

DP's Dishy plans council move on hospital crisis

THE chairman of the Democratic Party caucus in the Johannesburg City Council, Mr Les Dishy, plans to call for an independent commission of inquiry into the city's hospital crisis.

"Hospitals do not fall under the jurisdiction of the Johannesburg City Council, but I believe it is important for the council to do something about our hospital crisis," Mr Dishy said yesterday.

"I believe the council is re-

Govt slammed for shortage of medical care

THE Democratic Party has lashed out at the central and provincial governments for the lack of medical facilities in Soweto, and has urged the private sector to make more funds available for extensions at Baragwanath Hospital.

A delegation of DP MPs, led by finance spokesman and Yeoville MP Mr Harry Schwarz, visited the hospital this week.

Afterwards, Mr Schwarz said that, despite "a kind of optimistic dedication prevalent among peo-

SUE OLSWANG

responsible for the welfare and wellbeing of all people living and working in the Johannesburg municipal area, and it is vital for it to recommend action to rectify the problems.

"We should approach the health authorities with a plan to provide health services for all race groups," he said.

ESMARÉ VAN DER MERWE
Political Reporter

ple working under very difficult circumstances", a nursing and financial crisis prevailed at the hospital.

Although private sector funded extensions had done much to alleviate shortages and lift staff morale, more money was urgently needed to improve conditions.

More clinics should also be

Mr Dishy said he would call for the independent commission of inquiry when he puts motions before council on Tuesday next week. His motions include:

- Urgently addressing the serious shortage of nursing and medical staff.
- The consolidation of the Johannesburg, J G Strijdom, Hillbrow, South Rand, Edenvale, Baragwanath and Coronationville hospitals to ensure that these hospitals are neither overcrowded nor underused.

built in the township, particularly in new developing areas. Some of these clinics should be turned into small hospitals to take pressure off Baragwanath.

The crisis situation in Transvaal provincial hospitals was discussed in depth during a DP Transvaal caucus meeting last week.

DP co-leader Dr Zach de Beer said the situation in provincial hospitals could not be allowed to continue as it was prejudicing the health of people.

pitals are neither overcrowded nor underused. Mr Dishy said, Consolidation, Mr Dishy said, should also ensure that hospitals were fully staffed with suitably qualified personnel, and that a full range of services were provided for all race groups. It would also mean fewer delays in admissions and treatment.

● Addressing the problems caused by certain hospitals losing their status as training institutions.

BARA BAROMETER

IN the week January 18 to 24, there was a cumulative shortage of 521 beds in the medicine wards of Baragwanath Hospital. The daily average of patients without beds was 74. The worst night was the 21st when 104 patients were without beds. The highest percentage occupancy on the 23rd was 133 per cent, which meant 83 patients in a 62-bed ward. A total of 1 241 fewer patients (177 a night on average) slept on the floor, thanks to the 10 newly extended wards so far in use.

Surgeon hits at hospital 'apartheid'

CAP-
TUIS
27/1/90
98

By RONNIE MORRIS

A CITY surgeon yesterday criticised as "disgraceful" a refusal by the Volkshospitaal in Gardens to admit a black domestic worker who needed urgent surgery. He said there was no place in medicine for racial discrimination.

However Dr John Moodie, Regional Director of Medical Services, said the patient was not turned away because of the colour of her skin but because three beds reserved for blacks at the hospital were full.

Dr M S Cunningham, a cardio-thoracic surgeon at City Park hospital, said that late last Friday he referred a black patient, a domestic worker at a city old-age home, to the Volkshospitaal for surgery.

She was a medical-aid patient but had found City Park hospital too expensive and it was appropriate to refer her to the Volkshospitaal, he said.

Dr Cunningham said his receptionist had telephoned the hospital but had been told the woman could not be admitted because she was black and other arrangements had to be made.

"I object very much to this practice," he said. "There is no place in medicine for discrimination. I find it a disgrace that a hospital should operate on a colour bar . . . that a respectable person should be turned away."

Hospitals should be a "no-go area" for apartheid practices.

"It was very insulting to my patient who spends her time looking after old people but is denied access to a hospital when she is ill."

Dr Cunningham said he had been told that the Volkshospitaal was an

"own affairs" hospital under the tri-cameral parliamentary system but he dismissed that as "just an excuse to entrench racial discrimination".

"It just shows how stupid the law is and why apartheid should be taken out of medicine."

The hospital had subsequently apologised for the incident and said there had been a "misunderstanding", Dr Cunningham said.

Dr Moodie said 19 beds for blacks were available at the hospital for private doctors to treat patients.

The hospital had always served more whites and for the past few years had been an "own affairs" hospital administered by the House of Assembly and run on an agency basis.

Owing to a lack of demand and because more white people used the hospital, 16 of the 19 beds for black people were used by whites, Dr Moodie said.

According to his information, when the woman was admitted the three available beds had been occupied and a further two "cold cases" (non-urgent cases for surgery) were on the waiting list.

"I wish to make it clear the patient was not turned away because of the colour of her skin but because beds allocated had been fully booked. We tried to find out what was wrong with the patient but that information was not given to the admissions clerk."

Emergency cases were not turned away and it was the hospital's policy to admit all races. The clerk had assumed the patient was not on medical aid and would be treated at the lower tariff, Dr Moodie said.

Teletext

The right medicine

S/imes 28/1/90

THE implementation of National Health Minister Rina Venter's plan to increase the salaries of doctors and nurses is long overdue.

Dr Venter's announcement this week followed the resignation of two top surgeons at the HF Verwoerd Hospital's heart unit in Pretoria.

The hospital crisis has persisted for many years. Severe staff shortages, heavy patient loads and low pay have contributed to a steady outflow of doctors and nurses from State to private hospitals.

The sad state of affairs has wors-

ened in the past few months — to such an extent that the Transvaal Provincial Administration's department of health services has ordered a 10% reduction in the number of patients admitted to hospital. The cut also applies to outpatients.

It is part of a plan to reduce the department's R130-million deficit.

About 800 nurses drafted a letter to Dr Venter demanding a minimum increase of 40% to bring their salaries into line with those of public servants.

They are also considering the possibility of starting their own union to look after their interests. Many of them believe the SA Nursing Association has failed to help them.

The starting pay of an assistant nurse is less than R500 a month, and a sister cannot expect much more than R2 000.

Nurses at State hospitals do have perks such as housing allowances. But the perks are poor recompense for the added burden hospital staff bear as more nurses and doctors move to the private sector.

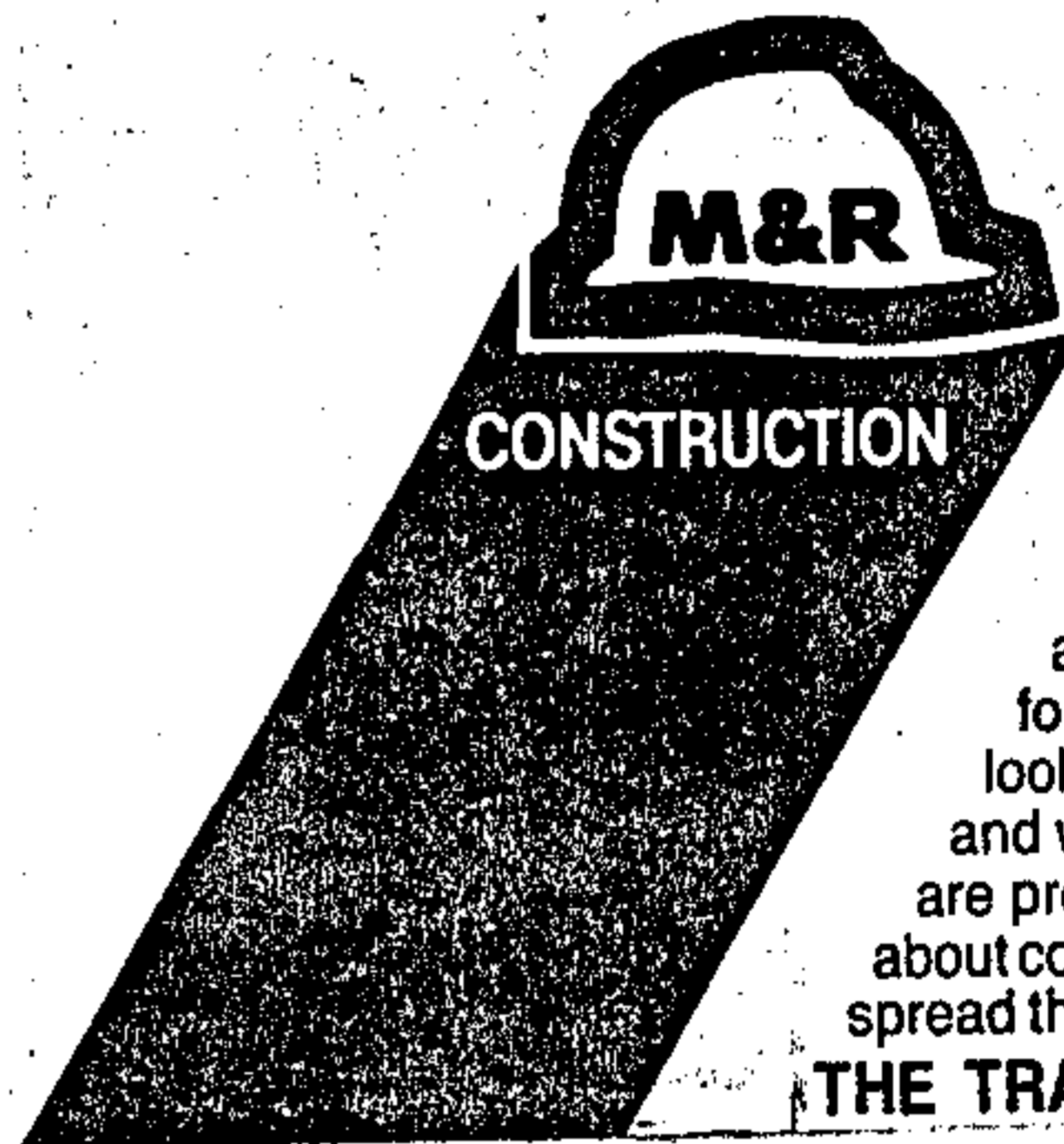
Although the Government's intention to reduce spending is welcome, it is imperative that the salaries of nurses, doctors and teachers be given serious attention to ensure the future of both education and health services.

ENGINEERING GRADUATES CAPE TOWN

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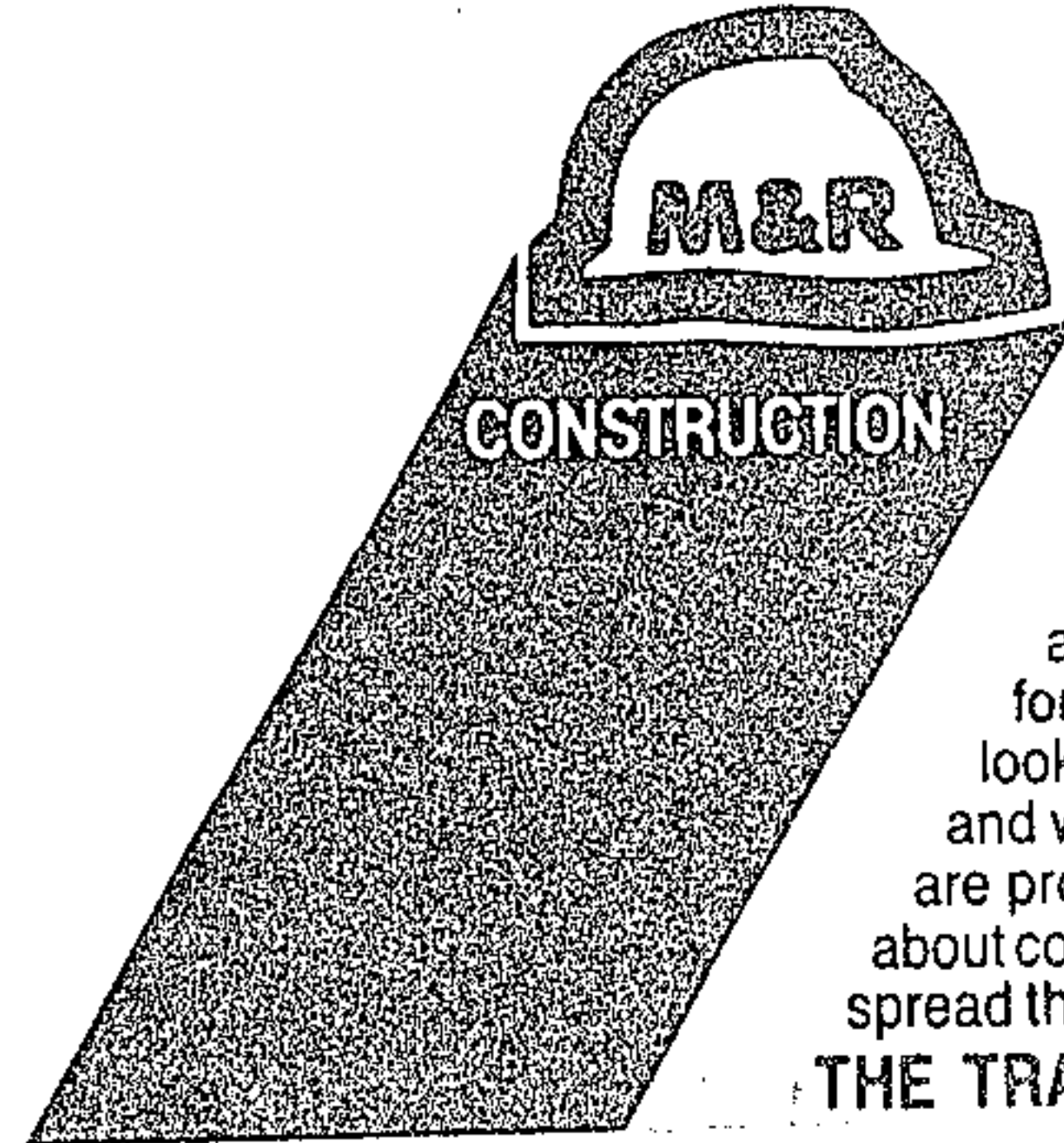
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New approach to health services

By SOPHIE TEMA

Clippings 25/1/90

A TOTALLY new approach to health services throughout the country is being considered for immediate as well as long-term implementation.

This was revealed in a statement by National Health and Population Development Minister Dr Rina Venter and Fanie Ferreira, MEC responsible for health services, after a visit to the HF Verwoerd Hospital, Johannesburg, to study problems in the cardiac unit.

The function of academic hospitals would have to be reviewed and they should be developed into "centres of excellence", said the statement.

A sifting process would be applied to patients and less serious cases should be treated at community health centres and at community and regional hospitals.

Hospitals would be relieved of the pressure of less serious cases because academic hospitals should concentrate primarily on training and research.

Venter also visited the King Edward Hospital in Durban and intends visiting Baragwanath Hospital in Soweto soon.

In order to find solutions for the problems of hospitals in the Transvaal and to try to determine how they should function a meeting will be held in Pretoria on February 8 between Ferreira and all rectors of academic hospitals in the province, or their representatives.

Bara 'is at crisis point'

98

Sowetan

29/1/90



SCHWARZ

A CRISIS was facing Baragwanath Hospital with a serious nursing shortage developing and more buildings and extensions urgently required to accommodate patients, Democratic Party MP Harry Schwarz said last week.

Although extensions to Baragwanath, financed by the private sector, had done much to alleviate shortages and lift the morale of staff at the hospital, the Government should supply the funds for further extensions to the hospital, Mr Schwarz said.

Fortunate

His remarks came after a delegation of DP MPs, led by Schwarz, visited the Soweto hospital on Thursday.

Schwarz said Baragwanath had in the past

been fortunate regarding its nursing situation. However, "a very serious nursing shortage is developing there".

He further made an appeal to the private sector to make more funds available for extensions which were urgently needed.

Future

Commenting on announcements that a new hospital was to be built in Soweto in the near future, Schwarz said:

"We believe the announcement about a new Soweto hospital needs more credibility as an announcement in this regard was made in 1968 and we are still waiting." - Sapa

B/D am 29/1/90

98

Whistle-stop tour of hospitals

TANIA LEVY

TRANSVAAL Hospital Services MEC Fanie Ferreira made a whistle-stop tour of Baragwanath and Johannesburg hospitals on Friday to acquaint himself with conditions there.

A TPA Hospital Services spokesman accompanying Ferreira said there were no plans for emergency funds to be made available for the hospitals.

After visiting Baragwanath, Ferreira and senior TPA Hospital Services officials visited Orange Farm and clinics in Soweto.

He said Soweto's R3,7m Mofolo Clinic, which was completed about two years ago, would be opened on February 1.

The Jabavu clinic is to be closed.

The crisis in Transvaal's hospital services came under the spotlight again recently when it was asked to cut by 10% the number of people admitted as patients.

GERALD REILLY reports from Pretoria that statistics indicate that the acute shortage of nurses is likely to become even more serious this year, intensifying the crisis in



Johannesburg Hospital superintendent Reg Broekman shows Transvaal Hospital Services MEC Fanie Ferreira, left, the hospital's emergency helicopter. Picture: ROBERT BOTHA

some of the country's major hospitals.

SA Nursing Council figures show that last year 1 555 nurses qualified, 219 of them with nursing degrees from universities.

This compares with 3 074 who qualified in 1988, 289 of them with degrees.

The figures confirm the need for improved working conditions for nurses and significant increases in salaries and other financial benefits.

SA Nursing Association president Odelia Muller said she expected numbers this year to be even lower than last year.

Health centre to be opened

98
Soweto
30/1/90

By **MONK NKOMO**

A MULTI million rand Community Health Centre which will alleviate overcrowding at Baragwanath Hospital, will be opened in Mofolo Soweto on Thursday February 1.

Mr S E S Ferreira MEC for health services said in a statement in Pretoria, the new centre will serve 80 000 people and would provide X-ray facilities and maternity services.

Ferreira briefly toured Soweto and visited the Baragwanath and Johannesburg hospitals on Friday. He said the Jabavu Community Health Centre will close on Thursday.

"The putting into service of the Mofolo Health Centre follows upon several complaints from patients and staff about the deterioration of facilities at the Jabavu Health Centre. After Jabavu has been vacated, proper technical investigation may be done in view of future upgrading and utilisation," Ferreira said.

The R3,5 million Mofolo Centre was completed in May 1987 but could not operate due to lack of funds. Ferreira said that the staff shortage that existed at Jabavu last year had been eased by the appointment of 11 new doctors and several nurses.

The Mofolo Health Centre will be officially opened on February 14 this year.

The new Health Centre is part of a move by the Government to ease pressure on hospitals such as Baragwanath especially with less serious cases.

CAPL- Times 30/1/90

Shortage of nurses could cause crisis in hospitals

Own Correspondent

PRETORIA. — The acute shortage of nurses is likely to become even more serious this year, intensifying the crisis in some of the country's major hospitals.

The declining numbers at colleges and universities underscores the need for improved working conditions and significant increases in salaries and other financial benefits.

SA Nursing Council figures are that last year 1 555 qualified, 219 of them with nursing degrees from universities. This compared with a total of 3 074 who qualified in 1988 — 289 of them with degrees.

Negotiations for improvements are currently in progress and an announcement of significant pay rises from April 1 is expected in March, probably in the budget speech.

In all provinces — but particularly in the Transvaal — wards have been closed for years because of the chronic shortage of nursing personnel.

TPA sources also said that a fairly large percentage of newly qualified nurses found work with doctors and in

district and industrial nursing.

To compete with the earnings in these areas, nurses in government and provincial service would have to be granted increases of 50% or more, the sources said.

SA Nursing Association president Ms Odelia Muller said the association was also concerned about nurses at provincial hospitals doing additional work for agencies. This meant the quality of service declined because the nurses were overworked.

Ms Muller said the situation was so critical that the lives of patients could be endangered. She said there was nothing wrong with the training of nurses, but there was a shortage of manpower.

She said the only solution to the problem was better pay.

She said the numbers who completed the two year pupil nurse course last year declined from 2 694 in 1988 to 2 278 last year. She said, though, that recruitment usually improved in a sagging economy and the expectation of better pay and working conditions later in the year might help push up the numbers.

H F Verwoerd workers strike (98)

Pretoria Correspondent

More than 150 striking hospital workers yesterday gathered on the western side of Pretoria's H F Verwoerd Hospital to protest against their salaries.

The strike, which involves mainly black administration, kitchen and cleaning staff, is expected to continue.

According to two of the workers, who did not want to be named for fear of reprisals, the strike started at 11 am yesterday when workers stormed their canteen, broke cutlery and utensils and "threw food around".

A crowd then gathered to sing and dance near the hospital's western

storerooms. They moved off quietly when members of about a 30-strong riot police contingent asked them to disperse just before 3 pm.

A police spokesman said the strike had been peaceful.

The two workers said the crowd downed tools after not receiving an annual bonus.

Both workers confirmed that no nursing personnel had been involved in the strike.

The chief superintendent at the hospital, Dr Dirk van Rooy, said the matter would be discussed between TPA officials and hospital management today.

STAT 1/2/90 (152)



'Hospitæ of shan.

SIRENS blaring, an ambulance screeches to a halt outside the casualty ward of the Eben Donges hospital in Worcester.

Two men covered with blood are dragged from the ambulance and dumped on the hard cement floor. Several hours later they are still lying on the floor, a pool of blood surrounding them.

It is Saturday night and the ward is full of victims of weekend gang fights and domestic violence.

Most of those awaiting medical attention arrived at the ward in the

At the Eben Donges Hospital in Worcester, a wire fence divides a "mini-Beirut" casualty ward from the tranquillity of the white ward where the only patient is a small child with a sprained ankle. SOUTH reporter CHIARA CARTER investigates the Boland's "hospital of shame".



Patrick Ngalo and his mother, Evelina, prepare to return to their home in De Doorns. Patrick waited 12 hours before being diagnosed as having a broken arm

morning. Saturday night's casualties have to wait until the next day before they receive treatment.

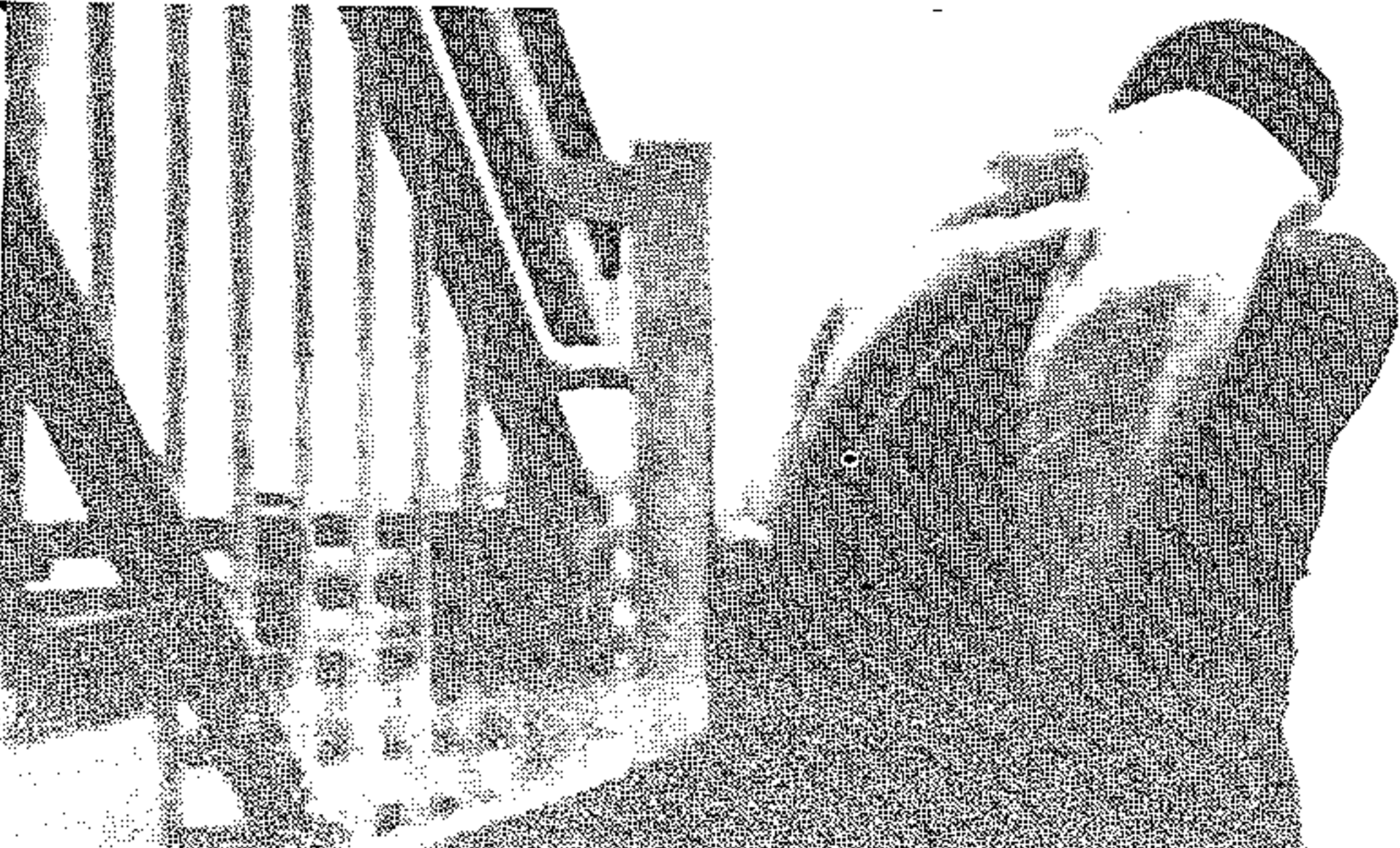
The ward resembles a mini-Beirut with the injured tending to one other

while they wait for a doctor.

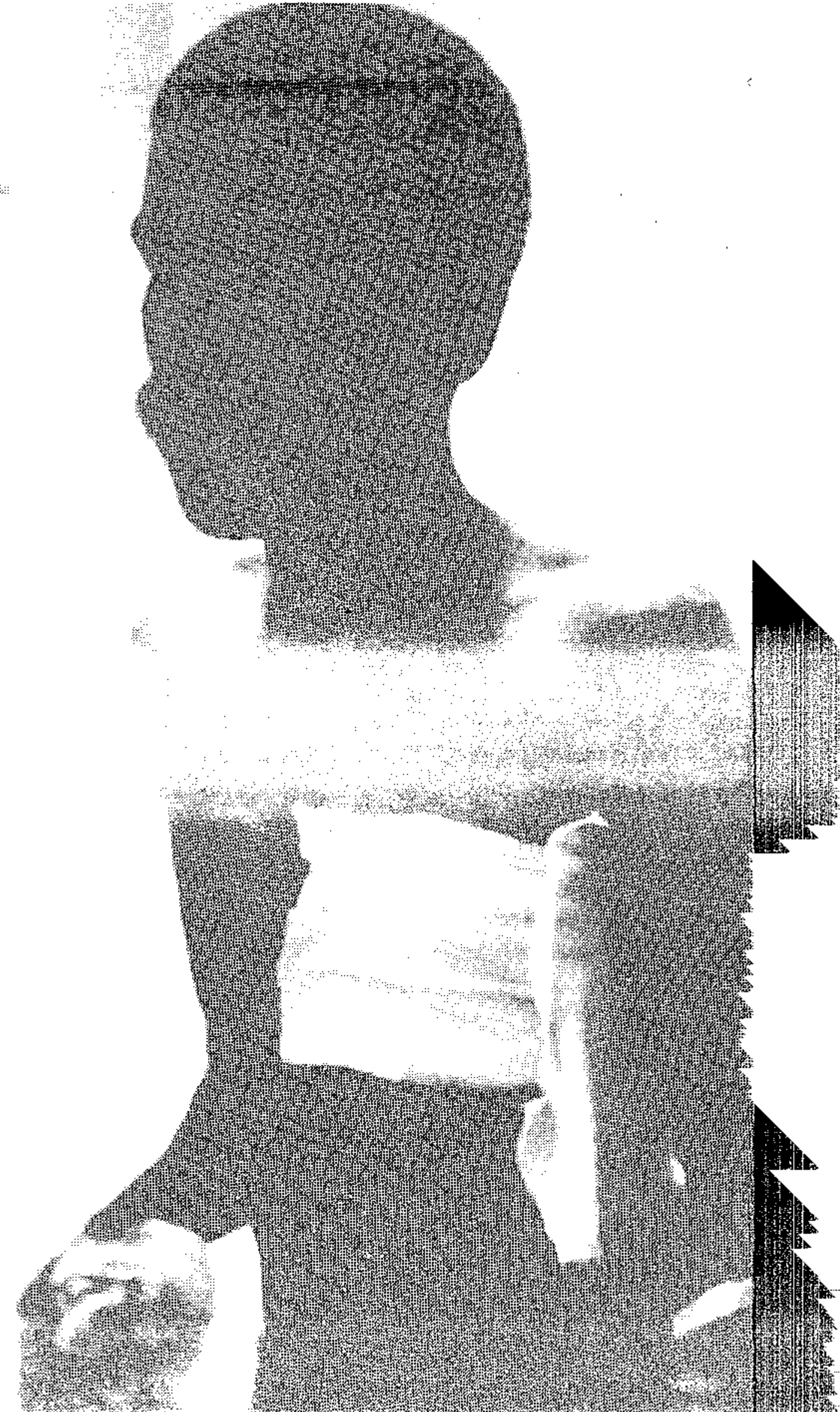
Eyes glazed with pain, young and old are slumped on benches or huddled under coats and jerseys on the floor.



Children sleep amidst pools of blood that bespatter the walls and floor of the casualty ward



A semi-conscious patient, bleeding profusely, slumps on a bench in the ward



A victim of the weekend violence

PICTURES by
GAVIN
PIETERSE



As the hours tick by, young and old alike curl up on the benches waiting their turn for treatment

The moans of the injured mingle with the sound of the hospital intercom.
Drips inserted by ambulance staff are balanced on sills and there is blood everywhere — on the patients, the benches and the walls.
Nobody tries to clean the blood or the broken bottles and cigarette stubs which litter the floor where the sick are lying.

he clutches his hand.
He has been at the ward for eight hours without receiving any medical attention.

Next to him is Patrick Ngalo, 9, whose mother brought him to the hospital from De Doorns — 40 kilometres away.

"We arrived here at 11 this morning at base from waiting over since," Mrs Evelina Ngalo said.
"Patrick's arm is very painful. We think it is broken. Every time he moves, he cries."

"It is now so late that we are preparing to sleep here".

Patrick is eventually examined by a doctor at about 11 pm — almost twelve hours after he arrived at the hospital.

Amos Komba's t-shirt is stained with dark blood from a gaping wound in his left cheek. Komba had been stabbed with a broken bottle after intervening in a fight.

Four hours later, grains of dirt are tuck to the congealed blood.

"I didn't expect to be treated quickly. We blacks are always the last to be served," Komba said.

Across the room a woman is screaming in agony, blood flowing from her chest. Apart from a drip inserted while she was transported to the hospital by ambulance, she received no medical attention the entire evening.

One person who gave up the wait was Maria Flippies, 25.

Her boyfriend had smashed her face so that her features were barely recognisable. The medical staff did not treat her, except to insert a drip.

"I will be better off going to the shop to buy an aspirin than waiting here like this," Flippies said.

But Jeffrey Nyuka, 50, could not leave.

He was unable to walk because his leg had swollen so badly after he was hit with a stone. By Sunday morning, Nyuka was still waiting.

Jan Gilbert, a 40-year-old epileptic with an amputated leg, came to the hospital early on Saturday morning to get epilepsy tablets.

At sunset, Gilbert set off for home in his wheelchair — without the tablets.

Separated by a dividing fence, the white casualty ward is a world away from the nightmare of black casualty.

At 8pm the only people in the waiting room are a young girl with what appears to be a sprained ankle, and her father.

An elderly woman is carried in from an ambulance on a stretcher and almost immediately whisked away by staff.

"It seems that if you are black, nobody cares whether you live or die," said Worcester Civic Association organiser, Amos Dyanti.

"This hospital is a disgrace. The entire community is up in arms over the way we are treated.

"Our people wait all day before they receive any medical attention.

"We demand that the Minister of Health investigates what is happening here," said Dyanti.

The acting superintendent of Eben Donges Hospital, Dr B Buitendach, said the hospital was not prepared to comment unless SOUTH provided him with a written complaint, which he would then investigate.



Worcester Civic Association organiser Amos Dyanti consoles a patient



Exhausted, these children fall asleep on a bench

A BILL of rights for South Africa is not — as one position taken has it — meant to protect the interests of the white minority against a future black majority government.

Instead, a bill of rights can be a major instrument to guarantee that the whole population, including the black majority, effectively realises the rights they have for so long been denied.

To project a bill of rights as essentially a mechanism to frustrate majority rule is to doom it from the start.

It should be used to enlarge, rather than to freeze, the area of human rights and to eliminate, rather than perpetuate, racial distinctions and the fruits of such distinctions.

The bill of rights must not be seen as a positive, creative mechanism that would encourage orderly, progressive and rapid change in the direction of real equality.

In the South African situation, it would thus provide for general, civil and political rights — including a multi-party system based on freedom of speech, association and organisation — but there would be no freedom to call for apartheid to be maintained or restored.

Other rights, such as the right to peace, development and a clean environment, must also be addressed.

This might upset lawyers used to Anglo-American legal conventions who argue that such concepts are political, not legal, and as such have no place within a bill of rights.

Sweeping

Any serious look at the needs of a post-apartheid society, however, shows that sweeping changes will be needed to ensure that the majority of the people have genuine and not merely token access to the rights, privileges and benefits of society.

A fundamental feature of a meaningful bill of rights for South Africa is that it must be structured around a programme of affirmative action.

Not only individuals will be looking to the bill of rights to increase their freedom and improve the quality of their lives, but also whole communities — especially those whose rights have been systematically and relentlessly denied by the apartheid system.

Politics of human rights

South 1/2 - 7/2/90

A bill of rights is being debated by a broad spectrum of South Africans, from the Nationalist Party to the African National Congress. In this focus, SOUTH looks at the proposals of Judge Pierre Olivier's SA Law Commission and an ANC viewpoint:

The advantage of corrective action is that clear and irreversible goals with an undeniable social and moral purpose are stated, but considerable flexibility is permitted in terms of how the goals are to be realised.

There is no area of South African life that apartheid has left untouched. It will therefore be necessary to extend affirmative action to every aspect of South Africa society — for example, in the areas of health, education, work and leisure.

The assumption in most current writing on a bill of rights is that its final watchdog should be a body of highly-trained and elderly judges, applying traditional legal wisdom in what is considered a neutral and objective manner.

Disturbance

If the goal of a bill of rights is selfishly to guarantee the continued existence of property and social "rights" and that these suffer minimum disturbance — one has to put "rights" in inverted commas, as the power to ensure your child goes to a whites-only school cannot be dignified with the word "rights" — then who better to fulfil the role than those who not only belong to and share the values of the very group to be protected, but whose whole professional mode has been shaped in the context of the interests, values and styles of that group?

If, on the other hand, the "dog" is to watch the interests of the oppressed, it would have to have a totally different pedigree and training.

It is unthinkable that the power to control the process of affirmative action in South Africa should be left to those who are basically hostile to it.



Judge Pierre Olivier

At present, the great need will be to give people confidence in parliament and representative institutions, to make them feel their vote really counts and that parliamentary democracy serves their interests.

The principle of equal rights, which in other countries is regarded as so ordinary as not to merit any explanation or require any defence, is projected as something quite wondrous in South Africa.

It is considered so astonishing as to

be constitutionally illusory and practically unattainable.

Yet, essentially this is what the anti-apartheid struggle is directed towards — the achievement of full equality between all South Africans, independent of race, colour, ethnic origin, sex or creed.

The measure of the success of any new constitutional order will thus be the degree to which it enshrines and helps materialise the principle of full, genuine and inalienable equal rights.

In the ANC's view, as race classification and group areas will disappear from legislation, they will vanish from citizenship and the electoral system.

There will be a common voters' roll made up of all adult South Africans to elect a parliament representative of and speaking in the name of the whole nation.

The constitution in this sense will be completely non-racial. There will be no special privileges for racial or ethnic groups.

Race will enter the constitution only as a negative principle in that the constitution will be not only non-racial but also anti-racist.

The anti-racist character will specifically:

- outlaw racial discrimination;
- prevent the dissemination of racist ideas and the organisation of racist parties; and
- ensure that measures are taken to overcome the effects of past racial discrimination.

Persecuted

What guarantee would exist in a constitutional order based on majority rule against minorities being persecuted by the majority? It may be argued that, while recognising the evils of apartheid, it would be unjust to inflict on future white generations the very kinds of discrimination which their fathers have been and are inflicting on blacks.

At the pragmatic, it may be contended that if one wishes to persuade whites to relinquish power now, they must be given reasonable guarantees against persecution in the future.

The general scheme already outlined presupposes guarantees against the persecution both of individuals and of groups — but accomplishes this without introducing racist concepts.

Besides, the cultural diversity of the country will get a degree of constitutional recognition that will permit groups to develop certain aspects of what they might call their own way of life with a view to enriching the texture of society as a whole. This is the guarantee of equal rights for all national groups.

Isolation

The increasing precariousness of the apartheid regime inside South Africa and its growing isolation internationally could tempt it to stage-manage a solution similar to the Lancaster House agreement in Rhodesia.

It could, namely, try to negotiate a constitution and a bill of rights that keep racist principles alive and guarantee privileges (not rights) for whites, but that nevertheless permit some kind of majority-rule.

The position of the anti-apartheid forces has long been that the people as a whole, acting through a democratically-elected constituent or national assembly, should be responsible for drawing up a constitution for a democratic South Africa.

Negotiations for a transitional arrangement could in fact pave the way to dismantle apartheid relatively peacefully and to establish a democratic South African state.

The goal of a race-free democratic society would not be negotiable. The means of getting there, however, and in particular the timetable and method of transferring power from a racial minority to the people as a whole, would be.

In this context, it is more important than ever that opponents of apartheid do not lose sight of the goal of genuine democracy in South Africa.

To suspend sanctions because apartheid managed to don attractive new clothes would be to betray the country to racial oppression and exploitation. It would be to negate the principles of equality and democracy.

It would also be to postpone peace in South Africa and delay the reconstruction necessary to ensure that the country truly becomes a country that belongs to all who live in it and a proud member of the community of nations.

(This article was extracted from an ANC document on a bill of rights.)

Bill could lead to end of apartheid

South 1/2 - 7/2/90

TRADITIONALLY, a bill of rights is the constitutional instrument used to protect the individual against the power of the state.

It can be used to circumscribe the power of the state to prevent free expression, free association and other human rights, while also making detention without trial and other forms of government tyranny illegal.

A good bill of rights is also a measure against which all present and future legislation can be assessed. If such legislation infringes upon the human rights provisions of the bill of rights, the legislation can be rejected by the courts.

The National Party government until 1986 adamantly opposed a bill of rights. The Constitutional Committee of the President's Council which devised the tricameral parliament, had refused to consider a bill of rights for South Africa.

On the other side of the political divide, the ANC has advocated a bill of individual rights since at least 1942 when, in African Claims, they proposed such a document for South Africa. Mr Govan Mbeki was on the drafting committee.

Today, Albie Sachs is working on a bill of rights project for the ANC.

The South African government finally appears to be coming round to considering a bill of rights. If it accepts proposals on the issue, it could mean the scrapping of apartheid in South Africa RORY RIORDAN reports:

His draft report has been widely circulated for comment, both inside and outside South Africa.

In 1986, the NP government appears to have changed its attitude to a bill of rights. It appointed the SA Law Commission, a government body, to investigate two issues: the relationship between individual and group rights; and how the courts could play a better role in protecting these rights.

The Law Commission appointed a team of researchers under Judge Pierre Olivier to perform this investigation, and circulated a working paper on "Group and Human Rights" for comment in 1989.

The Commission is now preparing its final report, which it expects to have ready by the end of 1990. It will then be handed to the government, who may or may not use it recommendations.

What value is the working paper for democracy in South Africa?

In the words of Etienne Mureinik, Professor of Law at the University of the Witwatersrand: "Judge Olivier's report has been described as the most important document to emanate from an official body in the past 40 years.

My own view is that we could just as easily make that 400".

Some major points of the SA Law Commission's proposed bill of rights are:

- it unequivocally commits South Africa to equal, universal franchise for all adults;

- it states clearly that a bill of rights is the instrument to protect the individual against the state. It is not the instrument to protect groups one against the other; such protection, if desired, should be in the constitution itself;

- it outlaws state involvement in discrimination — any institution that receives state funding may not discriminate because of race. The proposed Bill does allow for discrimination to continue at schools, hospital, for example — provided that no state money is involved;

- it allows for the principle of affirmative action programmes to try to redress the historic imbalances of apartheid;

- the Commission recommends the bill of rights be implemented in five stages; the fourth would entail "reaching consensus in a future constitution and finalising the bill of

rights". The fifth is the legitimisation, by referendum, of the new constitution — including the bill of rights:

- it would commit South Africa to a future dispensation based on an acceptance of international human rights norms. Should the proposed bill of rights be accepted, South Africa could sign the 1948 Universal Declaration of Human Rights.

The proposals, however, also have shortfalls. The most obvious is that it appears to entrench capitalism and private property.

Most worrying is that it is being created without consultation with the ANC. Judge Olivier argues that he would welcome ANC participation. He sent a letter to the recent Paris Conference in this regard.

But ANC suspicions of South African government bodies are deep-seated. To the writer's knowledge, the ANC has not yet responded to the letter.

Thus the fundamental hurdle still awaits the SA Law Commission's proposed bill of rights: Can one construct a political initiative in South Africa today — no matter how good — which will be accepted by the majority of the people if the mass populist movements have not been involved in its having been drawn up?

This is the hurdle that the SA Law Commission must resolve. I do not believe they can.

(Rory Riordan is Director of the Human Rights Trust in Port Elizabeth.)

Nigeria's 'Maradona'

FEW Nigerians allow themselves to be surprised any longer by their president, General Ibrahim Babangida.

The president has been carrying out sleights of hand with such regularity that Nigerians call him Maradona, after the great Argentina footballer (who was involved in a controversial hand-ball during a World Cup game).

Last year Babangida dissolved the Armed Forces Ruling Council (AFRC) — the body which, theoretically, appointed him head of state.

The same year, he again shook the country by refusing registration to all 13 political associations that had applied to contest the elections leading to the departure of the military government in 1992.

But, earthshaking as these events are in Nigerian political terms, they did not satisfy President Babangida's sense of drama. He produced a coup de grace at the end of 1989 with a political reshuffle.

The casualties included three of the most powerful members of the AFRC: the Defence Minister, Lt-Gen Domkat Bali (who was also chairperson of the Joint Chiefs of Staff); the Air Chief of Staff, Air Marshall Ibrahim Alfa; and the Chief of Naval Staff, Rear-Admiral Patrick Shokoni.

Babangida took over the defence portfolio himself and appointed the

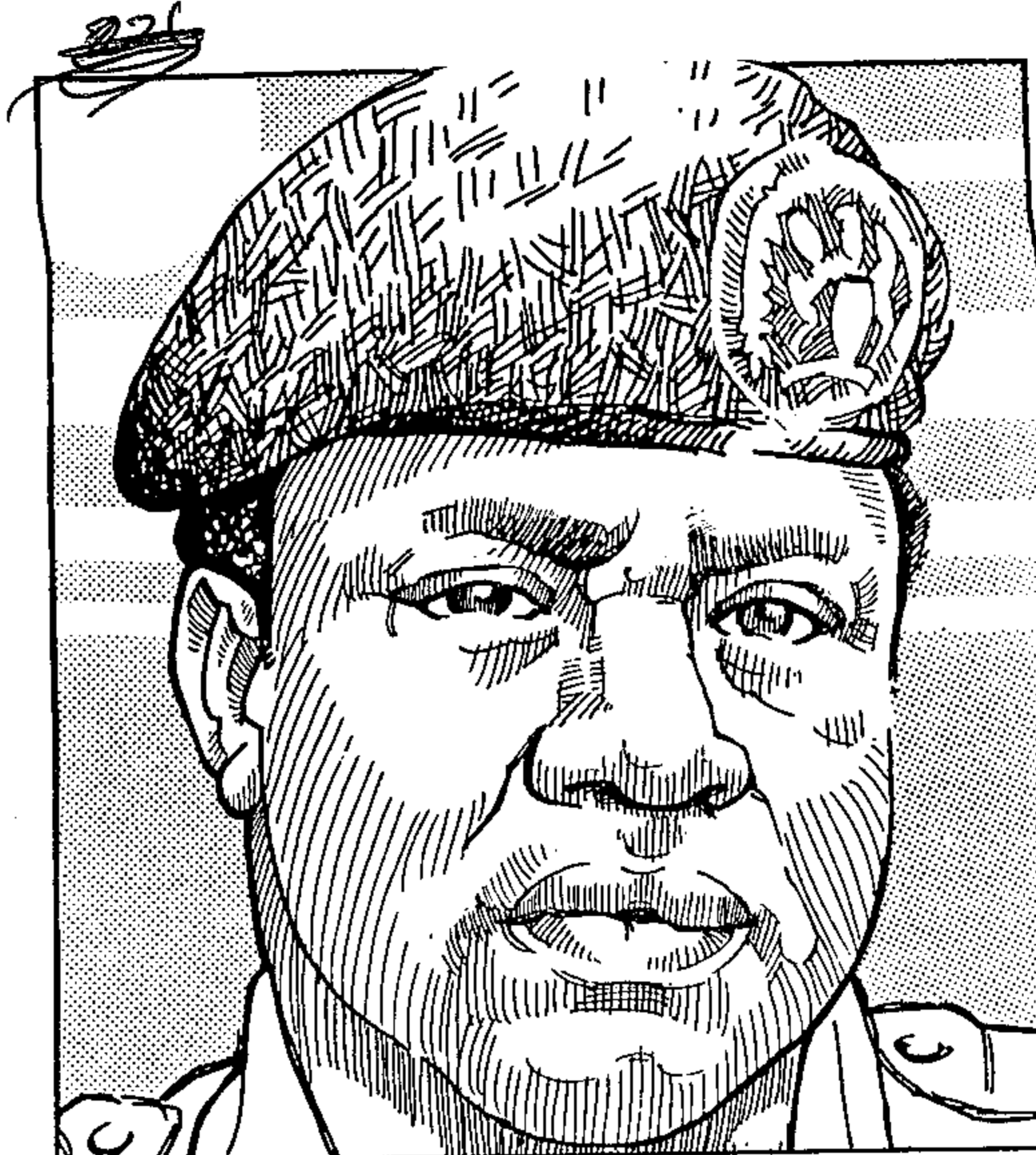
A major reshuffle in the Nigerian government by President General Ibrahim Babangida has raised questions about the growth of Islamic influence within his administration. Among the casualties was Lt-Gen Domkat Bali, a prominent member of Nigeria's Christian community, CAMERON DOUDU reports.

army Chief of Staff, Lt-Gen Sanni Abacha, as the new chairperson of the Joint Chiefs of Staff. General Domkat Bali became Minister of Internal Affairs, without a seat on the AFRC.

Normally, that would have been the end of the affair. Given a choice between holding some sort of official position and nothing at all, most Nigerians would take an appointment and continue to enjoy official privileges.

Bali thought otherwise. First, he failed to turn up to be sworn in to his new appointment. Then, contrary to all precedent, Bali gave a press interview in which he produced a rejoinder to the president's account of events. He even accused the president of duplicity and authoritarian behaviour.

When the president consulted him



President Babangida: Takes his nation's breath away

about the cabinet reshuffle, he had raised the issue of his retirement. The president had asked him to stay on until the government had "stabilised" after the changes. But the way things had turned out, it would be a "personal humiliation" for him to accept the job offered to him, said Bali.

The president had "usurped" the military administration to establish

"a personal dictatorship".

Important as these charges from General Bali were, they were not as important as the connection made between his departure and the growth of Islamic influence within the Babangida administration.

Bali is a member of Nigeria's Christian community, which constitutes about half the population, while Babangida is a Muslim.

Apparently, the Christians regarded Bali as representing their voice in the government, and Babangida's taking over the defence portfolio pained them.

The Christians also resented that the Ministry of External Affairs had gone from Major-Gen Ike Nwachuku, a Christian, to Alhaji Rilwanu Lukman, a Muslim.

They suspected there was a move to increase Muslim influence in the government so that Nigeria can qualify as a member of the Organisation of the Islamic Conference (OIC).

The OIC membership question has been a touchy one ever since it was reported that Nigeria, which is constitutionally a non-religious state, had joined the organisation in 1986.

Protest

All these considerations came together in the minds of Christians to set off protest demonstrations by them in four cities in the Muslim north of the country

Fortunately, there was no loss of life. In the past, religious riots have claimed many lives and led to places of worship being burnt down.

President Babangadi has been quick in trying to defuse the situation. In appointing people, his only concern was who could serve the country most efficiently, he said.

Some civilians, including Nobel Prize-winning author, Wole Soyinka, have rallied to support the president.

Soyinka is afraid a new coup-maker might overthrow Babangida and delay the army's return to the barracks in 1992. — GEMINI NEWS

Africa feels effects of Eastern Europe

South 1/2 - 7/2/90

AFRICAN political parties pursuing socialist policies are toning down the rhetoric in their ideology. Events in Eastern Europe have sent messages to party leaders.

The economic problems that overtook Africa in the 80s had already forced many countries to embrace policies criticised by hardliners as reversing party policies.

Following the introduction of perestroika and glasnost in the Soviet Union, demands within the parties for a reappraisal of policies have been heard for some time.

The demands were countered by arguments that perestroika was irrelevant to these African countries since they were still rebuilding and had nothing to restructure.

Except for parties in Angola, Ethiopia, Benin, Congo and Mozambique, which had declared their Marxist-Leninist policies and the central role of the working class in their struggle for socialism, other African socialist countries such as Tanzania pursued a moderate line.

Supreme

From the beginning they refused to be drawn into identifying themselves with Marxist-Leninist policies. Nevertheless, some leaders pursued a style of leadership similar to that of the communist parties in Eastern Europe.

There were central committees and congresses, and the party was said to be the supreme authority in policy.

The closed circles of party leaders in these organs were always perpetuating themselves and the rigid procedure for political leadership succession ensured a continuous re-election of the same old guards.

Tanzania's Party of the Revolution — abbreviated CCM after its Kiswahili version, Chama Cha Mapinduzi — will have much to discuss in the light of the changes in Eastern Europe.

"It will have to change its approach

The ruling party in Tanzania is to hold a seminar to discuss the changes in Eastern Europe and the Soviet Union. It had maintained close links with the parties that have now been ousted; only last year President Ceausescu was given a big welcome in Dar es Salaam. The rethinking in Tanzania is taking place in other African countries as well, as ISAAC MRUMA reports:

and ways of explaining its socialist message to the people," said one party functionary.

The CCM fits in the social democratic party mould, although in essence it is run like a functionally hierarchical communist party.

The party had close links with the hitherto ruling parties in Eastern Europe and even exchanged delegations. Party cadres are trained there. Ceausescu and his wife visited Tanzania last year.

The head of ideology in the party, Kingunge Ngombale Mwiru, considered to be a Marxist, attended the 14th congress of the Romanian Communist Party in Bucharest last November and returned home to say Romanians were very united and had "exhibited a great national solidarity and cohesion". A month later Romanians danced in the streets to celebrate the execution of their president Nicolae Ceausescu.

The events in Eastern Europe have been so embarrassing that the Tanzanian leadership has called a seminar next month to discuss the changes and their implications.

Observers say party leaders will have to struggle to re-establish their legitimacy. The next congress in 1992 could see some of the old guard stepping down. — GEMINI NEWS

South 1/2 - 7/2/90
THE CAPE TEACHERS' PROFESSIONAL ASSOCIATION

STRONGLY SUPPORTS THE NATIONAL SPORTS COUNCIL AS THE DECLARED SPORTS CO-ORDINATING ORGANISATION OF THE CHARTERIST MOVEMENT AND URGE ALL ITS MEMBERS TO ASSIST THE INITIATIVES OF THE NSC.

**SUPPORT THE NSC
SUPPORT NON-RACIAL SPORT.**

Students live in 'unsafe' residence

NEW nursing students were being forced to live in a Hillbrow Hospital residence damaged by fire in December, according to a spokeswoman for the students, Ms Rookaya Essack.

Essack claimed the Hillbrow residence was not safe and the new students had been told by hospital management not

SAPA

to use any electrical appliances in the building.

She said walls in the building were damp, the ceiling looked "about to collapse" and after a heavy rainfall, water had to be swept from the building.

There was no hot water, no bath plugs, some of the rooms had no lights, there was no toilet

paper and no linen changing facility.

Essack claimed Johannesburg Hospital authorities had been told by Hillbrow Hospital officials not to allocate rooms to students there.

Previous residents of the fire-damaged Hillbrow residence are still living in Fitzpatrick residence at Johannesburg Hospital, whilst the TPA completes its investigation into the condition of the building.

Segregate

Moving the students into the Hillbrow residence was a "ploy" to segregate them from other health workers, Essack said.

Health officials could not be contacted for comment at the time of going to press.

SA's vaunted hospital

services slip into a

Third World morass

NEWS ANALYSIS BY DAVID JACKSON

WHEN South Africa stunned the medical world by performing the first heart transplant, its medical skills and health services were the envy of the globe.

Two decades later, the country's health services are on the verge of sinking into a Third World morass.

The skills, the dedication and the expertise remain. But the system is cracking at the seams under a bloated bureaucracy, overcrowded black hospitals, overworked and underpaid doctors and a critical shortage of white nurses.

South Africa is the only country in the world that has 14 separate departments of health (including those for the independent national states) — a legacy of the "general" and "own affairs" structuring of health services that followed the introduction of the tricameral parliamentary system in the mid-80s.

Medical sources and opposition politicians this week put the blame for the present crisis firmly at the door of this system, with its staggering duplication of medical and administrative costs.

The money, they say, could be better spent on upgrading equipment and rural health services, and making salaries more competitive.

CROWDED

Whole wards at large white institutions such as Johannesburg Hospital lie empty. In black hospitals such as Baragwanath and Durban's King Edward VIII patients crowd the corridors and doctors are working up to 35-hour non-stop shifts.

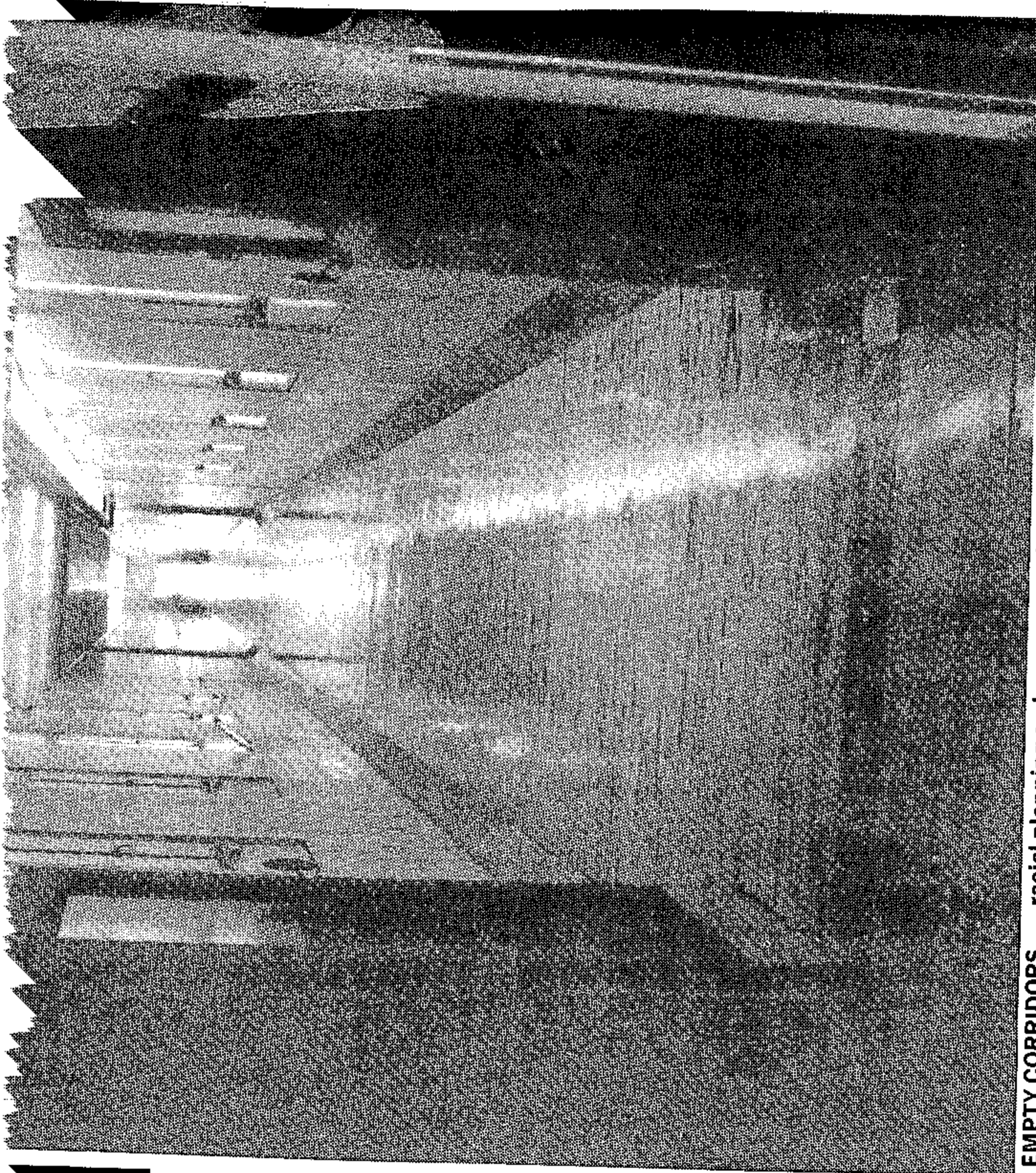
At King Edward VIII, a large teaching hospital, a typical working day for a team of doctors begins at 8am. They receive patients, do routine duties such as running services, attending to out-patient clinics and giving student tutorials.

Then when most office workers pick up their briefcases to go home, the already-tired doctors stay on to treat emergency cases — snatching an hour or two of sleep if things are quiet.

Another team takes over the receiving of patients at 8am — but the team that has already been on duty for 24 hours now begins a normal working day attending to out-patient clinics and the like, as well as treating the patients they admitted the night before. They work through to 5pm — a continuous shift of 33 hours.

Says Professor John Robbs, who is also the University of Natal's head of surgery: "I simply do not have enough bodies to say to the claps that have been working all night that they can go home."

The main problem is first of all that there are too many patients for the facilities. The primary need is more hospi-



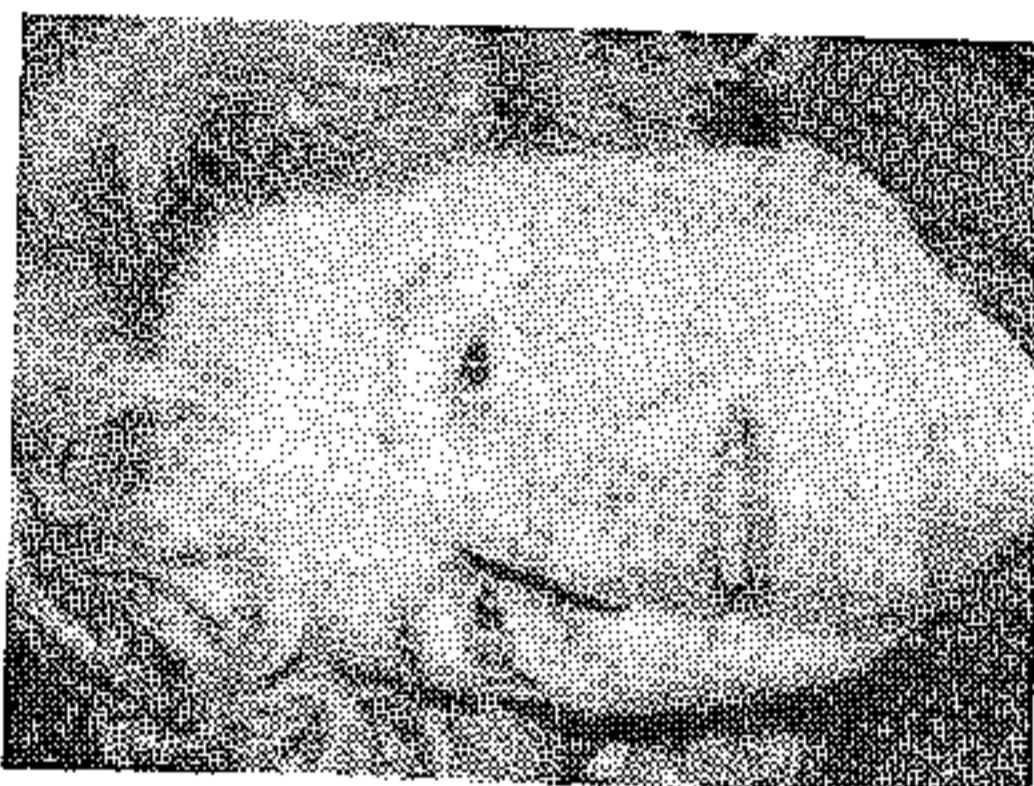
EMPTY CORRIDORS... racial planning and poor pay are blamed for the crisis

tal and there was a good interchange of doctors, expertise and equipment.

"Now Coronation Hospital, if it has an overflow of patients, has to send them to Lenasia (about 45 km away). And because of the nursing shortage, J G Strijdom is taking in Coloured nursing aides — which makes a mockery of the system."

Meanwhile, health services in rural areas are virtually non-existent. This leads to chronic overcrowding at urban black hospitals such as Baragwanath and King Edward.

Picture: ROBERT BOTHA



RINA VENTER Investigating

man on health Mr Mike Ellis said.

"Health services in South Africa are in disarray as a result of their total fragmentation following the introduction of 'own affairs'. As long as the Government insists on 'own affairs' health, we will never find a solution."

"The Government needs to get all health services under the control of one single ministry, even if that means taking the control of hospitals away from the provinces."

A casualty of "own affairs" legislation was Johannesburg's J G Strijdom Hospital, once a fine teaching hospital (a hospital at which universities are involved in the training of doctors).

Wits University pulled out because in terms of "own affairs" legislation it could no longer be a teaching hospital.

Said the DP's Mr Ellis: "As an academic hospital it had very close links with nearby (non-white) Coronation Hospi-

public health sector loses, the private sector gains. Salary packages are more lucrative — and there are tax perks too.

One teaching hospital source told the Sunday Times: "The policy of privatisation is killing academic hospitals. Our budgets are being reduced all the time."

A medical professor in the State's service will gross about R108 000 a year, including fringe benefits. He is taxed on all of that.

But according to academic hospital sources, a reasonably successful general surgeon in private practice will gross up to three times that, with built-in tax loopholes. He could end up paying less tax than someone at the top of the academic tree, although earning more than twice as much.

As a stop-gap measure, Dr Rina Venter announced last month the Government was considering increasing salaries for highly-skilled doctors and nurses in academic hospitals to check the crisis.

The Government was awaiting the results of a three-pronged investigation into salaries and working conditions expected at the end of March.

The crisis was highlighted when two top surgeons resigned from the heart unit of Pretoria's HF Verwoerd Hospital, blaming inadequate nursing staff and equipment as the reasons.

Democratic Party spokes-

At teaching hospitals such as King Edward some registrars are putting in a 100-hour week or more. This is not considered unusual. The defined working week in the civil service is 48 hours.

Says Professor Robbs: "It's all a question of money... for salaries, for equipment and to provide the treatment we feel is optimal for our patients."

"But we are not going to recruit the medical staff we want with the salary packages we offer. In the short term we have to adequately fund what exists. In the longer term we need more hospitals and staff, and to recruit nursing staff in the white sector particularly."

"All academics are very concerned about academic standards, particularly at undergraduate level. At the moment we are producing doctors for export." What the

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DISTRUST

Mr Ellis said: "Where the government has set up some form of health service in rural areas, the people have little faith in them, partly because of the shortage of doctors or because the clinics are run by nurses only."

"So even for little things like boils, parents want to send their kids to big hospitals in the cities. But Baragwanath can't even cope with Soweto, while King Edward is taking patients from as far away as the Transkei and Piet Retief."

Said Professor Robbs: "If we developed the rural facilities to their full potential, we would probably have enough hospitals — if we could find the doctors who would be prepared to work in rural areas."

"Black graduates do not want to work in rural areas. They all want to work in KwaMashu and the cities because that's where their children can be educated."

PROBE

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Democratic Party spokes-

Vaal Triangle industry steps up pollution fight

MOMENTUM is gathering among SA industrialists to clean up the notoriously smog-bound area of the Vaal Triangle.

The Vaal Triangle Atmospheric Pollution Committee (APC) is one of a host of action groups which have emerged in the last year to combat pollution in the area.

The APC, chaired by the National Health Department, includes Iscor, Eskom, Sasol, AECI as well as community and environmental groups.

From Sasolburg, Martin Weir, production director of chemical giant AECI's Midland factory, has outlined his company's approach to the pollution problem.

"Photochemical smog is the Vaal Triangle's most severe pollution issue. The smog is the product of an atmospheric reaction between hydrocarbon and other chemical emissions with sunlight, the cause of the area's poor visibility. Our factory, now 25 years old, is an integral part of the triangle's industrial complex.

"All local industries have been approached by the Health Department to draw up a programme to reduce hydrocarbon emissions."

MATTHEW CURTIN

Weir gave details of AECI's current practical commitment to pollution control. The replacement cost of fixed capital investment at the Midland factory stands at R2,5bn of which R300m is associated with environmental control equipment.

A R6m incinerator came on stream in the New Year which, at an annual running cost of R100 000, converts waste gases to hydrochloric acid, a saleable and useful product.

Contributors

Other environmental control equipment includes dust collection plants; electrostatic precipitators which, according to Weir, filter stack emissions with 99,5% efficiency; and on-site monitoring equipment.

Weir says industrial emissions are only part of the pollution problem, with vehicle exhaust fumes and coal-burning in the black townships also major contributors.

A key issue in the fight against

atmospheric pollution is determining who is responsible for what amount of which sort of pollution.

To this end the Health Department, Wits University and Mintech have commissioned a Vaal Air Characterisation Study (VACS) to unscramble the area's pollution.

Prof Harold Annergan, of Wits's Nuclear Studies Department, who is co-ordinating the project, says VACS is a major step in the rationalisation of pollution planning and control.

The VACS project is still at the pilot study stage and due for implementation in 1991.

It will then be the only reliable method of identifying the performance of different polluters.

But despite these good omens for the Vaal Triangle's environmental future, some are not impressed.

Sandy White, a leading environmental commentator, member of Earthlife Africa and producer of a video, *Stopping the Coming Ice Age*, believes it is all too little too late.

"You simply have to visit the industrial complexes and see the extent of the environmental damage, quite apart from the air pollution."

New health centres may stay shut

CAPE TOWN — Ten newly built community health centres and a further 10 to be completed in the Cape Province this year will not be able to open unless the Cape Provincial Administration (CPA) is allocated sufficient additional medical funds in the annual budget.

Annual running costs for the health centres, which are being built at a budgeted cost of almost R6,3m to alleviate growing pressure on provincial and academic hospitals, would amount to about R11,8m, say CPA officials.

The CPA, like the other provinces, regards health and the provision of medical services as one of its top priorities, and allocates more than

LESLEY LAMBERT

50% of its annual budget to this need, says Administrator Kobus Meiring.

But he adds that, as a result of rising costs and other medical priorities, the province does not have sufficient funds at this stage to operate the completed health centres. He is also concerned that strict reductions in government spending, necessary though they might be, could curtail vital community services like the health centres.

Meiring has held discussions with National Health and Population Development Minister Dr Rina Venter, who is understood to have taken the issue up with President F W de Klerk.

In a statement issued this week, Venter confirmed the meeting with Meiring and said her department was in the process of developing a long-term strategy to help alleviate problems currently experienced in the provision of health services.

She said funding of the services was only one of several issues under investigation.

Venter has on many occasions stated publicly that support systems such as primary health care services need to be properly developed to relieve the burden on academic and regional hospitals.

She has also repeatedly called on provincial authorities not to neglect these support systems.

Hospital workers back

STRIKING workers at the HF Verwoerd Hospital in Pretoria are all back at their posts and the situation has been "normalised".

Transvaal Provincial Administration (TPA) spokesman Jan van Wyk said yesterday all the 700 workers who went on strike last week had returned.

*Sowetan
6/2/90*

Protest



The workers - mainly kitchen, administration and cleaning staff - downed tools last week to protest against their low wages.

Van Wyk said the strikers had also demanded improved leave benefits and had returned to work after being reassured their demands were being investigated by the TPA. - Sapa.

and are due to appear in court soon.

Police said there seemed to be no political motives for the attack. - Sapa.

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98

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WEDNESDAY FEBRUARY 8 1990

Kidney patients face crisis 98

By SY MAKARINGE

HUNDREDS of kidney sufferers in Soweto will die this year because of the lack of dialysis machines at Baragwanath Hospital and the reluctance by the public to donate kidneys, sources have said.

Baragwanath - the biggest hospital in the southern Hemisphere - has only 21 dialysis machines, while the white Johannesburg hospital, which has a smaller patient turnover, has twice that number.

Doctors said the 21 machines, described as "grossly inadequate," were under extreme pressure as up to 150 patients were presently receiving treatment at the renal unit about three times a week. There is also concern that some patients may not have been receiving proper treatment because of the shortage.

An average of 10 new cases of kidney sufferers are received at the hospital every week, but the patients are sent back home because there is no room for them at the renal unit.

Although dialysis machines are only capable of keeping a patient alive until a donor comes forward, it is felt that the Government should seriously address the issue to avert the crisis.

Figures furnished by the Transvaal Provincial Administration also indicated that black hospitals had fewer dialysis machines compared to those at white hospitals. J G Strijdom has 13, while Leratong and Kalafong have seven and three respectively.

Dr Hennie van Wyk, the TPA's executive director of health services, confirmed there were only 21

● To page 2

Crisis at Bara 98

Sowetan 8/2/90

● From page 1
dialysis machines at Baragwanath Hospital.

He said Baragwanath was one of two main dialysis centres which should not be used for routine dialysis.

He said routine dialysis should be dealt with at satellite centres, which are situated at Coronation, Leratong on the West Rand, J G Strijdom and Kalafong in Pretoria.

"Some patients can be dialysed at home providing that the home is properly equipped. Patients go back to dialysis units from time to time for check ups," he said.

A spokesman for the

South African Health Workers Congress (SAHWCO) said the Government had no regard for black lives.

"This is symbolic of the cheapness of life in the black community. We feel that the crisis in the renal unit at Bara is only the tip of the iceberg.

Whites have by far and large benefitted from apartheid health services. They are healthier and live longer," the spokesman said.

He called on the people to embark on a health charter campaign and the formation of health service committees in the townships.

Sowetan 8/2/90

Bara plea for kidney donors

Sowetan 8/2/90
DOCTORS in the renal unit of Baragwanath Hospital this week made a desperate plea to the public for kidney donations to save lives of hundreds of kidney sufferers in the townships, writes SY MAKARINGE.

Dr Dubazane Mzamane, head of the unit and his colleague, Dr Adriaan Kark, said kidney transplantation was the "preferred and desired" method of treatment of renal diseases all over the world.

They said dialysis machines, although also very important, were only capable of keeping a patient alive and could not restore him to normal life.

Patients who were presently receiving treatment on the machines could make way for new patients only after they had received kidney transplants.

Kark said: "A person does not need two kidneys. He can donate a kidney with no harm to himself. There's no major problem and there are no costs to the donor."

He said reluctance to give kidneys was probably because people were not well informed.

A social worker said the advantages of kidney transplants were that a patient would be able to lead a normal life and continue to work. She said this was not the case with a patient who had to be dialysed up to three times a week.

She said brain-dead patients were potential donors, but attempts to get kidneys from them always failed because of the reluctance of their families.

Kark said kidneys donated at Baragwanath would be transplanted at Baragwanath.

Hospital row looms (98)

Sowetan
9/12/90 By MOKGADI PELA

A confrontation is looming between the hospital staff and the health authorities with the launching yesterday of a national campaign to desegregate hospital facilities.

At a Press conference in Johannesburg, Dr Oupa Mpe, chairman of the Hillbrow Hospital Solidarity Committee, said the move was a sequel to similar action already embarked upon by the Hillbrow Hospital staff. The Hillbrow staff started their action after their residences were razed by fire on December 27 last year and demanded to be accommodated at the nearby Johannesburg General Hospital.

Grim renal unit at Bara - patient

98

THE situation at the renal unit at Baragwanath Hospital has been described by a kidney patient as "terrible and extremely appalling".

The patient, who preferred not to have his name disclosed, yesterday said the main renal ward, Ward 13B, was equipped with eight dialysis machines which regularly broke down during treatment.

"It's not unusual to go to Bara to find at least two malfunctioning machines. On Tuesday this week I arrived at the main ward to find that five of the eight machines had broken down. I had to go back home without being dialysed," he said.

The patient was reacting to an article in yesterday's *Sowetan* which exposed disparity in the allocation of dialysis machines for kidney patients at black and white hospitals.

According to sources, hundreds of kidney sufferers could die this year because of the shortage of dialysis machines at Baragwanath Hospital.

By SY MAKARINGE

The hospital, believed to be the biggest in the Southern Hemisphere, has 21 dialysis machines, compared to 42 at the white Johannesburg Hospital. Johannesburg has fewer patients than Baragwanath.

The patient said many sufferers were reluctant to go for transplantation because they "run the risk of not surviving the operation".

"We lost two guys sometime in December last year. They did come out of the operating theatre, but died two days later. We need transplants, but we must be assured that the operations will be successful," he said.

He revealed the names of the patients to *Sowetan*.

At one stage, he said, he needed blood during a dialysis process. The doctor who authorised it went away and never came back.

"There are no routine doctors at Bara. The situation is extremely appalling," he said.

b/pay 9/2/90

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Role of academic hospitals investigated

PRETORIA — A committee has been appointed to inquire into the rationalisation of academic hospitals in the Transvaal, MEC in charge of hospitals S E Ferreira announced here yesterday.

Recommendations will be made on the future role of academic hospitals and bottlenecks will be identified.

Committee chairman is Pretoria University Vice-Rector Louis van Biljon and the members are: Wits University Vice-Chancellor Prof R W Charlton; Wits Dean of Medicine Prof John Milne; Pre-

GERALD REILLY

torial University Dean of Medicine Prof Jan van der Merwe; Medunsa Dean of Medicine Prof T Heyl; executive director of the health services branch of the TPA Dr Hennie van Wyk; chief director of works of the TPA Louis van der Linde, and chief director of administration at Medunsa G J de Korte.

Other issues will be looked at.

The committee's first report is expected within two months, Ferreira said.

TPA to investigate academic hospitals

The possibility of rationalising existing academic hospitals in the Transvaal is being explored by the Transvaal Provincial Administration (TPA).

A meeting in Pretoria yesterday of university rectors, delegates from academic hospitals and the TPA decided that it was necessary for an inquiry to be conducted and recommendations made concerning the future role of academic hospitals. The first report resulting from the inquiry is expected in about two months' time.

Academic hospitals in the Transvaal include the H F Verwoerd Hospital in Pretoria, the Baragwanath Hospital in Soweto and the Johannesburg Hospital. The J G Strijdom Hospital, Johannesburg, lost its academic status some months ago when the University of the Witwatersrand withdrew its support after the hospital became part of the "own affairs" political dispensation. — Pretoria Bureau.

STAR 13/2/90

Abolish own affairs health system - MP

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The only hospital for coloureds in the Transvaal had been told to cut its patient intake by 10 percent, Minister of the Budget in the House of Representatives Mr Miley Richards said yesterday.

Calling for the abolition of the "own affairs" health system, he said the hospital already had a 110 percent bed occupancy while white hospitals in the Johannesburg area stood almost empty.

The cuts were being asked for in an attempt to trim the Coronationville Hospital's budget.

"Who is going to decide who will not be treated - a desk clerk?" Mr Richards asked.

"How are you going to implement this apartheid ideology which is outmoded and outdated? Nobody comes there as a coloured patient. He comes there as a sick person.

"We cannot go on in this fashion. We certainly have enough hospitals if only they are shared fairly among the people of our country."

Mr Richards also said there was something wrong about the large number of people entering hospitals. There was no primary health care for coloureds in South Africa - "so you either go to hospital or you die", he said. - Sapa.

Man dies after hospital snub

'Hospital of shame'

The Eben Donges Hospital in Worcester leaves ill and bleeding black patients unattended for hours while white patients are whisked away for prompt treatment, a SOUTH investigation has found. Patients claim that if you're black, nobody at the hospital cares whether you live or die.

FLASHBACK: The recent expose in SOUTH

By CHIARA CARTER

A 43-YEAR-OLD father of four died hours after being "turned away" from Worcester's Eben Donges Hospital.

The death of Mr Zwelinjani Meli follows a recent SOUTH expose of the shocking conditions at the Boland hospital where black patients are left unattended for hours while white patients are whisked away for prompt treatment.

Relatives took Meli to the Eben Donges Hospital with severe head pains at about 11.30pm last Saturday.

However, after they had been kept waiting for three hours in the casualty section, the hospital staff told them they could not help Meli because he had previously consulted a private doctor, his sister, Miss Lolglete Meli, claimed.

'Not examined'

"My brother was not examined, despite being in severe pain. We tried to get him an ambulance but the hospital refused, eventually we had to take a taxi home.

"We were unable to contact the doctor at that time of night. My brother died the following morning.

"We are very angry about this. If only the hospital had attended to Zwelinjani, he might be alive today," she said.

A spokesperson for the Cape Provincial Administration's Hospital and Health Services said on Wednesday that they were not aware of the incident and could comment only once the matter had been investigated.

She said hospital authorities would nevertheless be "very pleased" to see the Meli family "in order that the matter may be cleared".

Boy, 6, drowns in hospital bath

South 15/2 - 21/2/90

THE shocked parents of a six-year-old boy who drowned in a bath at a Mitchells Plain mental hospital three days after being admitted have accused staff of "negligence".

"We want to know how something like this could have been allowed to happen," said a distraught Mr Karel Julius of Worcester.

He is insisting on an immediate inquiry.

His son, Andre, was admitted to the Lentegeur Hospital last week for a "short-term period of relief" for his parents who were battling to cope with caring for a mentally-handicapped child.

Dr Linda Hering, medical superintendent for the Lentegeur Care and Rehabilitation Centre, on Wednesday confirmed police were investigating the child's death.

"We are still trying to piece together what happened. It is most important that something like this must

never be allowed to happen again."

Hering said a staff member caring for a few children over the weekend had been attending to another child when the incident happened. When she returned a few minutes later, she found the child's body in a nearby bathroom.

The hospital was at present not considering taking any disciplinary steps against any staff member, she said.

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MORE than 130 angry Hillbrow hospital residents, who forcibly occupied the "whites only" Johannesburg hospital residence after their quarters were damaged by fire in December, have launched a national campaign to desegregate residence facilities for hospital staff.

The campaign highlights the growing seriousness of the country's health crisis and is a result of a fire at the Hillbrow hospital residence last December which rendered the residence uninhabitable.

Despite objections from the Johannesburg and Hillbrow hospital superintendants, the group of "homeless" doctors, nurses and radiographers moved to the Johannesburg hospital's "whites only" nursing home in December. "We will occupy until it is desegregated," said Dr Oupa Mpe, a resident and one of the co-ordinators of the support committee formed to implement this national campaign.

Until recently the Johannesburg Hospital did not employ black nurses; however, even after this restriction was relaxed, the nurses home remained segregated.

The committee, which includes community members, adds that hospital authorities are refusing to accommodate any more of the "homeless" Hillbrow staff members at the Johannesburg Hospital nursing home and have "forced 15 first-year medical students and 15 staff members to occupy rooms in the dilapidated Hillbrow residence where even the fire escapes have not been reconstructed".

Transvaal health services executive committee member S Ferreira denied that first year students were forced to stay at the Hillbrow residence saying: "The residence, except for block E (which was damaged in the fire), has been investigated and, according to the Department of Works, it is completely safe."

The residents and students have enlisted the support of members of community, health and labour organisations including the National Education Health and Allied Workers Union, the National Union of Public Service Workers, Community Health Awareness Project, South African Health Workers Congress, Congress of South African Trade Unions and the National Council of Trade Unions. A petition is being circulated and pamphlets, pickets and demonstrations are planned.

The committee is critical of Democratic Party MP for Parktown Dr Zac de Beer's "failure to intervene in the situation".

De Beer, however, said the DP was constantly campaigning for desegre-

gation. "The situation in regard to the facilities at the Johannesburg Hospital is undignified, unseemly and inefficient," he added.

Sahwco representative Dr Aslam Dasoo said Sahwco would use the Hillbrow residence issue as "a fulcrum to relaunch the MDM defiance campaign launched last August since the residence incident fell under the ambit of defiance".

Dasoo added that the Hillbrow campaign was taking place against a background of inadequate health facilities, shortages in hospital staff, and cutbacks in patient admissions.

A fire last December in Hillbrow Hospital's residential block for nurses has ignited a wider campaign for desegregating health workers' accommodation, reports
CASSANDRA MOODLEY

"The ultimate aim of the Hillbrow hospital campaign is to commit the government to desegregating all health facilities so that the health system comes under one department and

not 14 as is presently the case. This results in mass duplication of services which leads to shortages at some hospitals."

Co-director of the Wits University Centre for the Study of Health Policy, Cedric de Beer, felt that segregation of residence facilities at Johannesburg Hospital added to the crisis by contributing to the "degeneration in the quality of health care at the hospital.

"The segregation undermines the morale of the staff — this is an insult to black staff and furthermore must create tension between black and

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white staff members."

De Beer said the roots of the current health crisis lay in the size of the private sector which basically served a small elite, the government's privatisation programme, low funding of the public sector and the fragmentation of health services.

"In essence the problem is the lack of political will on the part of the government to provide adequate health care," he added.

De Beer said that a national health service by which the state takes on greater responsibility, should be a long-term goal.

Commenting on Health Minister Rina Venter's announcement this week that an increase in nurses' salaries would be considered, De Beer said an increase was an important, but not an adequate step, since it ignored such aspects as fragmentation and reducing the size of the private sector.

Kidney ops 'are risky'

98
19/2/90

By SY MAKARINGE

THE risk of death after a kidney transplantation at Baragwanath Hospital was probably higher than in affluent communities, a senior physician at the hospital's renal unit admitted this week.

Dr Adriaan Kark said in a statement this was caused by the increased risk of infection due to tuberculosis, nutritional status and socio-economic circumstances.

Kark was responding to two recent articles which exposed the disparity in the allocation of dialysis machines in black and white hospitals in the Transvaal and the fear by patients to undergo kidney transplantation at the hospital.

One of the patients, who asked not to be named, had described the situation at the renal unit as "terrible" as machines often broke down during treatment.

He also said the risk of not surviving the operation was very high.

Baragwanath, believed to be the biggest hospitals in the Southern Hemisphere, has 21 dialysis machines while the white Johannesburg Hospital has been allocated 42.

In his response, Kark said though conditions at the unit were not ideal, on no account could the situation be described as "terrible".

"It is true there are times when at least two machines can malfunction every day but provision has been made, through careful planning, for such an event by always keeping at least two machines on standby," he said.

Goyt 'to

rectify

inequities
in health

Political Staff

THE inequitable provision of hospital services in South Africa was undesirable and the government would soon produce something tangible to rectify the situation, Finance Minister Mr Barend du Plessis said yesterday.

Mr Du Plessis was responding in the debate on the Additional Appropriation Bill to DP Finance spokesman Mr Harry Schwarz who said it made no sense to speak of a new SA when 49% of beds reserved for whites were empty while blacks were forced to sleep on floors at hospitals like Baragwanath in Soweto.

Mr Schwarz said it was unacceptable that 77% of the total amount available for health services was handled by the provinces — especially when one considered the record of the Transvaal Provincial Administration in this regard.

Mr Du Plessis said ministers and ordinary members of the NP were acutely aware of distortions in the provision of hospital services. They too regarded the existing situation as unacceptable, but the problem could not be solved by waving a magic wand.

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Black languages at White schools is racism of the most blatant kind. [Interjections.] It is indensible from any standpoint, most of all from the point of view of what is best for the child, which is or should be the teacher's first concern. What the policy is suggesting, is that in any other field of endeavour relating to Whites we can make use of Blacks but not in education. They can cook our food, clean our homes and work in our factories but they may not teach in our schools. I put it to the hon the Minister that the only reason for this is an outdated racist line of thought which refuses to accept that the Black man is capable of teaching the White man anything. [Interjections.] The White man must be regarded as the source of all wisdom, and for White children to experience a reversal of this ascribed status of Whites would be to undermine this particularly obnoxious bit of racist ideology.

Unless the hon the Minister can explain why schools will actively seek out Afrikaans-speaking people to teach Afrikaans and at English medium schools. . . [Time expired.]

*The MINISTER OF EDUCATION AND CULTURE: Mr Chairman, the hon member for Pinetown tried to be very clever in the House. He referred to the Teachers' Federal Council and to the fact that teachers must register with that body. That is not in dispute. I have made our standpoint regarding the importance of instruction in an African language very clear. If that hon member, as well as the other hon members on that side of the House, had listened closely to what I said in my speech, they would have known that at the moment the answer is no, a Black person is not allowed to teach an African language in a White school. Hon members know that. [Interjections.] Hon members must also take cognisance of the fact that we have said that we are continually looking into the problems regarding education. [Interjections.]

*The CHAIRMAN OF THE HOUSE: Order!

*The MINISTER: I indicated that in my speech. [Interjections.]

Allow me to come back to the hon member for Brits. [Interjections.] He will not be able to convince this House that the CP is more committed to the educational principles of mother-tongue education, cultural education

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and Christian education. Throughout the years, we on this side of the House have felt ourselves committed to those principles and we shall continue to feel committed to them in the future. [Interjections.] Mother-tongue instruction and cultural education are recognised throughout the world. I want to say at once that this is not necessarily a formulation of culture based solely on the colour of one's skin, but cultural education is recognised throughout the world as an important matter which there is no getting away from. [Time expired.]

Debate concluded.

QUESTIONS

Indicates translated version.

For oral reply: Hansard 20/2/90

Own Affairs:

Hospitals: White nursing staff

*1. Dr W J SNYMAN asked the Minister of Health Services, Welfare and Housing:†
Whether there are any hospitals for Whites falling under his Department that make use of White nursing staff exclusively at present; if so, what hospitals?

B97E
The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

Yes, the following hospitals which fall under the Department of Health Services and Welfare of the Administration: House of Assembly make use of White nursing personnel exclusively at present:

Bernice Samuel, Delmas
Bloemhof
Brits
Delareyville
Duiwelskloof
Elsie Ballot, Amersfoort
Evander
F H Odendaal, Nykström
Generaal De la Rey, Lichtenburg
Groblersdal
H A Grove Hospital, Belfast
Hendrik van der Bijl, Vanderbijlpark
Kempson Park
Paardekraal Hospital

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Louis Trichardt
Oudtrekkers, Roodepoort
Phalaborwa
Pretoria West
Sannieshof
Sybrand van Niekerk, Carletonville
Van Velden Gedenkhuisspaal, Tzaneen
Ventersdorp
Voortrekker, Potgietersrus
Warmbad
Waterval Boven
Willem Cuywagen, Germiston
Voortrekker Hospital, Kroonstad
Bethlehem Hospital
Jagersfontein Hospital
Zastron Hospital
Sasolburg Hospital

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Building of private hospitals

*2. Mr M J ELLIS asked the Minister of Health Services, Welfare and Housing:

Whether his Department has taken a decision not to allow the building or development of any further private hospitals; if so, why?

Hansard 20/2/90

B137E

†The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

No. In accordance with a recommendation made by the National Health Policy Council I instructed the Department to screen the erection of new private hospitals or the extension to existing private hospitals very strictly.

The Department of National Health and Population Development in collaboration with this Department and other health authorities, is in the process of developing a national health strategy whereby the further development of hospitals in South Africa can be evaluated.

Mr K M ANDREW: Mr Chairman, arising from the hon the Minister's reply, may I ask him whether it does not clash with the Government's policy of deregulating to interfere with private hospitals by deregulating on grounds other than health standards?

†The MINISTER: Mr Chairman, this is a very wide-ranging subject. The fact of the matter is that we have to take many factors into account here, *inter alia* economic factors in the country, and I have no doubt that this Department does have a duty to have control over the building of private hospitals.

Education Affairs Act

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

- (1) Whether the Education Affairs Act (House of Assembly), No 70 of 1988, has come into operation; if not, why not; if so, on what date. Hansard 20/2/90
- (2) whether the regulations pertaining to the Act have been completed; if not, why not; if so, (a) which bodies or individuals were consulted before their completion and (b) when were they completed;
- (3) whether the present retirement age of White education personnel caused the commencement of this Act to be delayed; if not, what was the cause of the delay; if so, (a) which departments have caused this delay and (b) what progress has been made in removing this obstacle to the Act?

B138E

†The MINISTER OF EDUCATION AND CULTURE:

(1) No, it was attempted to coordinate the commencement of the Act with a uniform retirement age for CS educators;

(2) yes.

(a) the four provincial education departments, the four provincial education councils, the Teachers' Federal Council, the Federation of Governing Bodies for Specialised Education, the SA National Council for the Deaf, the Federation of Parents' Associations of South Africa and the Treasury (Assembly),

(b) 15 February 1990;

(3) yes.

(a) this matter affects personnel of the whole of the government sector and therefore extensive consultation was necessary,

(b) in order to implement the Act the draft regulations were adapted so that with the commencement of the Act the *status quo* in regard to the retirement age would be retained.

Mr R M BURROWS: Mr Chairman, arising out of the reply of the hon the Minister, is it not

P.T.O.—D

HOUSE OF ASSEMBLY

(1) Whether the South African Nursing Association is a recognised body for the purposes of negotiating conditions of service for nurses; if not, why not;

(2) whether any bodies are recognised for negotiating conditions of service for nurses; if so, which bodies; if not, why not?

B124E

†The MINISTER FOR ADMINISTRATION AND PRIVATISATION: *Hansard 20/2/90*

(1) No; but the Commission for Administration has recently, after receiving an application from the South African Nursing Association (SANA), given a recommendation for the recognition of SANA as a staff association within the Public Service. The recognition will come into effect after the publication in the *Government Gazette* of an amendment to the Public Service Regulations which is related to the matter. This recognition will mean that SANA will in future be able to furnish input for the improvement of the remuneration and conditions of service of nursing staff directly to the Commission for Administration instead of furnishing it as up to now via the Department of National Health and Population Development.

(2) Yes; the Hospital Staff Association of South Africa, Natal Provincial Staff Association, Public Servants League of South Africa, Public Servants Association of South Africa, Public Servants' Union and Institute of Public Servants.

Public Service Bursary Scheme: military service

*15. Mr J J WALSH asked the Minister for Administration and Privatisation:

Whether it is intended to review the policy in terms of which military service does not count towards the redemption of bursary obligations in the case of the Public Service Bursary Scheme; if so, (a) what revision is envisaged and (b) when will it take effect?

Hansard 20/2/90

B125E

The MINISTER FOR ADMINISTRATION AND PRIVATISATION:

No.

HOUSE OF ASSEMBLY

Note: However, the Commission has recommended that obligations resulting from military service and the Public Service Bursary Scheme, be redeemed simultaneously with effect from the date on which the bursary holder is appointed in the Public Service. Previously these obligations had to be redeemed consecutively. This new arrangement came into operation this year.

Private hospitals: development (98)

*16. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether her Department has taken a decision not to allow the building or development of any further private hospitals in South Africa; if so, why? *Hansard 20/2/90*

B126E

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The Department of National Health and Population Development is responsible for the registration of Black private hospitals in South Africa only. The respective own affairs administrations are responsible for White, Coloured and Indian private hospitals.

The Department of National Health and Population Development recommended on 17 November 1989 that a moratorium on the construction of new private hospitals be instituted. In view of the present resource constraints in the health sphere, further deployment of hospitals in South Africa should be evaluated on the basis of a national health strategy. The Department of National Health and Population Development in collaboration with the other health authorities is in the process of developing such a strategy.

Prisoners hired out for labour

*17. Mr D J DALLING asked the Minister of Justice:

(1) Whether prisoners are hired out for their labour; if so, subject to what terms and conditions? *Hansard 20/2/90*

(2) whether the prisoners concerned receive any benefits resulting from their being so hired out; if not, why not; if so, what benefits?

(3) whether such hiring out is voluntary; if not, on whose instructions are prisoners hired out? B127E

The MINISTER OF LAW AND ORDER (for the Minister of Justice):

(1) Yes. *Hansard 20/2/90*

Section 75 of the Prisons Act, 1959 (Act No 8 of 1959) determines that sentenced prisoners may be made available by the Commissioner of Prisons to employers upon such terms and conditions as may be agreed upon between such parties. This is in accordance with internationally acceptable practices which are aimed at providing sufficient work opportunities for prisoners with a view to keeping them constructively occupied and at the same time fostering habits of labour. The following general terms and practices apply inter alia:

— Prisoners who are made available for work outside the walls of a prison, are carefully selected to prevent escapes and to accommodate the interests of the community.

— It is policy that prisoner labour is, in the first instance, utilised by the Prisons Service especially with a view to training. Thereafter prisoner labour is also made available to the larger public sector. Should further prisoners be available they are made available to private individuals on a voluntary basis.

— Heads of Prisons visit all places of employment periodically to ensure that working conditions and the handling of prisoners are in line with the stipulations of the Prisons Act, 1959 (Act No 8 of 1959), the Regulations promulgated thereunder and the provisions which apply in general.

— If policy requirements are not complied with the prisoner labour is withdrawn immediately.

(2) If the hon member has direct financial benefits in mind, the answer is no. The tariffs at which prisoners are made available to private employers are re-

viewed periodically and are based on the minimum wage-scale which is determined by the Department of Manpower. Revenue received in this manner is paid into the Treasury.

(3) Yes.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Pollsmoor Prison: accommodation/recreational activities *Hansard 20/2/90*

*18. Mr D J DALLING asked the Minister of Justice:

Whether there are any differences in the (a) accommodation, (b) recreational facilities and/or (c) remuneration offered to White and Coloured warders at Pollsmoor Prison; if so, (i) what differences in each case and (ii) why?

B128E

The MINISTER OF JUSTICE:

(a) Yes.

(i) In terms of the date of erection, type, size and in some cases the quality of amenities. A few White families, however, reside in houses similar to some of those in which Coloured families are housed at Westlake.

(ii) White personnel reside at the Pollsmoor Prison Complex while Coloured personnel and a few White families reside on the premises known as Westlake. Initially White families resided in the permanent accommodation at Westlake but as the development of the Pollsmoor Prison Complex progressed and White families moved into the houses on the Pollsmoor Prison grounds, the houses at Westlake were evacuated and made available to Coloured personnel. A new residential area with sports and recreational facilities for Coloured personnel, replacing the Westlake accommodation has been on the planning schedule since February 1975. According to planning tenders for Civil works should go out shortly and it will probably commence during 1990/91, subject to the availability of funds.

HOUSE OF ASSEMBLY

Bara doctor gets R500 bail

A DOCTOR who allegedly battered another into unconsciousness with a hammer in full view of patients at Baragwanath Hospital on Saturday night, was yesterday granted R500 bail by a Soweto magistrate, writes MOEKETSI MPHAKI.

Dr Barnard Kaplan (36) was not asked to plead and the case was postponed to March 6.

Soweto police spokesman Captain Mikhichane Ngobeni said Dr Amanda Lazar (30) was on duty and tending to patients in a ward at the hospital when another doctor entered. The two doctors argued and Dr Lazar was allegedly battered several times with a hammer. *Soweto 20/2/90*

Dr Lazar was admitted to the Garden City Clinic where her condition has been described as critical.

A Baragwanath spokesman said colleagues were shocked at the incident but preferred not to comment further.

98



Academic hospitals on the 'brink of disaster'

MATTHEW CURTIN

DOCTORS at the Johannesburg Hospital have voiced fears that academic hospital medicine is on the brink of disaster.

The stark facts are that just 650 out of 2 000 beds are available for patients at the hospital, while new Transvaal MEC responsible for hospital services, Fanie Ferreira, has ordered a 10% cut in patient intake in the face of a R130m-over-budget medical bill for 1989/90.

Central to the problem is the shortage of nursing and medical staff with the gravest implications for one sector of hospital care, tertiary medicine.

A senior doctor from one of Johannesburg Hospital's intensive-care units (ICUs) explains: "Tertiary care involves patients who have complications to more than one body function which applies to the majority of intensive care cases: from trauma victims to organ transplant patients.

"Intensive care medicine requires an enormous commitment of staff and time. Life support patients require the hour-by-hour attention of more than one member of a specialised medical team."

Medical standards dictate an intensive-care bed needs a minimum nursing staff of five, working three shifts daily allowing for time off and leave.

The doctor adds it is only SA's academic hospitals that have the facilities and expertise for tertiary care.

"Private clinics often have the equipment for dealing with these patients but not the experienced staff and on-site presence of specialists."

Crippled

It is disheartening, then, to discover one ICU ward with five beds had its nursing staff reduced from 27 to 15 between July 1988 and 1989, while another ICU is working at 30% capacity — and the number of patients needing the ward's beds has increased from 100 in 1984 to 850 in 1989.

Public health care is crippled by the inadequate salaries paid to its medical personnel. A senior nursing sister with 12 years' ICU experience can expect to take home R1 500 a month for a 40-hour week, with sessional work at a rate of R10 an hour.

By contrast, private clinic nurses take home R2 000-R2 500 for 36 hours with sessional work paid at R17-20 an hour.

The ICU doctor says the expedient practice of introducing agency nurses is no solution as nurses, mostly from the prov-



© FERREIRA... 10% cut ordered

inces, arrive in Johannesburg with inadequate training for ICU work.

Private medical care is booming in SA. A Johannesburg private clinic manager has estimated five-million South Africans, 20% of them black, are covered by medical aid. The 11 hospitals run by Afrox contributed 20% of the company's 1989 turnover — about R146m — and 10% of group taxed profits or R5m.

In the wake of Ferreira's request for a 10% patient cut, unit heads at Johannesburg Hospital received a memorandum instructing them to refuse all formal requests from non-teaching hospitals to transfer patients there. Patients would thus be denied access to the intensive care available only at academic hospitals.

Meanwhile, Finance Minister Barend du Plessis said in Parliament this week government would soon do "something tangible" to rectify the inequitable provision of hospital services.

Two senior ICU doctors at the hospital agree immediate relief will come from boosting nurses' pay. They feel financial and administrative independence from provincial authorities would lead to market-related salaries and "freedom from bureaucratic interference".

As for long-term solutions, the buzzword is privatisation, with the proviso that tertiary medicine is not yet feasible in private clinics. The doctors look to America where academic teaching hospitals supported by private funds have been successful.

Academic hospitals on the 'brink of disaster'

MATTHEW CURTIN

DOCTORS at the Johannesburg Hospital have voiced fears that academic hospital medicine is on the brink of disaster.

The stark facts are that just 650 out of 2 000 beds are available for patients at the hospital, while new Transvaal MEC responsible for hospital services, Fanie Ferreira, has ordered a 10% cut in patient intake in the face of a R130m-over-budget medical bill for 1989/90.

Central to the problem is the shortage of nursing and medical staff with the gravest implications for one sector of hospital care, tertiary medicine.

A senior doctor from one of Johannesburg Hospital's intensive-care units (ICUs) explains: "Tertiary care involves patients who have complications to more than one body function which applies to the majority of intensive care cases: from trauma victims to organ transplant patients.

"Intensive care medicine requires an enormous commitment of staff and time. Life support patients require the hour-by-hour attention of more than one member of a specialised medical team."

Medical standards dictate an intensive-care bed needs a minimum nursing staff of five, working three shifts daily allowing for time off and leave.

The doctor adds it is only SA's academic hospitals that have the facilities and expertise for tertiary care.

"Private clinics often have the equipment for dealing with these patients but not the experienced staff and on-site presence of specialists."

Crippled

It is disheartening, then, to discover one ICU ward with five beds had its nursing staff reduced from 27 to 15 between July 1988 and 1989, while another ICU is working at 30% capacity — and the number of patients needing the ward's beds has increased from 100 in 1984 to 850 in 1989.

Public health care is crippled by the inadequate salaries paid to its medical personnel. A senior nursing sister with 12 years' ICU experience can expect to take home R1 500 a month for a 40-hour week, with sessional work at a rate of R10 an hour.

By contrast, private clinic nurses take home R2 000-R2 500 for 36 hours with sessional work paid at R17-20 an hour.

The ICU doctor says the expedient practice of introducing agency nurses is no solution as nurses, mostly from the prov-



● FERREIRA ... 10% cut ordered

inces, arrive in Johannesburg with inadequate training for ICU work.

Private medical care is booming in SA. A Johannesburg private clinic manager has estimated five-million South Africans, 20% of them black, are covered by medical aid. The 11 hospitals run by Afrox contributed 20% of the company's 1989 turnover — about R146m — and 10% of group taxed profits or R5m.

In the wake of Ferreira's request for a 10% patient cut, unit heads at Johannesburg Hospital received a memorandum instructing them to refuse all formal requests from non-teaching hospitals to transfer patients there. Patients would thus be denied access to the intensive care available only at academic hospitals.

Meanwhile, Finance Minister Barend du Plessis said in Parliament this week government would soon do "something tangible" to rectify the inequitable provision of hospital services.

Two senior ICU doctors at the hospital agree immediate relief will come from boosting nurses' pay. They feel financial and administrative independence from provincial authorities would lead to market-related salaries and "freedom from bureaucratic interference".

As for long-term solutions, the buzzword is privatisation, with the proviso that tertiary medicine is not yet feasible in private clinics. The doctors look to America where academic teaching hospitals supported by private funds have been successful.

Property Development and Small

New deal for SA's academic hospitals

ALBUS
21/2/90
98

By ANDREA WEISS
Medical Reporter

SOUTH Africa's 13 academic hospitals are consuming about 50 per cent of the health budget, the Minister of National Health and Population Development, Dr Rina Venter has said.

Addressing the Cape Town Press Club, Dr Venter said the demand for more funds from these institutions was increasing by the day, while a relatively small number of patients were being catered for.

A higher degree of management autonomy would be given to academic hospitals when legislation was brought before parliament next year.

Financial problems

"Management autonomy will, however, not alleviate financial problems. A lot of initiative and planning will still be necessary to develop our academic institutions into centres of excellence."

A responsible government had to ask itself how it was going to achieve a balance between curative and preventative health care which would ensure proper, affordable, accessible and acceptable standards.

The health budget amounted to 5,4 per cent of the gross national product, in line with international standards

laid down by the World Health Organisation whose target was five per cent by the year 2000 in developing countries.

The elimination of fragmentation would not necessarily put health care on a more sound financial basis. Surveys by her department showed that only about 5,2 per cent of the total health budget was spent on administration, Dr Venter said.

"The assertion that enough funds would be available for an increase in nurses' salaries if there was to be a single health department is totally unfounded and an oversimplification of the issues at stake."

The percentage of patients who received free treatment was high.

In Natal, for example, 25 per cent of patients in State hospitals were given free treatment and 71 per cent paid no more than between R5 and R10 for admission. Only about four per cent of all patients were liable for payment at medical scheme rates.

Her department would increase nursing salaries and ensure that working conditions were improved, Dr Venter said.

Replying to a question, she said the department would, however, need help from the Nursing Council to encourage new nurses to come into the profession.

Nurses' New Deal

CHP

21/2/90

Handwritten scribbles and the number 28 circled.

THE government was going to increase the salaries of nurses and improve working conditions to keep them in the hospitals, the Minister of National Health, Dr Rina Venter, said yesterday.

Addressing the Cape Town Press Club, Dr Venter said the problem of doctors working long shifts in state hospitals was also being looked into.

"But that is also a manpower problem as many young doctors are leaving the country. We will have to try to make conditions as attractive as possible to keep them here."

She said she would soon be presenting a report to the cabinet.

"In South Africa the fragmentation of health services is often made the scapegoat for the problems of financing particu-

'Pay will be increased'

lar services, but I can assure you that not even the total elimination of fragmentation would provide sufficient funds."

She said about 5.2% of the total health budget was spent on administration and this was in line with acceptable worldwide standards.

"Thus the assertion that enough funds would be available for an increase in nurses' salaries if there were to be a single health department is totally unfounded and an over-simplification of the issues at stake."

She said a situation had developed in South Africa where 13 academic hospitals took up about 50% of the health budget. The demand for more funds for these institutions increased daily while a relatively small number of patients were being catered for at such institutions.

"We need to ask ourselves whether we really need so many academic hospitals and such a duplication of services. For instance, do we really need 13 cardiovascular departments?"

She said about 5% of the gross national product in South Africa was spent on health care, which was in line with the standards for Third World countries laid down by the World Health Organisation. Moreover, she did not foresee the government being able to budget more than this proportion of the GNP in the future. — Sapa

Hospitals ⁹⁸

THE Department of National Health and Population Development was responsible for the registration of black private hospitals in South Africa only, the Minister of National Health, Dr Rina Venter, said on Tuesday.

*Sowetan
24/7/90*

NO money, no ride

swtl - 28/2/90

98

Ambulance 'snub' for penniless patient

By NOSIPHO KULATI
GRAHAMSTOWN. — The ambulance service refused a Fort Beaufort man desperately in need of medical ser-

vices at East London's Frere Hospital a lift because he did not have money. Mr Debanisile Stofile, 50, has been an out-patient of Frere

Hospital since he sustained head injuries while employed at a bakery as a casual worker last year.

He subsequently was unable to work and earn an income.

Stofile now needs regular weekly medical attention in East London.

Return trip

Last week the Regional Services Council Ambulance Services in Grahamstown refused to take Stofile to East London because he did not have R12 for a return trip.

The Head of the RSC Ambulance Services in Grahamstown, Mr Mike Roux, said they were not allowed to refuse their services to anyone in the community needing them.

When asked why Stofile was refused a lift, he said: "That's impossible, it is not true."

According to the Fort Beaufort Advice Office, Stofile went to a magistrate to enquire whether the ambulance services were bound to transport him, even if he was unable to pay.

Stofile was allegedly told that R12 was not too much to raise and that he could borrow the money.

He is still waiting for money from the Workmen's Compensation Fund.

Mr AJ Botha, the manager at the bakery in Fort Beaufort where Mr Stofile had worked, confirmed that Stofile would receive money from the Fund. — ANVA

CMC 7124 22/2/90

31 hospitals in SA with white staff

Political Staff

THERE are still 31 white hospitals in South Africa with exclusively white nursing staff, the Minister of National Health, Dr Rina Venter, has told Parliament.

The hospitals fell under the Department of Health and Welfare of the House of Assembly Administration.

The 31 hospitals were in Delmas, Bloemhof, Brits, Delareyville, Duiwelskloof, Amersfoort, Evander, Nylstroom, Lichtenburg, Groblersdal, Belfast, Kempton Park, Paardekraal, Louis Trichardt, Roodepoort, Phalaborwa, Pretoria West, Sannieshof, Carletonville, Tzaneen, Ventersdorp, Potgietersrus, Warmbad, Waterval Boven, Germiston, Kroonstad, Bethlehem, Jagersfontein, Zastron and Sasolburg. Dr Venter said.

● Dr Venter said in a written reply to a question from Mr M J Ellis (DP, Durban North) that 797 nursing students had resigned during the course of their studies in 1989.

No money, no ride

98

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South 23/2 - 28/2/90

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Unrest taxes hospitals

98

UNREST victims admitted to Natal/KwaZulu hospitals are stretching health services to their limits and officials may call in help from the SA Defence Force.

Dr L Dworkapersad, the medical superintendent at the Northdale Hospital, told reporters trauma-related cases had more than doubled over the past few years.

"Our numbers of trauma-related cases have gone up dramatically and people are coming to us from all over the Edendale Valley. Out of fear, it would appear that they do not want to go to the Edendale Hospital," Dworkapersad said.

Ethically it was impossible for Northdale Hospital to turn away unrest victims even though they came from areas outside the hospital's jurisdiction, he said. Whereas in the past the hospital had dealt with between 350 and 450 cases a day the Northdale Hospital was dealing with more than 800 cases a day, he said.

"About 50 percent of the black out-patients we deal with come in with severe wounds and patients have to be admitted," he said. This was stretching staff at the hospital to the limit. Staff at the Northdale Hospital has not been increased since 1986.

"I will have to seriously consider calling for help from the Defence Force if this state of affairs continues," Dworkapersad said. Dr Peter Evans, the medical superintendent at Edendale Hospital, was unavailable for comment as he was in Ulundi. Unconfirmed reports

said Edendale Hospital has been unable to cope with the influx of unrest and has been sending patients to private clinics or to Northdale Hospital because of inadequate facilities and staffing. "It is obvious that if patients have to wait for up to five hours for treatment at one hospital they will rather go to a hospital where they will receive quick and efficient treatment," Dworkapersad

several other hospitals in Natal have reported a similar crisis where up to 50 percent of unrest victims are being treated. The King Edward VIII, KwaZulu's Prince Mshiyeni Memorial and the McCord Zulu hospitals in Durban are similarly affected by the unrest. Most of the victims suffer gunshot wounds while others had severe trauma-related injuries such as those inflicted by pangas, knives, assegais and even head wounds from knobkerries. * Mr Val Volker, the MEC for hospitals in Natal, said SADF involvement was only a possibility at this stage. He had discussed the crisis with National Health Minister Dr Rina Venter. It had been agreed that Defence Minister General Magnus Malan would be asked for help. - Sapa.

23/2/90

(98)

Ambulance delays prove fatal for 'scores'

Sebokeng's needless deaths

By Melody McDougall,
Vereeniging Bureau

Scores of patients in the huge area served by the Sebokeng Hospital had allegedly died "unnecessarily" during the past three years because of the deteriorating conditions of the ambulance service at the hospital, a well-placed source has told The Star.

The Transvaal Provincial Administration said it could not comment on the alleged deaths as it had no knowledge of documented cases. It said it was aware of the problems and had taken steps to alleviate them.

Shortage

The Star's source said a critical shortage of staff and ambulances, and the fact that ambulances lacked the necessary emergency rescue and medical equipment, had contributed to a high number of deaths.

The situation had reached a critical stage and could not be covered up any longer. The TPA was aware of the problems being experienced, but was doing nothing to alleviate the situation, said the source.

For the past few years, the ambulance service had been functioning with only 17 staff members and eight ambulances in an area which covered about 3 000 sq km — including the whole of the Vaal Triangle, Villiers, Heidelberg, Parys, Fochville and Klip River regions.

It was expected to cater for about two million black people. The source said the personnel were hopelessly overworked, and two of the eight ambulances had clocked up more than 220 000 km. They spent more time in the workshops than on the road, the source alleged.

The ambulances also lacked the necessary emergency rescue and medical equipment. In addition, the service received approximately 1 600 emergency calls a month, but it was impossible to respond to all of them.

Sometimes three hours elapsed before an ambulance responded to a call. Recently a patient died in a doctor's consulting room after waiting hours for an ambulance to arrive.

To make matters worse, only one person was available to drive the ambulance and to load and tend to the patient. At one

stage the department did not have a single ambulance in operation, the source claimed.

Many unsuccessful appeals had been made to the TPA, said the source.

In reply, the TPA said if more precise details of specific deaths could be furnished, the TPA would investigate.

The TPA conceded there was a shortage of staff but said the directorate of management advisory services was conducting an investigation into the ambulance service of the Sebokeng Hospital. More posts could be requested after the findings.

The TPA said eight ambulances, three of which were replaced by new vehicles in the past two months, were sufficient to render a service to the inhabitants of the primary service area of the Sebokeng ambulance service. The hospital also had a primary response vehicle manned by an ambulance emergency care assistant.

The ambulances were very well equipped, and during the current financial year the hospital had received an initial issue of equipment valued at R37 400, as well as rescue equipment

worth R24 000, said the TPA.

Twenty new ambulances for provincial hospitals had been ordered last October but the suppliers had indicated they would be delivered in March and April. Four due in March would be allocated to the Sebokeng Hospital.

The TPA was acutely aware of the problems experienced by the ambulance services at the Sebokeng Hospital and had taken steps to alleviate the problem in conjunction with the Vereeniging municipality which rendered an ambulance service on an agency basis.

Limited

The TPA said Villiers and Parys were in the Free State and had ambulance services in their respective areas. The municipalities of Heidelberg and Fochville rendered provincial ambulance services on behalf of the TPA in their respective areas. Patients originating from these areas were not the responsibility of Sebokeng.

The TPA was doing everything in its power with limited resources to find permanent solutions to the problems.

Houghton).

CAF-712/P 23/2/90

98

Nurses' resignations

PROVINCIAL hospitals had lost 3 528 registered nurses in 1989 due to resignations, the Minister of National Health and Population Development, Dr Rina Venter, said in a written reply to a question by Mr Mike Ellis (DP Durban North).

... L. Houghton

60 beds at J G Strijdom Hospital for 'coloureds'

Star 24/2/90

98

PRETORIA — Two 30-bed wards at Johannesburg's "white" J G Strijdom Hospital are to be used for patients from the city's "coloured" Coronation Hospital, it was announced last night.

J G Strijdom — a previously all-white hospital administered as an "own affairs" institution — is no longer a fully-academic hospital since the University of the Witwatersrand decided to withdraw Medical School staff in protest against the hospital being for Whites only.

Mr Sam de Beer, the Minister of Health Services, Welfare and Housing in the House of Assembly, said in Pretoria yesterday that "the Minister's Council of the House of Assembly con-

NORMAN CHANDLER

stantly monitored circumstances at the hospital".

"Options to achieve effective service-rendering, including the full utilisation of all equipment, are being considered. At present, however, there are wards at this hospital that are not being used."

Mr de Beer said that as the Coronation Hospital — which is about a kilometre from J G Strijdom — was overcrowded, "and there exists a serious need for patient accommodation, this state of affairs can in no way be justified".

He added that "in view of these

facts, consultations were held with persons and organisations who are involved, including Mr Chris April, Minister of Health Services and Welfare in the House of Representatives, and the University of the Witwatersrand.

"I am pleased to announce that two 30-bed wards are being placed at the disposal of the Coronation Hospital for the treatment of patients in the J G Strijdom Hospital," he said.



Health workers slam racism

9/25/90

MORE than 1 500 Hillbrow Hospital workers staged a peaceful demonstration in front of their administration offices at mid-day on Wednesday to protest against "racism".

The two-hour demonstration was marked by the singing of political songs and toyi-toying around the hospital premises,

while a delegation of workers were in discussion with management.

They are asking management to open the Fitzpatrick residence and Ursula Mansions to all races.

They further alleged that management practises job reservation.

98



J G Strijdom to help Coronation

3/Dec 26/1990 . TANIA LEVY (98)

J G STRIJDOM Hospital is to be used to alleviate overcrowding at nearby Coronation Hospital.

Two empty 30-bed wards at J G Strijdom have been placed at the disposal of Coronation, according to a statement by House of Assembly Health Services and Welfare Minister Sam de Beer.

Empty wards at J G Strijdom are largely the result of the exodus of staff after the hospital's controversial status change from general to white own affairs last year. Under own affairs the hospital could not retain its academic status.

As a result many doctors, appointed jointly by Wits University and the Transvaal Provincial Administration, chose to be transferred to remaining academic hospitals.

Urgent

Now jointly-appointed doctors at Coronation hospital will care for patients transferred to J G Strijdom hospital, De Beer said.

He said empty wards at J G Strijdom could not be justified while there was as an urgent need for patient accommodation at a nearby hospital.

The decision to open wards to Coronation was reached in consultation with House of Representatives Health Services and Welfare Minister Chris April and Wits University, he said.

De Beer said the arrangement offered a unique opportunity to provide, on a cost-effective basis, a more efficient service to patients of both hospitals.

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B/Day 26/2/90 . TANIA LEVY (98)

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Raw deal for bank's staff

B/Day 26/2/90 ACHMED KARIEM (SP)

STAFF at Standard Bank's Jeppe Street, Johannesburg, branch were robbed by five men over the weekend — but not a cent was taken from the bank itself, police said.

About R1 600 and watches worth R1 900 were taken from the staff.

Witwatersrand police spokesman Lt Ida van Zweel said yesterday one person was injured when hit with a firearm. No arrests had been made.

Cash and goods worth more than R170 000 were stolen from other businesses in Johannesburg over the weekend.

Three armed men stole jewellery worth R150 000 and R1 500 in cash from Court Jewellers in Pritchard street on Saturday morning.

And yesterday morning, four armed men stole R15 000 from the Springbok Hotel in central Johannesburg. The owner, Stanley Anols, 62, was assaulted but was not in a serious condition, Van Zweel said.

No arrests had been made in either case.

Police find six youths dead in Natal

EMPANGENI — Police found the bodies of six youths at Sokhulu, near Empangeni, in Natal on Saturday.

Police spokesman Maj R Crewe said six other people had been wounded. They had apparently been shot with a shotgun, he added. B/Day 26/2/90

The news of the deaths comes in the wake of an ANC peace mission to Natal.

Police are continuing investigations. — Sapa. (SP)

NATAL UNREST DEATHS

September 1987 — January 1989.....	668
February 1989 — February 22 1990.....	630
Past 72 hours' official toll.....	8
TOTAL:.....	1 306

There are two sets of clues. but the answers are the same

110 MINUTE

Hospital opens its residences to black nurses

CAP & TIME 28/2/60

98

JOHANNESBURG. — Nursing staff of all population groups employed at Johannesburg Hospital can now stay in the hospital's residences, says Mr S E S Ferreira of the Executive Committee of the Transvaal.

This follows recommendations contained in the interim report of the committee of inquiry into Johannesburg Hospital.

Mr Ferreira, the member of the EC entrusted with health services, said the move was "particularly important".

Because of the acute shortage of white nursing staff of all categories, greater demands were being made of black staff.

The hospital's accommodation would be for its own staff only, said Mr Ferreira.

"The EC has also decided that nurses of all races who are employed at Johannesburg Hospital may receive basic and post-registration training at the B G Alexander College of Nursing." — Sapa

Jo'burg Hospital residences 'open'

GERALD REILLY

PRETORIA — Accommodation for nurses at the Johannesburg Hospital is to be integrated.

MEC in charge of health services Fanie Ferreira said here yesterday this was in line with a recommendation in an interim report of a committee looking into the hospital's problems.

The step, he said, was particularly important because of the acute shortage of white nursing staff, and the increasing need to use nurses of all population groups.

"The concession will enable the Johannesburg Hospital to utilise its accommodation for its own staff."

Ferreira said the block of the nurses' residences damaged by fire at the Hillbrow Hospital in December had been sealed off and would not be available.

However, the rest of the nurses' residences at the hospital had been restored to provide adequate accommodation. *bidan 28/2/90*

Ferreira also announced that nurses of all races employed at the Johannesburg Hospital could get basic and pre-registration training at the B.G. Alexander College of Nursing. *(98) (98)*

He said he expected a "sufficient number" of applications to the hospital from prospective student nurses of other races.

This would go a long way towards resolving the nursing shortage at the hospital, he said.

Ferreira added that although health service problems remained, the search for solutions would continue.



Such offences would hopefully no longer be committed.

Hospital move just a (98) patchwork plan - doctors

Set 28/2/90

By Shehnaaz Bulbulia

The announcement last week that two 30-bed wards at Johannesburg's J G Strijdom Hospital would be used by patients from the Coronation Hospital was yesterday described by Coronation doctors there as a patchwork solution to the hospital crisis.

Doctors interviewed by The Star said the crisis facing provincial hospitals could only be solved if they were open to all races.

They were responding to an announcement that 60 beds at Johannesburg's white "own affairs" J G Strijdom Hospital were to be used for patients from the city's "coloured" Coronation Hospital.

Mr Sam de Beer, the Minister of Health Services, Welfare and Housing in the House of Assembly, made the announcement last week in the light of the over-

crowding at Coronation Hospital. A senior doctor at Coronation Hospital said: "The hospital crisis would only be solved if all hospitals were open to all people".

'OWN AFFAIRS'

The hospital crisis would continue to exist as long as J G Strijdom remained an "own affairs" institution, said the doctor.

"It might be some sort of relief to transfer Coronation patients to a half-empty hospital like J G Strijdom, but it's not sufficient. There can be no intermediate and patchwork solutions to the crisis facing hospitals, he pointed out.

Another senior doctor at Coronation Hospital said: "Doctors have not welcomed the new move. They regard the move as not meeting with their desire for a total amalgamation of the hospital," he said.

Closure of cardiac unit 'a disaster'

AK645

1/3/90

98

By PAT CANDIDO, The Argus Bureau
PORT ELIZABETH. — The closure of the cardiac unit at the Provincial Hospital because of chronic staff shortages has been described as a "disaster".

The unit has been closed because the hospital is unable to find suitably qualified staff.

The chairman of the hospital board, Dr Pierre du Toit, said it was a disaster. It meant there would be no open-heart surgery done in a provincial hospital "between Durban and Cape Town."

He said an operation had to be cancelled last Friday because of the lack of trained intensive care cardiac sisters. He said there were people to do the surgery but insufficient staff for the after care. Trained staff had moved to private hospitals where the pay was better and hours more flexible.

Essential part

With the closure of the unit the Provincial Hospital would be unable to continue to train intensive care nurses because cardiac surgery formed an essential part of their course.

Dr Leon Cilliers, senior superintendent of the hospital, said the unit had recently carried out its 1 000th operation. The closure was temporary and was a result of the shortage of qualified nurses. Everything possible would be done to re-open the unit as soon as suitable personnel could be found.

A crisis also faces the Dora Nginza Hospital where there is a critical shortage of doctors. The hospital's casualty department had to be closed twice within recent weeks because of the shortage of doctors.

A spokesman for the hospital said doctors would have to be recruited overseas to staff the R90 million extensions now under construction. The 200-bed hospital in Zwile is being extended to 860 beds but even now only 16 of the 24 posts for doctors have been filled. In four years time the hospital will need 233 doctors.

Dr W J Malherbe, medical superintendent, said that when the hospital was complete in four years' time it would need a staff of 233 permanent doctors and 1 500 nurses. At the moment there were 400 nurses.

"We will have to start advertising early for doctors overseas. We will advertise in the United Kingdom where salaries are about the same as here." He said there was always a problem as doctors preferred working in private practice.

Surgeons crack up through staff shortage stress

98

CAPL TIRITS 3/3/90

By CHRIS BATEMAN

SHORTAGES of qualified nursing staff at Tygerberg Hospital are so serious that surgeons regularly break down from stress, less than half the surgical ICU beds are occupied and at night one nursing sister tends to several wards.

This was said yesterday by the acting medical superintendent, Dr Robbie Truter, who confirmed that week-end case loads often forced staff to close the casualty unit and redirect ambulances to other hospitals.

The hospital crisis comes as warnings that another essential service — the police force — is also suffering from acute staff shortages.

According to senior police spokesmen the number of policemen quitting the force every day has leapt to 20 — almost double January's "alarming" exodus rate of 11. (For full report — See Page 5).

Dr Truter said that Tygerberg Hospital could not be run efficiently on a skeleton staff overnight and at week-ends.

Speaking in Parliament on Thursday, Ms Dene Smuts, DP MP for Groote

Schuur, said overworked doctors attached to the UCT/Groote Schuur Hospital complex were becoming "angry, and demoralised".

Dr Truter said trauma wards and operating theatres were coming under severe pressure as vehicle accidents and violence escalated.

Dr Truter said the overload of emergency cases was causing lengthy delays in scheduled "cold surgery" operations, compromising the hospital's teaching role and affecting research.

His answer for relief was a vast increase in qualified nursing staff, especially "non-white" staff, and for day hospitals to perform a buffer function by staying open 24 hours a day. Private hospitals should shoulder the emergency case burden and refer fewer long-term ICU patients. Nurses' salaries should be brought into line with private hospitals who "feed on our para-medical staff".

Dr Jocelyn Kane Berman, medical superintendent of Groote Schuur Hospital, said her hospital was running at a 13% nursing staff shortage, mainly in the emergency wards, ICU's and theatres.

as her

FACTORY CONDITIONS

A man is expected to appear in Bellville Magistrate's Court soon.

Hospitals 'need more autonomy'

ARGUS
5/3/90
98

The Argus Correspondent

JOHANNESBURG. — The academic hospitals crisis could be solved if the government allowed them greater autonomy, says Professor Jan van der Merwe, chairman of the Co-ordinating Committee of Medical Deans.

He said although academic hospitals should become autonomous, the government should continue financing them.

"I believe academic hospitals should be governed by an independent board of directors.

Private enterprise

"In that way, they could easily cope with developments in the medical field," he said.

In the case of provincial hospitals, he added, these should be run by private enterprise, but the State should subsidise individuals who could not afford private-hospital tariffs.

Professor Van der Merwe did not believe privatisation would be a solution for academic or provincial hospitals.

He said his committee would provide the Department of Health with a management model along the lines he had suggested, which would be presented to the Department of Health on March 13.

Professor Van der Merwe said academic medicine in was being severely threatened by such things as centralised decision-making, a lack of deregulation and that the mission of academic centres were being interpreted differently by service-rendering authorities and universities.

Minister of National Health and Population Development Dr Rina Venter said the government had considered Professor Van der Merwe's proposal and the Cabinet had accepted the principle of establishing a higher level of man-

agement autonomy for academic hospitals.

She said the Department of National Health and Population Development, helped by the Commission of Administration and the Department of Finance, would undertake an investigation at academic hospitals.

This would be directed towards:

- The establishment of increased management autonomy;
- The establishment of directives which would place the relationship between the academic and servicing functions on a sound basis; and
- The creation of measures regarding finance and manpower to execute this decision.

Discussions with the Co-ordinating Committees of Medical Deans was seen as a first step in a strategy to address the problems experienced by academic hospitals, said Dr Venter.

Cape health budget to be cut by 20%?

Cape Times 5/3/90
98

Staff Reporter

WITH medical services in danger of collapse, it was reliably learnt last night that the 1990/1991 provincial health budget could be slashed by at least 20%.

Teaching hospitals such as Grootte Schuur and Tygerberg are currently struggling with nursing-staff shortages of over 13%, throwing theatre ICU and emergency capabilities into crisis.

It also emerged at the weekend that at Tygerberg and Grootte Schuur emergency loads had doubled in the past decade, with overworked nurses leaving in droves for better-paid jobs at private hospitals.

A well-placed medical source last night said that 10 primary health care centres in the Cape were at present unused because of lack of funds for staffing and equipment.

The staffing situation could result in family members nursing their next-of-kin at provincial hospitals, health officials have said.

The government does not regard

health services as a national priority and in spite of Minister of National Health Dr Rina Venter ordering an urgent inquiry, money available to help rectify the situation is limited.

● At Grootte Schuur's new hospital wing the predicted budget cuts would mean that cardiology and cardiac surgery would be unable to move from the old hospital to the new because basic equipment could not be purchased.

● The newly installed trauma unit in the new hospital wing is at present working at half capacity because of staff shortages.

● At night and at weekends, a single sister is allocated to two or three wards, raising medico-legal implications.

● Less than half of surgical ICU beds are occupied because of staff shortages.

Ms Dene Smuts, MP for Grootte Schuur, last night expressed "alarm" at the figures, citing "extraordinarily bad planning" as a major cause.

Kane-Berman backs strikers

Call Times 6/3/90

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By CLAUDIA KING

GROOTE SCHUUR Hospital superintendent Dr Jocelyn Kane-Berman has come out in support of the 1 500 workers at three city hospitals striking for better working conditions and higher pay.

The strike enters its second day today amid fears that it will spread to at least three more hospitals by tonight.

A Health Workers' Union official said yesterday that all non-medical workers at Groote Schuur, Tygerberg and Brooklyn Chest hospitals were on strike and those at Conradie, Valkenberg and Somerset hospitals had said they could join the strike today. This would mean a total of about 3 000 on strike.

"We expect the number to grow even further as workers in the public sector have become increasingly dissatisfied



STRIKE GROWS ... About 800 striking hospital workers marched from the new block at Groote Schuur Hospital to the Nico Malan hall yesterday.

over the past months," he said.

The striking workers include cleaners, kitchen and laundry staff and security personnel.

At Groote Schuur Hospital, 800 striking workers marched from the new hospital block to the Nico Malan hall yesterday morning.

Dr Kane-Berman said hospital management was sympathetic towards most of the six demands they had been

presented with.

They are: A minimum wage of R1 140 a month, a 40-hour week, permanent status, maternity benefits, recognition of the Health Workers' Union and an end to privatisation.

Dr Kane-Berman said in a statement: "We cannot provide essential patient care if the support services are not operational and this will have very serious consequences for the com-

munity, which depends on this hospital for health care.

"It may unfortunately be necessary to drastically reduce patient admissions if the work stoppage continues."

She said she had repeatedly urged that the conditions of service of general assistants in particular receive immediate attention.

"The present minimum wage is completely inadequate and the other demands are justified. The workers have been very patient," she said.

The acting medical superintendent of Tygerberg Hospital, Dr Robbie Truter, denied late yesterday afternoon that any of the hospital workers were on strike.

He said an unknown number of workers were holding a meeting in the cafeteria. He did not know what they were discussing and no demands had been presented to management.

State maternity scheme encourages large families

CAPE TOWN 6/3/90

From M G ISMAIL (Lentegeur):

PUBLIC servants are underpaid, the economy is in a bad shape, the population explosion is an enormous problem, funds are needed to maintain the standard of health care and Dr Rina Venter suggests a reduction in the number of cardio-vascular departments.

In view of all this, did anybody ever wonder why maternity fees at state departments are so ridiculously low?

At state maternity departments people pay according to their level of income and number of dependants. So a patient with an income of:

- R1 000 + no dependants pays R362;
- R1 000 + 2 dependants pays R154;
- R1 000 + 3 dependants pays R107;
- R1 000 + 4 dependants pays R53.

Thus, the more children you have, the less you pay! This is in direct contrast with the present economic aims to curb the population growth.

The maternity fees should serve as a deterrent, but as at present they look like an encouragement.

At present the minimum payment for maternity services is a mere R14! This includes:

- All visits to the department while still pregnant;
- The delivery of the baby; and
- Up to seven home nursing visits after delivery.

Above all this, money can be paid in instalments until delivery date, whereby all monies must be paid. Why is the state making it so easy?

People who strive for a better living and plan their family well fall into higher income groups and therefore pay more for services. On the other hand, people with low education levels and in a low income group (and who often don't plan their families) pay nominal fees.

This is probably why they have such large families. Why plan, when it costs only R14 for the entire service! And you can pay it off in instalments!!! And above all they don't pay tax!!!

People who already receive maintenance grants from the state for three, four or five children are also often seen at the maternity centre with their next child, at only R14!!! Where is all this going to end? We as taxpayers are already paying for their babies!!!

People should pay progressively more for each additional child. E.g.:

- For the first child a minimum of R100;
- For the second child R200;
- For the third child R300.

This must be paid in full before delivery time. People should also be taxed more, for each additional child.

These would guarantee:

- A decrease in the population growth; and,
- An increase in revenue.

Public servants can then get their well deserved increase, and Dr Rina Venter need not consider reducing the number of cardio-vascular departments.

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WENDY TOUGH (Ronde-

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**What do
you hate
about
this age?**

From JAMES M
THOMPSON (Con-
stantia):

I WAS at a restaurant
where I could not

Over left out

(1) (a) and (b) Fall away.

(3) Yes, insofar that discharges into the Black River of treated industrial and sewage effluent must comply with the requirements of the exemptions, issued to dischargers in terms of section 21 of the Water Act, 1956 (Act 54 of 1956).

(4) Yes. The aim of water pollution control is the preservation of the water environment so that water of a quality acceptable for industrial, urban, agricultural and recreational use and for the propagation of the fish and wildlife species that could reasonably be expected in a particular environment continues to be available. The protection of human health is of particular importance.

An important aspect of water management in coming decades will be the prevention of the pollution of the water resources of the Republic of South Africa by ever-increasing quantities of urban, industrial, mining and agricultural effluent and the integration of this effluent into the water supply. Preventive measures will need to include the identification and control of diffuse sources of pollution, especially polluted runoff from urban, industrial and mining areas.

In keeping with the principle that "the polluter pays" effluent discharges are controlled at their sources. The quality of effluent must comply with statutory standards, which take due cognizance of appropriate technology and current socioeconomic requirements.

In granting exemptions from the General Standard applicable to effluent discharges in public streams, consideration is given to the location of discharge points, the physical, chemical and biological properties of receiving waters and the interests of downstream users. Close monitoring of receiving waters is a prerequisite for the effective evaluation and adaptation of pollution control strategies and policies.

In this particular case the said Municipality regularly submits reports on the water quality of the Black River catchment to the Department of Water Affairs as part of an ongoing task of the Department to ensure that the quality of discharges com-

ply with the requirements of the exemptions mentioned in (3) above. The quality of the treated effluent is closely monitored by the Department of Water Affairs, to check that it complies with the exemption conditions. This monitoring is aimed at addressing problems as they occur in a changing urban environment and could lead to the revision of exemption conditions according to the needs to maintain acceptable standards of water quality in the river.

Discharges of effluent and the quality of such discharges can be controlled and monitored. All cases of pollution are thoroughly investigated and the Department will not hesitate to lay charges. Runoff from urban areas, particularly storm-water, is not easy to control and such runoff is increasingly becoming a problem.

There is close and regular liaison between the Department of Water Affairs and, *inter alia*, the Department of Environmental Affairs, the Department of National Health and Population Development and local authorities insofar as water pollution is concerned. Within a municipal area water pollution control rests, in the first instance, with the local authority concerned but the Department of Water Affairs can jointly or independently deal with such matters as well.

I am aware that in this particular case certain signboards were erected by the Municipality concerned in order to warn the public of a possible health hazard.

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Own Affairs:

Hansford 6/3/90

J G Strijdom Hospital: own-affairs hospital

Mr M J ELLIS asked the Minister of Health Services, Welfare and Housing:

What were the (a) advantages and (b) disadvantages in regard to declaring the J G Strijdom Hospital an own-affairs hospital?

B408E.INT

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Speaker, in the first place (a) the advantages. (i) This gave the University of the Witwatersrand an opportunity to reduce by a few hundred its 5 000 academic beds. This reduction is still a long way from the 2 000 to 3 000 beds regarded as sufficient for training by most universities in South Africa and elsewhere, however.

(ii) It gave the department an opportunity to determine the true needs of the community served by the hospital. A decision was taken to develop a 60-bed ward for chronically ill frail aged, something for which there is a great need. (iii) A decision was taken to extend psychiatric services and to double the beds from 30 to 60. (iv) Taking the growing need for beds at the Coronation Hospital, barely 2 km from the J G Strijdom Hospital, into consideration, it was decided to make two 30-bed wards available for medical and surgical patients of the first-mentioned hospital. (v) This decision to make the facilities of the J G Strijdom Hospital available to the Coronation Hospital not only means more effective utilisation of manpower and equipment, but also that patients in both hospitals will be provided with better medical services.

(b) Disadvantages: (i) The decision of the University of the Witwatersrand to withdraw from the hospital initially seriously damaged the morale and quality of service at the hospital. Patients suffered as a result of the uncertainty as to whether or not care was available for them. (ii) The perception was created that the hospital had been paralysed and was closing, and that patients were being forced to go to private practitioners. (iii) A further disadvantage was that the hospital was politicised and the impression created that it was an apartheid hospital. The term "Whites Only" was linked to it, despite the fact that the hospital has never been restricted only to Whites. These problems are at present being converted into opportunities.

The hospital is undergoing a positive change. Certain wards are fuller now than they were even before the announcement of the university's withdrawal. A purposeful attempt is being made to make better use of the additional available space at the hospital. The two wards for the Coronation Hospital, which are manned by academic staff and can also be used for other J G Strijdom patients, have led to a new spirit of goodwill and co-operation between the J G Strijdom and Coronation Hospital staff and patients.

We have learned just how important it is to be sensitive to everyone's health needs, and also how important it is to negotiate in a spirit of trust and to use our experience and infrastructure to the benefit of all.

Mr M J ELLIS: Mr Speaker, the advantages given by the hon the Minister with regard to changing the status of the J G Strijdom Hospital are very thin and I think bear very little relevance to what one hears from other people who are directly associated with that hospital.

I do want to warn the hon the Minister again that he should not try to hide behind the decision to open two wards at that hospital to cater for the overflow of patients from the Coronation Hospital. That hospital is grossly overcrowded and he knows that. But it is a small step, and while we accept that it is an important step, it must never be used to condone the original decision to make the J G Strijdom Hospital an own affairs hospital.

It is almost a year ago since that hospital did change its status. The decision to change its status was taken without consulting the staff of that hospital, or the medical school of the University of the Witwatersrand who ran the academic side of that teaching hospital, and it has never been made clear why the decision was taken or what in fact was to be gained from it, or who was really responsible for taking it.

However, what is absolutely clear despite what the hon the Minister has said in defence of the situation, is that it was a severely flawed decision, both in judgement and in execution. If there were any advantages to be gained, either political or other, those advantages have been totally overtaken by the disastrous consequences of the decision which have so adversely affected both the hospital and in particular the Government's credibility in terms of its health policies.

Even after the decision was taken, the Government had to admit that the only real change in administrative matters was that the finance for the hospital would now be provided by the House of Assembly and not by the province as had been the case although, curiously enough, estimates would still be proposed by the provincial administration. Everything else would remain in the hands of the provincial authorities. This adds emphasis to the fact that the real change which came about in that hospital was that it could cater for White patients only, whereas before it had catered for patients of all colours. It was a hospital ideally suited for taking patients of all colours.

There can be no doubt that despite what the hon the Minister says, the real reason for the change in the status of that hospital was a political one. [Time expired.]

*Dr W J SNYMAN: Mr Speaker, we received certain information from the hon the Minister in connection with the J G Strijdom Hospital today. I wonder how much value one can attach to it. I want to refer hon members to two reports which appeared on two consecutive days. On 9 January *Beeld* reported:

Die J G Strijdom-hospitaal in Johannesburg, eens een van die voorste hospitale in Transvaal, is erg in die moeilikheid. Die helfte van die hospitaal se 22 sale is gesluit. Die personeeltekort is so kritiek dat dit beter sal wees om die hospitaal in sy geheel te sluit.

The following day the same newspaper reported, with reference to what the hon the Minister had said, that 24 new specialists and doctors had been recruited and employed, and sketched a rosy picture. What is the situation now?

Does this hospital still measure up to the definition of an own affairs hospital? There is no point in arguing about the advantages and disadvantages of general and own affairs in respect of this hospital. The big disadvantage of all White hospitals is the critical shortage of staff, not only nursing staff, but also staff in the auxiliary services of these hospitals.

It is no wonder that other White nurses and other hospital administration staff were filled with resentment when they had to hear on television last Thursday night that the Government was making R5 million available for a Swapo victory festival in Windhoek whereas not a cent had been made available to alleviate the plight of nursing corps and other hospital staff. [Interjections.]

One has only to look at the drop in the number of students and at insufficient training facilities. In 1984 there were 13 360 nurses in training, and in 1989 there were 9 955. Why are such situations permitted to arise? The problem is basically a matter of service conditions and salaries.

I want to ask the hon the Minister why the SA Nursing Association has been refused representation on the highest negotiating council of the Public Service up to now. [Time expired.]

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Speaker, it is very clear from the reaction of the two hon members that the initiatives taken by this side of

... a unique opportunity to provide on a cost-effective basis a more efficient service to patients of both hospitals.

He is absolutely correct! So why stop there? Why not open up Baragwanath? Why not open up Hillbrow? Let them use those facilities also. We are living in the era of *glasnost* now, since 2 February, but *glasnost* is not going to succeed unless it is accompanied by *perestroika*.

Many people will measure progress, or the lack thereof, in South Africa by how we handle the use of public services. It is a very simple thing. If we are serious about creating a just and democratic South Africa, then services which are paid for out of public money must be available to all members of the public. The J G Strijdom has a symbolic importance at the present moment in South Africa which is far greater than its actual importance. [Time expired.]

Mr R J LORIMER: Mr Speaker, the facts of the matter are that at the J G Strijdom Hospital there are still two different administrations operating, and from every sensible and practical point of view the best use of available resources, as my hon colleague from Edenvale said, would be the dropping of apartheid and the rejection of racialism. The J G Strijdom situation clearly demonstrates that own affairs hospitals just do not make practical sense.

There is a wonderful opportunity for this Government and the hon the Minister to follow up on the hon the State President's initiative, and to show clearly their rejection of racialism by opening J G Strijdom Hospital to all South Africans whatever their race. It is an opportunity for the Government to put their money where their mouths are, and to demonstrate that all this talk of reform is not just talk, but is being backed up by action. Dropping racial separation at that hospital could be a major public declaration of their sincerity, and I must say that I get tired and impatient with people who cannot bear the idea of sharing a hospital ward with someone of another skin colour. [Time expired.]

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Speaker, the hon member for Edenvale referred to the health conditions in respect of own affairs, but I want to ask him—after all, there are no own affairs in the rest of Africa—what condition health matters in the rest of Africa are in. [Interjections.] We must be realistic. [Interjections.] We must be realistic in this regard. I am very pleased that I listened well to the hon member for Edenvale, and to me it seems that we are in complete agreement on

the entire matter under discussion today, viz the J G Strijdom Hospital.

The initiatives we took in this connection are aimed specifically at the full utilisation of the available manpower and the equipment at J G Strijdom. That is why we are bringing patients from the Coronation Hospital to utilise this manpower and equipment, and surely that is in agreement with his philosophy. Why does he not stand up here and say well done, that is a move in the right direction? [Interjections.] After all, that is exactly what we did with this initiative.

The hon member also referred to other hospitals. I have told hon members repeatedly that at present we are taking a look at the entire field with regard to the provision of health services, and we shall address those problems.

The hon member for Durban North mentioned the withdrawal of Wits University from that hospital. With all due respect, in my introductory words in reply to this interpellation I said that at present Wits, as a training institution, had more than 5 000 hospital beds. That situation cannot continue. We are considering that position in any case. [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs: *Hemscud 6/190*

High/primary schools: children of all races
*1. Mr K M ANDREW asked the Minister of Education and Culture:

(1) What total number of (a) high and (b) primary schools falling under the control of his Department have requested, directly or indirectly, that they be allowed to admit children of all races;

(2) (a) what is the name of each such school and (b) where is each situated?

B307E

†The MINISTER OF EDUCATION AND CULTURE:

(1) (a) 13,
(b) 8;

- (1) (a) and (b) Fall away.
- (3) Yes, insofar that discharges into the Black River of treated industrial and sewage effluent must comply with the requirements of the exemptions, issued to dischargers in terms of section 21 of the Water Act, 1956 (Act 54 of 1956).
- (4) Yes. The aim of water pollution control is the preservation of the water environment so that water of a quality acceptable for industrial, urban, agricultural and recreational use and for the propagation of the fish and wildlife species that could reasonably be expected in a particular environment continues to be available. The protection of human health is of particular importance.
- An important aspect of water management in coming decades will be the prevention of the pollution of the water resources of the Republic of South Africa by ever-increasing quantities of urban, industrial, mining and agricultural effluent and the integration of this effluent into the water supply. Preventive measures will need to include the identification and control of diffuse sources of pollution, especially polluted runoff from urban, industrial and mining areas.

In keeping with the principle that "the polluter pays" effluent discharges are controlled at their sources. The quality of effluent must comply with statutory standards, which take due cognizance of appropriate technology and current socioeconomic requirements.

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In this particular case the said Municipality regularly submits reports on the water quality of the Black River catchment to the Department of Water Affairs as part of an ongoing task of the Department to ensure that the quality of discharges com-

ply with the requirements of the exemptions mentioned in (3) above. The quality of the treated effluent is closely monitored by the Department of Water Affairs, to check that it complies with the exemption conditions. This monitoring is aimed at addressing problems as they occur in a changing urban environment and could lead to the revision of exemption conditions according to the needs to maintain acceptable standards of water quality in the river.

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I want to ask the hon the Minister why the SA Nursing Association has been refused representation on the highest negotiating council of the Public Service up to now. [Time expired.]

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Speaker, it is very clear from the reaction of the two hon members that the initiatives taken by this side of

the House have completely deflated the arguments of these hon members.

The hon member quoted newspaper reports, but we conveyed the true facts. I said in my reply that naturally there were people who were eager to make politics of this matter and give incorrect facts.

The fact of the matter is that the training of nurses is continuing at this hospital at the moment, and that the Anne Latsky College has selected 25 students for this year. They have already begun their training at the hospital. What is more, the hon member is quite correct, because 24 new specialists and more doctors have accepted positions at the hospital. Wits is making use of some of these facilities and has undertaken to assist us with the nursing of our patients in the hospital. [Interjections.] The hon member must listen.

Of the total of 465 nursing posts at the hospital, 341 are filled. The position compares very favourably with that elsewhere in the country; in fact, it is considerably better. As far as student nurses are concerned, 291 of the total of 400 student nursing posts have been filled. Surely that is a positive picture. Why does the hon member pretend that these are not the facts and that we are distorting the facts? [Interjections.] The fact of the matter is that we have given further permission for vacant student nursing posts to be filled by nurses from other population groups. [Time expired.]

Mr B B GOODALL: Mr Speaker, I want to say to the hon the Minister we are not suggesting that if one removes own affairs from the Constitution, all health problems in South Africa will suddenly be sorted out. Irrespective of who rules South Africa, there is going to be a tremendous number of problems for health and welfare services. There is no doubt about that, and the situation is aggravated because we have a rapidly growing population. Because of this we need to use our limited resources as effectively as possible.

The hon the Minister said one cannot have a situation where one in fact has a surplus of facilities in one hospital while there is overcrowding in a nearby hospital, and he is absolutely correct. One cannot afford to do that. He was also right when he said that the opening of the J G Strijdom for use by Coronationville offered—and I would like to quote him his own words—

... a unique opportunity to provide on a cost-effective basis a more efficient service to patients of both hospitals.

He is absolutely correct! So why stop there? Why not open up Baragwanath? Why not open up Hillbrow? Let them use those facilities also. We are living in the era of *glasnost* now, since 2 February, but *glasnost* is not going to succeed unless it is accompanied by *perestroika*.

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Mr R J LORIMER: Mr Speaker, the facts of the matter are that at the J G Strijdom Hospital there are still two different administrations operating, and from every sensible and practical point of view the best use of available resources, as my hon colleague from Edenvale said, would be the dropping of apartheid and the rejection of racialism. The J G Strijdom situation clearly demonstrates that own affairs hospitals just do not make practical sense.

There is a wonderful opportunity for this Government and the hon the Minister to follow up on the hon the State President's initiative, and to show clearly their rejection of racialism by opening J G Strijdom Hospital to all South Africans whatever their race. It is an opportunity for the Government to put their money where their mouths are, and to demonstrate that all this talk of reform is not just talk, but is being backed up by action. Dropping racial separation at that hospital could be a major public declaration of their sincerity, and I must say that I get tired and impatient with people who cannot bear the idea of sharing a hospital ward with someone of another skin colour. [Time expired.]

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Speaker, the hon member for Edenvale referred to the health conditions in respect of own affairs, but I want to ask him—after all, there are no own affairs in the rest of Africa—what condition health matters in the rest of Africa are in. [Interjections.] We must be realistic. [Interjections.] We must be realistic in this regard. I am very pleased that I listened well to the hon member for Edenvale, and to me it seems that we are in complete agreement on

the entire matter under discussion today, viz the J G Strijdom Hospital.

The initiatives we took in this connection are aimed specifically at the full utilisation of the available manpower and the equipment at J G Strijdom. That is why we are bringing patients from the Coronation Hospital to utilise this manpower and equipment, and surely that is in agreement with his philosophy. Why does he not stand up here and say well done, that is a move in the right direction? [Interjections.] After all, that is exactly what we did with this initiative.

The hon member also referred to other hospitals. I have told hon members repeatedly that at present we are taking a look at the entire field with regard to the provision of health services, and we shall address those problems.

The hon member for Durban North mentioned the withdrawal of Wits University from that hospital. With all due respect, in my introductory words in reply to this interpellation I said that at present Wits, as a training institution, had more than 5 000 hospital beds. That situation cannot continue. We are considering that position in any case. [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs: *Hemscand* 6/3/90

High/primary schools: children of all races

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

(1) What total number of (a) high and (b) primary schools falling under the control of his Department have requested, directly or indirectly, that they be allowed to admit children of all races;

(2) (a) what is the name of each such school and (b) where is each situated?

B307E

†The MINISTER OF EDUCATION AND CULTURE:

(1) (a) 13,

(b) 8;

Hospital strike may spread nationwide

By GILL TURNBULL
Staff Reporter

THE Cape hospital strike threatens to spread country-wide if Health Workers' Union demands for government action are not met.

An HWU spokesman said today that non-medical staff at 11 Cape hospitals had stopped work and several day hospital employees were speaking of joining the general strike.

"We are in contact with our comrades nationwide and if the state drags its heels in terms of recognition of the union, the strike will spread.

"Up to now we have negotiated with hospital managements and superintendents and their response has been similar. They have been sympathetic, but nothing has happened."

He said the union demanded to see the ministers of health services and public administration and the commissioner for public administration. Until then the strike would continue.

More than 3 000 hospital

workers are on strike at Groote Schuur, Tygerberg, Karl Bremer, Avalon, Victoria, Somerset, Woodstock, Valkenberg, Conradie, Mowbray Maternity and Peninsula Maternity hospitals and more may follow.

Strikers are demanding a "living wage" of R1 500, permanent status for all workers, maternity leave, a 40-hour week, recognition for the Health Workers' Union and an end to privatisation.

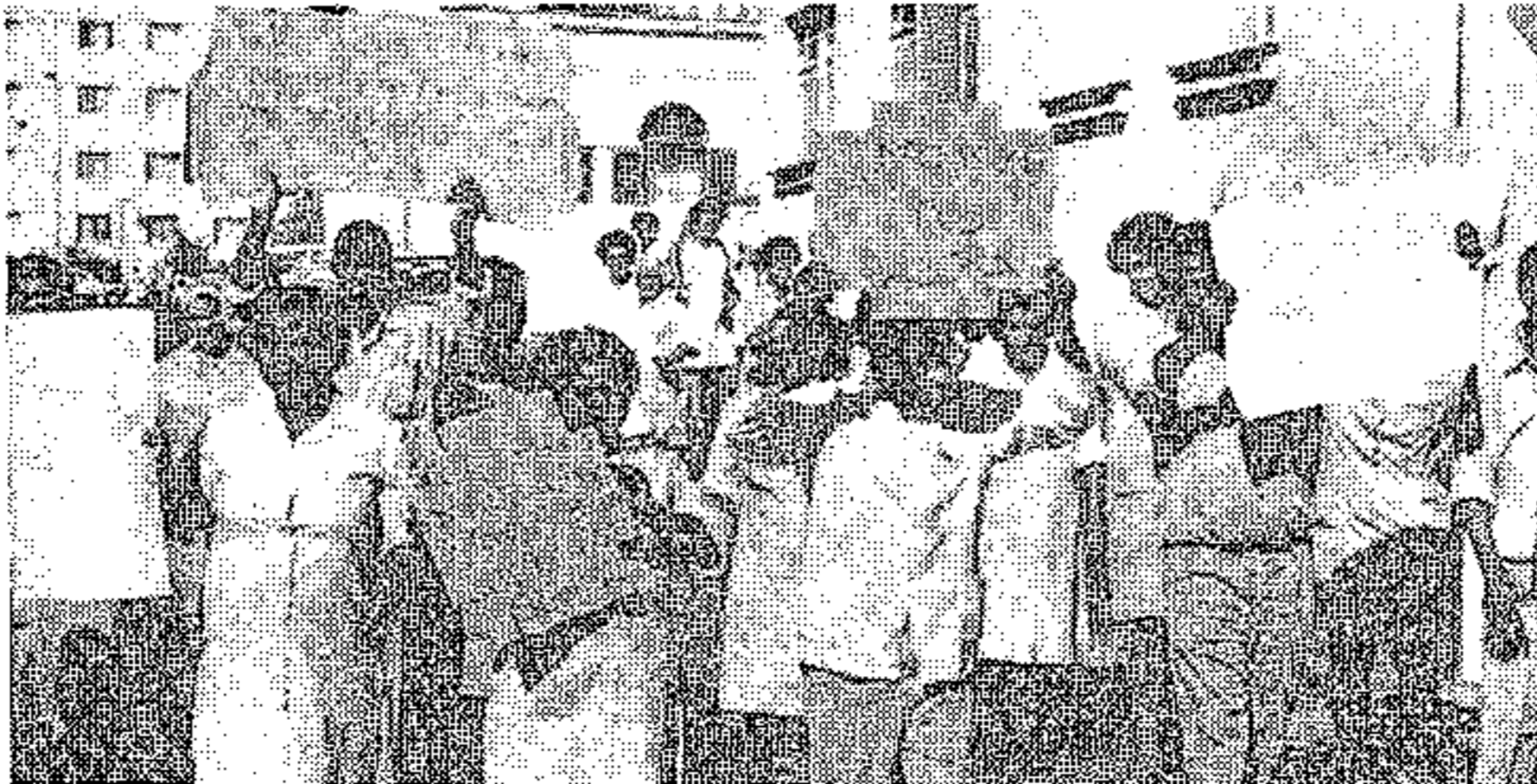
STRUGGLING TO SURVIVE

According to the HWU, the starting wage at Provincial hospitals is R260 a month and general assistants earn an average R300 to R400. Workers are struggling to survive.

At the strike hospitals, administrative and clinical staff are doing cleaning duties.

Patients may be turned away if the strike continued, according to Dr Jocelyn Kane-Berman, medical superintendent of Groote Schuur Hospital.

Other superintendents declined to comment.



Picture: DANA LE ROUX, The Argus

PLACARD DEMO: About 40 general workers at the Peninsula Maternity Hospital in District Six staged a placard demonstration today calling for better pay and shorter working hours.

INSIDE: Weather 2, Parliament 4, Motoring 9

Nine city hospitals hit by strike

Cape Times
7/3/90

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By JULIET MILNE and CLAUDIA KING

THE hospital workers' strike in the Peninsula and northern areas spread to nine hospitals yesterday.

And nursing staff warned that hospital systems faced a breakdown if the strike continued.

The Cape Times yesterday established first-hand that at Grootte Schuur Hospital — where about 800 workers have been on strike since Monday — operations were being cancelled, theatre instruments were not being sterilised, and patients were being served "cold" food.

On Monday, workers at Grootte Schuur, Tygerberg and Brooklyn Chest went on strike.

Yesterday they were joined by workers at Somerset, Woodstock, Conradie, Karl Bremer, Avalon and Valkenberg hospitals.

The Health Workers Union reports that Mowbray Maternity and Victoria hospitals are to join today.

This represents an estimated 4 000 cleaners, clerks and kitchen and maintenance personnel.

Yesterday at Grootte Schuur, medical staff said that although the hospital was functioning relatively normally, the situation would deteriorate quickly if the workers did not return soon.

● One doctor said theatre implements were not being sterilised. This would affect services when sterilised stock ran out.

● According to Dr Frank Bowey, the medical superintendent last night, non-emergency and non-critical operations are being cancelled.

● Patients complained that meals were late and were served cold.

● Mrs Marie Meiring, wife of a Springs cardiac patient undergoing tests at the hospital, said: "Everything has come to a standstill in the ward. One patient has been discharged and another's operation postponed until the workers return."

● People are reportedly being told to phone and check with the hospital or their doctor on whether their operation has been cancelled.



A nursing sister said there were fears that the

To page 3

P.T.O.

Cape hospital staff on strike

CAPE TOWN — More than 2 000 non-medical workers at seven hospitals in the Cape Peninsula were still on strike yesterday — for a minimum basic salary of R1 140 a month.

Sta 7/3/90  
A spokesman for the Health Workers Union said yesterday that workers at the Tygerberg and Grootes Schuur hospitals, the Brooklyn Chest Hospital, the Evelyn Treatment Centre, Somerset, Conradie and Woodstock hospitals were still on strike.

The spokesman said non-medical workers at the Red Cross War Memorial Children's Hospital and the Mowbray Maternity Hospital indicated that they might also join the strike.

The strike started on Monday. — Sapa.

Cabinet meets on hospital strike

CAPE TOWN 8/3/90 Staff Reporter

THE Administrator of the Cape, Mr Kobus Meiring, yesterday attended a special cabinet meeting to discuss the hospital strike.

Hospital superintendents met provincial administration officials late yesterday amid speculation that the strike could spread nationwide.

Last night Mr Meiring said the CPA was eager to resolve the crisis soon and that 2 750 CPA workers were on strike at eight provincial hospitals, where only emergencies were being attended to.

The figure was disputed by the Health Workers' Union (HWU), which claimed that more than 4 000 were on strike at 13 hospitals, including about 1 600 workers at Groote Schuur and 1 300 at Tygerberg Hospital.

Workers and staff at the Red Cross War Memorial Children's Hospital said yesterday they would support the strike, but voted against joining it because they were involved in treating children.

Emergency services supported by strikers

ARC 45
8/3/90

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Staff Reporter

and Political Correspondent

STRIKING general assistants at 11 Cape provincial administration hospitals have agreed to keep emergency services running as the hospital services crisis deepens.

And doctors, consultants and nursing staff at the Red Cross War Memorial Children's Hospital in Rondebosch are to hold a placard protest today in support of the thousands of striking workers at other hospitals.

Thousands of cleaners and domestic workers at major state hospitals in Cape Town and Bellville have been on strike since Monday.

LIVING WAGE

They are demanding a "living wage" of R1 500, a 40-hour week, maternity leave, permanent status, union recognition and an end to privatisation.

A Health Workers Union (HWU) official said today that after special representations by Groote Schuur management yesterday afternoon, the union had met strikers and decided to make workers available in emergency units.

The strike, which started at Groote Schuur and Tygerberg hospitals, spread to 11 state hospitals yesterday and involved about 4 350 non-medical workers, a union official said.

Non-medical staff at Red Cross Hospital resolved not to join the strike because they were involved in the care of children but expressed their solidarity.

The hospital services crisis has been discussed at top government level.

A statement from Mr Kobus Meiring, Administrator of the Cape, said meetings were ongoing and: "Attention is being given to both the claims of the striking workers and the implications of the strike."

The HWU has threatened a nationwide strike if demands to speak directly to the ministers of health services and public administration are not met.

Strike at Cape hospitals spreads

Source 8/3/90
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97 metal factory strikers charged

By Labour Reporter

NINETY-seven workers appeared in the Krugersdorp Magistrate's Court yesterday on trespassing charges following a sit-in strike at a Chamdor metal factory, police have confirmed.

A National Union of

Metalworkers spokesman said about 160 workers downed tools at Autoflug SA over demands for a R1,50 an hour wage increase.

Approached for comment, Autoflug managing director Mr Callie du Plessis said a statement would be released later.

THE strike by non-medical personnel at hospitals in the Cape peninsula yesterday spread to at least 11 institutions and it is feared a major crisis could develop.

The strike, involving at least 4 000 people, is being discussed at provincial level and various options are being considered.

Efforts to establish just how the strike is affecting

the hospitals have been unsuccessful and all inquiries have been referred to the administration.

Earlier, one of the superintendents at Groote Schuur hospital, Dr Frank Bowey, was quoted as saying that non-essential operations were being postponed.

He was also quoted as saying the strikers were as important to the structure of the hospital as the clinical care itself. - Sapa

Cape hospital strike threatens to spread

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LESLEY LAMBERT

CAPE TOWN — The Cape Provincial Administration (CPA) called an urgent meeting yesterday to discuss the hospital strike which had spread to 12 state hospitals in the Peninsula.

It threatened to go national if demands for better working conditions and higher wages were not met.

In another development late yesterday, Grootte Schuur management agreed to allow the Health Workers' Union (HWU) to attend meetings on the premises with the workers' committee.

The strike, which started at Grootte Schuur and Tygerberg hospitals on Monday, spread as an estimated 4 000 non-medical staff stopped working.

Spokesmen for the HWU said there had been short work stoppages at other hospitals and that several day hospital workers had spoken of joining the strike.

Grootte Schuur Hospital superinten-

dent Dr Jocelyn Kane-Berman, who sympathised with the worker's demands, said on Monday it might be necessary to drastically reduce patient admissions if the work stoppages continued.

By yesterday, medical operations which were not critical were being postponed, while administrative and clinical staff were doing cleaning duties at strike hospitals.

At midday, union officials said the strike would continue until the union had met the Ministers of Health Services and Public Administration and the Commissioner for Public Administration.

If the state did not recognise the union, the strike would be extended to hospitals in other provinces.

National Health and Population De-

velopment Minister Dr Rina Ventef was not available for comment.

Cape Administrator Kobus Meiring issued a statement yesterday afternoon saying the MEC in charge of Hospital and Health Services, Dr George Watermeyer, together with CPA Director-General Barry van der Vyver and senior officials of the Hospital and Health Services Branch, were investigating workers' claims and the implications of the strike.

The workers are demanding a minimum wage of R1 140 a month. According to union officials, the starting wage at provincial hospitals is R260 a month and general assistants earn an average R300 to R400. They are also demanding a 40-hour week, permanent status, maternity benefits, recognition of the union and an end to privatisation. If implemented, they say privatisation will reduce job opportunities and benefits and increase the cost of health services.

Hospital crisis in Cape grows worse

CAPE TOWN — A retired chief magistrate of Cape Town, Mr Charles van Zyl, has been appointed "to give a hearing" to strikers in the escalating Cape hospital crisis.

Cape Administrator Mr Kobus Meiring said yesterday: "This has been done to give (striking) workers another chance to make representations in a responsible manner."

He made an urgent call to strikers to return to work.

More than 4 000 striking workers at 12 Cape Provincial Administration hospitals are demanding a R1 500 living wage, maternity leave, permanent status for all workers, a 40-hour week, recognition of their union and an end to privatisation.

As the strike spreads to more hospitals in the Peninsula and Boland, a Health Workers' Union official said yesterday that after special representations by Groote Schuur Hospital management on Wednesday, the union had met strikers and decided to make workers available in emergency units.

Nurses at Groote Schuur, where 1 600 workers are striking, said yesterday they were "overworked and under incredible strain" after filling in for absent staff.

"Things are becoming chaotic and we're all exhausted," said one nursing sister. — Sapa.

G Schuur struggles on, but staff straining

By CLAUDIA KING and DAVID MCKAY

NURSES at Grootte Schuur Hospital are washing floors and dishes while patients "have to settle" for porridge in the morning, and soup and bread for supper.

This is according to a Cape Times source who was among the 100 or more volunteers who yesterday helped out in an attempt to keep the hospital's essential services functioning during the strike.

A medical specialist at Grootte Schuur last night described the conditions at the hospital as a "total and utter shambles", which was taking a toll on the morale of staff.

The doctor, who declined to be named, told the Cape Times that administrative staff at the hospital were being paid overtime to come to work at the weekend. He said that although most of the profes-

sional staff felt that the strikers "have a real gripe", nurses now have to perform portering and administrative duties as well.

"Very few operations are performed, except essential ones which had been vetted by a medical superintendent," he said, adding that patients who had been on waiting lists for operations were being sent home.

A cardiology theatre worker said that minor heart operations had been cancelled but that major operations were still being performed.

According to a hospital staff member the kitchen was severely understaffed, with only three out of a possible 26 staff members working.

"Patients will have to settle for porridge at breakfast and soup and bread for sup-

per." another staff member said.

"But we are doing the best we can."

Nurses were seen cleaning out lifts and even administrative staff were mopping the floors. The hospital has been forced to call in cleaning services.

Most areas of the hospital showed signs of good sanitation.

Security posts were unmanned and hospital staff complained of having to wait "too long" for the lifts, which were not operating properly because of striking staff.

One nurse said: "How will the striking staff have their demands met when there is so much help coming in from the public?"

From today at 8am Tygerberg Hospital will be organising volunteers "from all walks of life" into four-hour shifts.

Union ^{CAPE TOWN} 10/3/90
'rejects' (98)
magistrate

Staff Reporter

THE Health Workers' Union (HWU) yesterday rejected negotiations with a retired magistrate appointed by the Cape Administrator, as the strike spread to 18 hospitals.

A spokesman for the HWU said the union had a committee "ready and waiting" to meet with government ministers.

He said former magistrate Mr Charles van Zyl was "another messenger" and many others in the past had "not responded to our grievances".

Mr Van Zyl said yesterday that he was "providing a forum" for the striking workers and gave the assurance that any grievances brought to him would be conveyed to the highest authorities.

He said he had already met representatives of the Public Servants' League from Karl Bremer Hospital who "seemed to have adopted a very reasonable attitude".

A dispute has arisen over the number of workers on strike. The CPA stands by a statement earlier this week saying that only 2 750 are off work, while the union estimates that the figure is "well over 5 000".

Yesterday, day hospitals in Guguletu, Elsie's River, Khayelitsha, Hanover Park and Langa joined the strike, bringing the number of hospitals affected to close on 20.

No end in sight to hospital strike

Staff Reporter
CMT Times 12/3/90 (98)

THE hospital workers' strike enters its eighth day today with no end in sight and reports of patients having to care for themselves and "absolute chaos" reigning in the affected hospitals.

A nursing sister at Victoria Hospital in Wynberg told the Cape Times yesterday that patients were having to fend for themselves and in many cases were helping clean the hospital.

"I saw one man put his drip bag on his head and begin mopping the floor

while others have been making the tea and serving it to fellow patients," she said, adding in that in some instances 35 people were being housed in a 10-bed ward.

"The situation in casualty on Friday night was really terrible. We saw about 80 patients, all of whom lived because we just managed to plug up holes, stitch them up and send them home.

"Nobody knows what happens to them after that as there is no transport available to take them from the hospi-

tal and no staff to check up on their progress."

She said most of the nurses felt as though they were in a "hopeless situation banging their heads against a brick wall" even before the strike began and now they are having to clean the wards and do double the amount of work.

"We support the workers, though, and feel that doing their work does not help their cause at all," she added.

A spokesman for the Health Workers' Union said 1 500 striking workers

attended a general meeting in Salt River on Saturday where it was decided to continue the strike.

He said there was "no firm indication at this stage" of the strike spreading countrywide, but said indications were that workers at Stellenbosch Hospital may join the strike this week.

CPA spokesman Mr Dirk Smit confirmed yesterday that the strike showed no signs of drawing to an end.

Retired magistrate Mr Charles van Zyl has been appointed to investigate grievances.

Dirk's head left | W Y • • • • • Can find | Cl... | W • • • • • A

Five more hospitals join Cape strike

LESLEY LAMBERT

CAPE TOWN — The Peninsula hospital strike continued at the weekend, with five more day hospitals reported to have joined the 16 striking hospitals and the Health Workers' Union (HWU) refusing to co-operate with a retired magistrate appointed by the Cape administrator to hear their demands.

An HWU spokesman said that day hospitals at Elsie's River, Khayelitsha, Langa, Guguletu, Crossroads and Nongile had joined the non-medical workers' strike, which enters its second week today. *5/10/70 12/3/70*

The parties appeared no closer to a resolution on Friday. The HWU spokesman said a representative workers' committee decided on Friday not to co-operate with retired magistrate Charles van Zyl, appointed by Cape Administrator to hear their demands. The decision had been made because they regarded the appointment of "an intermediary between themselves and government" as a delaying tactic.

Hospital workers strike: Top officials on crisis tour

By GILL TURNBULL
Staff Reporter

THE Administrator of the Cape and other top officials are to tour 10 hospitals today to assess the effects of the current strike by non-medical staff.

The Administrator, Mr Kobus Meiring, has cancelled a planned visit to the north-western Cape because of the strike.

In a statement yesterday he urged strikers and their representatives to place their grievances before retired magistrate Mr Charles van Zyl, "or they would be doing themselves and the hospital service a disservice."

Mr Meiring was not prepared to respond to the Health Workers' Union's rejection of Mr Van Zyl as intermediary.

FIGURES DIFFER

The HWU's figures of 14 hospitals and six day hospitals affected by 5 500 striking employees do not correspond with the administrator's total of nine hospitals and the central hospital laundry service in Pinelands.

Mr Meiring will visit the hospitals, including the non-striking Red Cross Childrens' Hospital, accompanied by the director general of the Cape Provincial Administration, Mr Barry van der Vyver, executive director of hospital and health services, Dr George Watermeyer, and other top hospital officials.

Services most affected are laundry, cleaning and the preparation of meals.

Mr Meiring has again called on members of the public, including the defence force — Western Province Command — to volunteer their services to the crippled hospitals.

In a separate statement, Mr Van Zyl pledged to hear the strikers' grievances with impartiality and to relay them to the administrator without bias.

REPRESENTATIONS

Mr Van Zyl said that while he would prefer to hear representations in public, if requested he would hear them in camera.

He was available to speak with all individuals and organisations at 4 Park Road, Kloof Nek and would be prepared to meet at any other venue if preferred.

His telephone number is 23 7190.

Meanwhile, a mass meeting of non-medical, para-medical, nursing and medical staff at Red Cross has rejected the authorities' argument that the patients' interests should always be placed first, as a device to "intimidate and exploit the workers".

Hospital workers at Red Cross said strikes at other hospitals were fully justified.

(2) Falls away. ~~321~~
I must add that there are bursary holders who do not take up posts in the Department. Others accept teaching posts in the Self-governing Territories without the knowledge of the Department. If such bursary holders cannot be located, debts are written off. Over the last three years an amount of R277 890 has been written off, in this manner.

Saldanha Naval Base: inquiry into incident

*26. Mr R R HULLEY asked the Minister of Defence: ~~Hansard~~ 13/3/90

Whether any inquiry has been conducted into an incident on or about 4 October 1989 at Saldanha Naval Base in which a certain seaman, particulars of whom have been furnished to the South African Defence Force for the purpose of the Minister's reply, was seriously injured; if not, why not; if so, (a) with what result and (b) what is the name of the seaman concerned? ~~354~~

B443E

The MINISTER OF DEFENCE:

Yes.

- (a) It has been established that although the member concerned was aware of his medical classification and the restrictions placed on his participation in physical activities, he voluntarily participated in the exercise which led to the incident.
- (b) The name supplied by the honourable member.

Teachers: registration

*27. Mr R M BURROWS asked the Minister of National Education: ~~Hansard~~ 13/3/90

- (1) Whether any progress has been made in the registration of all teachers in South Africa; if not, why not; if so, what progress;
- (2) whether he will make a statement on the matter? ~~321~~
- The MINISTER OF NATIONAL EDUCATION:
- (1) No: not with regard to the general affairs level. Until now the co-operation of all

the member bodies of the organized teaching profession as contemplated in section 1 of the National Policy for General Education Affairs Act, No 76 of 1984, regarding the establishment of a registration body for teachers, could not be obtained. ~~Hansard~~ 13/3/90

(2) No. ~~321~~

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

J G Strijdom Hospital

Dr W J SNYMAN asked the Minister of Health Services, Welfare and Housing: ~~Hansard~~

Whether he intends changing the status of the J G Strijdom Hospital from that of an own affairs hospital to that of a general affairs hospital; if so, why? ~~Hansard~~ 13/3/90 B501E.INT

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Chairman, the answer is no. Having said that, I want to point out that the existing systems in respect of the rendering of health services are being investigated anew by the Government. Our first consideration is a system in which the best possible use may be made of existing manpower and equipment in order to best serve the interests of the broader community and the medical profession. We are continually striving to maintain the present standard of service. The Transvaal Provincial Administration is presently engaged in an investigation into the rationalisation of academic hospitals. Although the J G Strijdom Hospital is not essentially an academic hospital, it commands a strong academic input. In my view this is an aspect which should, as far as possible, continue to prevail.

In terms of the Transvaal Hospitals Ordinance this hospital is still, legally speaking, an academic institution because it has been declared as such by the Administrator. Consequently there is nothing to prevent the University of the Witwatersrand from continuing to offer training at that hospital. There is also a misconception that hospitals with an academic character cannot also

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own affairs hospitals. All three of the dental and oral hospitals associated with the dental faculties of the Universities of Pretoria, Stellenbosch and the Witwatersrand respectively, have been classified as own affairs hospitals.

Furthermore, I want to emphasise that we are in a transition phase in which discrimination must be entirely eradicated. Whilst we are on the way to a new dispensation, however, the present dispensation cannot simply be thrown overboard. The group concept is an essential building-block of the present Constitution, but it need not be the only building-block of the future constitutional dispensation. However, if it becomes apparent in practice that we have taken incorrect decisions in the past, we shall have to have the courage to rectify our mistakes.

We are therefore still complying with the provision of the 1983 Constitution, and the hon member for Pietersburg need not be concerned that we shall not look after the interests of the Whites.

On the other hand, hon members of the DP need not be concerned that we shall infringe the interests of other population groups. We have, in fact, taken thorough cognisance of the provisions of section 16 of the Constitution, in terms of which the hon the State President must make his decision regarding own affairs matters in such a way that the governmental institution of one population group will not be enabled to affect the interests of any other population group. The course we are presently adopting . . . [Time expired.]

*Dr W J SNYMAN: Mr Chairman, the hon the Minister has just stated that the existing system is being investigated by the Government and the provincial authorities, and that we are presently in a transition phase. The concept of so-called own affairs is described in section 14 of the Constitution of the Republic of South Africa, Act 110 of 1983. It relates, *inter alia*, to the upholding and furtherance of the way of life, customs, culture and traditions of specific population groups. The intention was that these aspects could be managed and protected by those specific population groups, thereby creating the impression of self-determination in the sensitive areas of hospitalisation and education. We on this side of the House argued at that time that

whenever a specific people does not have full financial control, it does not have full control over that own affair. It does not have the full power of government in relation to that own affair.

For example, who controls the budgets of own affairs hospitals? We saw in the Additional Appropriation that several hundreds of millions of rands were noted as being the money of so-called own affairs hospitals. However, these are run by a general provincial authority. I submit that this is quite simply a book-entry, and nothing more. We also said that a parallel could be drawn between the constitutional course of events in South West Africa and those in South Africa. Surely that is true.

At one stage there was also talk in South West Africa of protection of the own affairs of the Whites in a constitutional model. What became of that, however? Surely it is clear to us all. The concept, or the sphere of own affairs became progressively diminished whilst general affairs became increasingly dominant, until nothing whatsoever remained of own affairs. This is going to be celebrated on 21 March with a R10 million festival!

This Government, of which the hon the Minister of Health Services, Welfare and Housing and the hon the Minister of Education and Culture are members, is moving in exactly the same direction, because they are saying that owing to humanitarian and compassionate considerations, hospitals and school buildings must be placed at the disposal of other population groups in specific circumstances. Accordingly, this hon Minister announced on 23 February that two wards, each comprising 30 beds, were to be placed at the disposal of the Coronation Hospital. The question is whether this hospital still conforms to the definition of an own affairs hospital, namely 95% or more White patients and 90% or more White nursing staff. [Time expired.] [Interjections.]

Mr M J ELLIS: Mr Chairman, the topic of this debate is as pointless as the debate itself. Both the hon the Minister and the CP know that the J G Strijdom Hospital is going to become a general affairs hospital again. It is only a matter of time before this happens.

'Critical patients only' at Tygerberg

CAPE TOWN 13/3/90 98

By CLAUDIA KING

PATIENTS still in need of care are being discharged from Tygerberg Hospital — and only those "who would die at home" are being kept on as strike action by hospital workers at 14 city hospitals enters its ninth day.

Meanwhile, Administrator Mr Kobus Meiring has cancelled engagements today to visit the worst-hit hospitals.

Yesterday a specialist at Tygerberg told the Cape Times: "Volunteers, patients and their families and nurses are sweeping and polishing while patient care is decreasing."

Staff at other strike-hit hospitals also claimed to be reaching "breaking point".

Staff members at Conradie Hospital in Pinelands said they "can't carry on much longer without collapsing".

"The emergency services are operating well but all 'cold' surgery (non-emergency) has been cancelled and dieticians are taking over kitchen duties," said one doctor.

"Adult patients are being asked to keep themselves, the wards and the bathrooms clean while exchange and administration staff are delivering meals," he said.

A spokesman for the Health Workers Union (HWU) reiterated last week's stand of not meeting retired magistrate Mr Charles van Zyl, appointed by the CPA last week to hear strikers' grievances.

The HWU insists on speaking to the Minister of Health, Dr Rina Venter, or the Commission of Administration.

A spokesman for Dr Venter's office said the minister was working on "contingency plans" in liaison with the Minister of Administration and Economic Co-ordination, Mr Wim de Villiers, and with Mr Meiring.

"At this stage no representative of the strikers has approached the minister with a formal request to meet," the spokesman said.

Dr Venter would "consider granting any requests for an interview".

The HWU is to hold a meeting tonight to decide whether to approach Dr Venter

directly.

A statement issued yesterday by Mr Meiring confirmed that the strike had spread to Vredenburg Hospital near Saldanha and to the central hospital laundry in Pinelands.

He appealed to patients to be "understanding and patient", and gave the assurance that everything possible was being done to end the "unhappy" situation.

According to the CPA, 3 183 workers are on strike. The HWU sets the figure at "around 5 500".

⊙ A mass meeting of all staff at the Red Cross War Memorial Children's Hospital yesterday decided that strike action was "fully justified".

A statement said the care of children would not be jeopardised by strike action, but a placard protest would be held in support of the strike.

⊙ Reports of 115 workers at the privately run City Park Hospital joining the strike were unconfirmed late yesterday. A placard protest was held outside the hospital earlier in the day.

Strike to go on

THE strike by non-medical workers in the Western Cape, which has now spread to 14 state hospitals, a nursing college and six day hospitals, will not end until union officials hold talks with the government.

A Health Workers Union official said yesterday that the general assistants' strike, now in its eighth day, would continue until demands to speak directly to the Ministers concerned are met.

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131/90

(2) Falls away. ~~22/3/90~~

I must add that there are bursary holders who do not take up posts in the Department. Others accept teaching posts in the Self-governing Territories without the knowledge of the Department. If such bursary holders cannot be located, debts are written off. Over the last three years an amount of R277 890 has been written off, in this manner.

Saldanha Naval Base: inquiry into incident

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Whether any inquiry has been conducted into an incident on or about 4 October 1989 at Saldanha Naval Base in which a certain seaman, particulars of whom have been furnished to the South African Defence Force for the purpose of the Minister's reply, was seriously injured; if not, why not; if so, (a) with what result and (b) what is the name of the seaman concerned?

The MINISTER OF DEFENCE:
Yes.

- (a) It has been established that although the member concerned was aware of his medical classification and the restrictions placed on his participation in physical activities, he voluntarily participated in the exercise which led to the incident.
- (b) The name supplied by the honourable member.

Teachers: registration

*27. Mr R M BURROWS asked the Minister of National Education: ~~Hanssod~~ 13/3/90

- (1) Whether any progress has been made in the registration of all teachers in South Africa; if not, why not; if so, what progress;
- (2) whether he will make a statement on the matter?

The MINISTER OF NATIONAL EDUCATION:

- (1) No: not with regard to the general affairs level. Until now the co-operation of all

the member bodies of the organized teaching profession as contemplated in section 1 of the National Policy for General Education Affairs Act, No 76 of 1984, regarding the establishment of a registration body for teachers, could not be obtained. ~~Hanssod~~ 13/3/90

(2) No.

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

J G Strijdom Hospital

Dr W J SNYMAN asked the Minister of Health Services, Welfare and Housing: * 98

Whether he intends changing the status of the J G Strijdom Hospital from that of an own affairs hospital to that of a general affairs hospital; if so, why?

~~Hanssod~~ 13/3/90 B501E.INT

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Chairman, the answer is no. Having said that, I want to point out that the existing systems in respect of the rendering of health services are being investigated anew by the Government. Our first consideration is a system in which the best possible use may be made of existing manpower and equipment in order to best serve the interests of the broader community and the medical profession. We are continually striving to maintain the present standard of service. The Transvaal Provincial Administration is presently engaged in an investigation into the rationalisation of academic hospitals. Although the J G Strijdom Hospital is not essentially an academic hospital, it commands a strong academic input. In my view this is an aspect which should, as far as possible, continue to prevail.

In terms of the Transvaal Hospitals Ordinance this hospital is still, legally speaking, an academic institution because it has been declared as such by the Administrator. Consequently there is nothing to prevent the University of the Witwatersrand from continuing to offer training at that hospital. There is also a misconception that hospitals with an academic character cannot also

be own affairs hospitals. All three of the dental and oral hospitals associated with the dental faculties of the Universities of Pretoria, Stellenbosch and the Witwatersrand respectively, have been classified as own affairs hospitals.

Furthermore, I want to emphasise that we are in a transition phase in which discrimination must be entirely eradicated. Whilst we are on the way to a new dispensation, however, the present dispensation cannot simply be thrown overboard. The group concept is an essential building-block of the present Constitution, but it need not be the only building-block of the future constitutional dispensation. However, if it becomes apparent in practice that we have taken incorrect decisions in the past, we shall have to have the courage to rectify our mistakes.

We are therefore still complying with the provision of the 1983 Constitution, and the hon member for Pietersburg need not be concerned that we shall not look after the interests of the Whites.

On the other hand, hon members of the DP need not be concerned that we shall infringe the interests of other population groups. We have, in fact, taken thorough cognisance of the provisions of section 16 of the Constitution, in terms of which the hon the State President must make his decision regarding own affairs matters in such a way that the governmental institution of one population group will not be enabled to affect the interests of any other population group. The course we are presently adopting . . . [Time expired.]

*Dr W J SNYMAN: Mr Chairman, the hon the Minister has just stated that the existing system is being investigated by the Government and the provincial authorities, and that we are presently in a transition phase. The concept of so-called own affairs is described in section 14 of the Constitution of the Republic of South Africa, Act 110 of 1983. It relates, *inter alia*, to the upholding and furtherance of the way of life, customs, culture and traditions of specific population groups. The intention was that these aspects could be managed and protected by those specific population groups, thereby creating the impression of self-determination in the sensitive areas of hospitalisation and education. We on this side of the House argued at that time that

whenever a specific people does not have full financial control, it does not have full control over that own affair. It does not have the full power of government in relation to that own affair.

For example, who controls the budgets of own affairs hospitals? We saw in the Additional Appropriation that several hundreds of millions of rands were noted as being the money of so-called own affairs hospitals. However, these are run by a general provincial authority. I submit that this is quite simply a book-entry, and nothing more. We also said that a parallel could be drawn between the constitutional course of events in South West Africa and those in South Africa. Surely that is true.

At one stage there was also talk in South West Africa of protection of the own affairs of the Whites in a constitutional model. What became of that, however? Surely it is clear to us all. The concept, or the sphere of own affairs became progressively diminished whilst general affairs became increasingly dominant, until nothing whatsoever remained of own affairs. This is going to be celebrated on 21 March with a R10 million festival!

This Government, of which the hon the Minister of Health Services, Welfare and Housing and the hon the Minister of Education and Culture are members, is moving in exactly the same direction, because they are saying that owing to humanitarian and compassionate considerations, hospitals and school buildings must be placed at the disposal of other population groups in specific circumstances. Accordingly, this hon Minister announced on 23 February that two wards, each comprising 30 beds, were to be placed at the disposal of the Coronation Hospital. The question is whether this hospital still conforms to the definition of an own affairs hospital, namely 95% or more White patients and 90% or more White nursing staff. [Time expired.] [Interjections.]

Mr M J ELLIS: Mr Chairman, the topic of this debate is as pointless as the debate itself. Both the hon the Minister and the CP know that the J G Strijdom Hospital is going to become a general affairs hospital again. It is only a matter of time before this happens.

The CP is trying to use this debate today to gain a few points by forcing the hon the Minister to admit to the inevitable, and I fear that the hon the Minister is yet again being deliberately evasive, although he knows that the J G Strijdom Hospital's days as an own affairs hospital are numbered.

In fact, the hon the Minister knows more than that. He knows that the days of own affairs health are limited, and that it is only a matter of time before we move into a new dispensation in which we have only one Ministry of Health, and all public hospitals cater equally for all people in South Africa. [Interjections.] The DP will yet again be able to say: "We told you so."

This debate on the future of one hospital as an own or general affairs hospital is little more than a political game, a point-scoring exercise to some extent on the part of the CP, but really this debate has no relevance to the new South Africa, and the NP and the CP both know that.

I do not believe, in all honesty, that the hon the Minister handling this debate really wants to say the things he is saying, because he knows that the real issue is far greater than the topic of this debate. The real issue is quite simply whether we can afford to keep a system of own affairs health politically, socially, morally and financially when it discriminates so clearly against people on the basis of colour. The answer obviously is no.

We need in this country to be moving quickly into a dispensation which no longer has an own and general affairs health system. [Time expired.]

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Chairman, once again this afternoon we have witnessed the Official Opposition's ability to set up a straw doll and to shoot it down. [Interjections.] The hon member asked whether we intended to declare this hospital an own affairs hospital. My reply to him was, no. However, he went ahead as if I had said yes. [Interjections.] Surely that is not what is at issue.

I want to repeat this, because apparently the hon member did not hear what I said. The J G Strijdom Hospital is still an own affairs institution. He said that we did not comply with the

definition. If the hon member had looked at the findings of the commission which investigated the entire matter and which made certain recommendations with which an own affairs hospital must comply, he would have seen that there were certain specific underlying factors which applied in reaching a decision. Those factors are, *inter alia*, the historical background with the accent on the present involvement of the population group, the level of integration in regard to the rendering of service and the consumer groups in respect of the health service rendered.

Viewed against this background, the fact is that the J G Strijdom Hospital is one that has been erected in a White residential area. It is a hospital with a distinct academic input. Although it renders services which are primarily aimed at the White population group, the rendering of service to other population groups is not excluded. This has always been the situation at the J G Strijdom Hospital. We have always rendered services there to population groups of other colours.

For this reason I also differ with the hon member for Durban North, who, after I had replied that we wished to make optimal use of existing facilities to the benefit of all population groups, nevertheless asserted that we were going about things in a racist manner. [Interjections.]

*Dr F H PAUW: Mr Chairman, previously we had a hospital service which worked well. According to the custom in our country, sick White people were cared for in their own hospitals by their own people. People of colour received a higher standard of service than anywhere else in Africa. Now we are saddled with a service which is at the same time both an own and a general affair. The problem is that the administration of hospital services does not lend itself to this division into own and general affairs.

The tricameral system infringed the right of Whites to govern themselves exclusively, and own affairs were advanced as a method by which they would retain authority over matters affecting the White community. That was simply for the sake of appearances. We are now saddled with an administrative monster. This monster is gobbling up our money for the sake of those appearances. At the J G Strijdom Hospital that

lie has now caught up with us. The hospital is run by the province—a mixed government body—but the funds come from the own affairs appropriation and are in turn paid over to the province for this service.

We do not want to have the wool pulled over our eyes. It is particularly in those intimate situations such as on our sick-bed and our death-bed that we wish to be among our own people in our own environment.

*Mr J H MOMBERG: When we get to Heaven, we shall all be the same. [Interjections.]

*Dr F H PAUW: I ask the hon the Minister to pause for a moment in compassion and to tell us whether it is silly or racist to ask to be among our own people and in our own environment on our sick-bed or our death-bed.

*Dr W J SNYMAN: Mr Chairman, we quite clearly heard the hon the Minister say that this was an own affairs hospital. Allow me to ask him, however, what will happen in practice to those two wards which have now been placed at the disposal of patients falling under the House of Representatives. [Interjections.] To whose budget will the costs related to patients in those two wards now be linked? Are they going to be linked to this House's budget or to that of the House of Representatives?

I submit that by definition, there will not be a single so-called own affairs hospital left, owing to the crisis management which the Government has brought about, particularly through the dwindling numbers of White nurses as a result of inadequate remuneration packages.

In addition the hon the State President announced on Red Friday that all facilities, including social facilities, had to be completely equal. This means that the Government has irrevocably committed itself to granting all citizens access to all facilities in all hospitals and all other similar institutions. [Time expired.]

*The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING: Mr Chairman, we are now discussing the J G Strijdom Hospital. The hon indirectly elected member Dr Pauw, however, took it upon himself to talk about all the hospitals. He said that the Whites had lost the exclusive right to make decisions for them—

selves at that hospital. Surely that is not true; we are still running that hospital.

Decisions regarding the J G Strijdom Hospital are taken by the department entrusted with own affairs. Why does he say that we have lost control over this? Surely that is absolute nonsense. He should get his facts straight. [Interjections.] He also mentioned the administrative problems we were experiencing due to of the fact that the provinces were running the hospitals. We say, however, that the Government is, in fact, looking into this entire system and the effective functioning of the hospitals. However, those hon members are angry about that as well.

The hon member also said that the fact that we were now rendering a service to the patients of the Coronation Hospital was an infringement of the right to decide on our own affairs. Surely that is not at all true. We still have control over our own affairs.

The hon member for Pietersburg has made repeated enquiries in the past regarding the financial management of those patients who are coming across from the Coronation Hospital. In turn, have repeatedly told him that this matter will be dealt with by the administration under which they fall. This is how the matter will also be dealt with in the future.

The fact is that the decisions that are taken regarding the J G Strijdom Hospital are still in the best interests of everyone. They are in the best interests of our own patients at that hospital as well as the other population groups. [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Privatisation of boarding establishments

*1. Mr M A TARR asked the Minister of Education and Culture: ~~13/3/90~~ 13/3/90

Whether regulations and arrangements relating to the privatisation of boarding establish-

(2) Falls away.

I must add that there are bursary holders who do not take up posts in the Department. Others accept teaching posts in the Self-governing Territories without the knowledge of the Department. If such bursary holders cannot be located, debts are written off. Over the last three years an amount of R277 890 has been written off, in this manner.

Saldanha Naval Base: inquiry into incident

*26. Mr R R HULLEY asked the Minister of Defence: *Hansford 13/3/90*

Whether any inquiry has been conducted into an incident on or about 4 October 1989 at Saldanha Naval Base in which a certain seaman, particulars of whom have been furnished to the South African Defence Force for the purpose of the Minister's reply, was seriously injured; if not, why not; if so, (a) with what result and (b) what is the name of the seaman concerned?

B443E

The MINISTER OF DEFENCE:

Yes.

- (a) It has been established that although the member concerned was aware of his medical classification and the restrictions placed on his participation in physical activities, he voluntarily participated in the exercise which led to the incident.
- (b) The name supplied by the honourable member.

Teachers: registration

*27. Mr R M BURROWS asked the Minister of National Education: *Hansford 13/3/90*

- (1) Whether any progress has been made in the registration of all teachers in South Africa; if not, why not; if so, what progress;
- (2) whether he will make a statement on the matter?
- B450E
- The MINISTER OF NATIONAL EDUCATION:
- (1) No; not with regard to the general affairs level. Until now the co-operation of all

the member bodies of the organized teaching profession as contemplated in section 1 of the National Policy for General Education Affairs Act, No 76 of 1984, regarding the establishment of a registration body for teachers, could not be obtained. *Hansford 13/3/90*

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HOUSE OF ASSEMBLY

definition. If the hon member had looked at the findings of the commission which investigated the entire matter and which made certain recommendations with which an own affairs hospital must comply, he would have seen that there were certain specific underlying factors which applied in reaching a decision. Those factors are, *inter alia*, the historical background with the accent on the present involvement of the population group, the level of integration in regard to the rendering of service and the consumer groups in respect of the health service rendered.

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In addition the hon the State President announced on Red Friday that all facilities, including social facilities, had to be completely equal. This means that the Government has irrevocably committed itself to granting all citizens access to all facilities in all hospitals and all other similar institutions. [Time expired.]

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Decisions regarding the J G Strijdom Hospital are taken by the department entrusted with own affairs. Why does he say that we have lost control over this? Surely that is absolute nonsense. He should get his facts straight. [Interjections.] He also mentioned the administrative problems we were experiencing due to of the fact that the provinces were running the hospitals. We say, however, that the Government is, in fact, looking into this entire system and the effective functioning of the hospitals. However, those hon members are angry about that as well.

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Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Privatisation of boarding establishments

*1. Mr M A TARR asked the Minister of Education and Culture: ~~1/2/3/190~~ 1/2/3/190 Whether regulations and arrangements relating to the privatisation of boarding establish-

Hospital ^{ALCS} strike ^{14/3/80} spreads to West Coast

By SHARON SOROJR ⁹⁸
Staff Reporter

HEALTH workers have vowed to continue with the hospital strike and today the Administrator of the Cape, Mr Kobus Meiring, was due to meet the government on the crisis.

The strike, in its 10th day, spread to the West Coast yesterday when Vredenburg Hospital workers joined the estimated 6 000 on strike at 15 other provincial hospitals and six day hospitals.

Health Workers' Union officials expected the Red Cross Memorial Children's Hospital to join the strike today. Staff have not gone on strike before because they deal with children.

The developments follow Mr Meiring's tour of 10 Peninsula hospitals yesterday. Afterwards he criticised the union's "continued efforts to disrupt essential services". He warned that its action was tantamount to misconduct which could lead to dismissals.

Mr Meiring said the visits were part of the administration's "sincere attempt to bring the strike to a satisfactory close".

CPA ACCUSED

It could not continue indefinitely and strikers, now victims of intimidation, had to realise they would not be paid if they didn't work.

He said: "The CPA would prefer not to take the latter action, especially as many of the workers have rendered valued service over many years."

The Cabinet is being kept informed of the situation and Mr Meiring today planned to convey the contents of the first interim report by retired Cape Town magistrate Mr Charles van Zyl, who is hearing the demands of the workers, to the responsible minister.

Although the Administrator emphasised that the administration had "gone out of its way to demonstrate its good faith", a union spokesman accused the CPA of using delaying tactics.

The union rejected Mr Van Zyl's appointment. It insisted that the Minister of Health, Dr Rina Venter, and the Minister of Public Administration, Dr Wim de Villiers, deal with them.



SAYING THANKS . . . The Administrator, Mr Kobus Meiring, thanks student nurses of Carinus College who are helping to dispense pills in Groote Schuur Hospital. They are (from left) Miss Natalie Walton, Miss R D Waterberg, Miss G Robertson, Miss L Swanepoel and Miss Michelle Orban.

Picture: GLENN SHERRATT

Troops helping at strike-hit hospital

Cape Times 14/3/90

THE army has sent in 200 troops from the First SA Cape Corps Battalion to keep the strike-hit Tygerberg Hospital laundry operating.

This was confirmed yesterday by Lt Johan van Schalkwyk, a liaison officer at the Castle, who said Hospital Services had asked the army for help.

The troops are supplementing about 600 part-time volunteers doing the work of the 719 Tygerberg strikers, according to Tygerberg Medical Superintendent Dr J G L Strauss.

"The SADF is involved in humanitarian work," Lt Van Schalkwyk said. "This essential service (the hospital laundry) was in a tight spot, so we are helping out temporarily. The troops are in uniform, it's not a covert operation."

A non-striking worker at the laundry — one of a small handful — remarked wryly that lunch hours and tea breaks were longer now that the army was there.

He added that the 120 striking laundromat workers had been replaced by a far greater number of

soldiers.

Yesterday the Administrator of the Cape, Mr Kobus Meiring, visited ten Peninsula hospitals to familiarise himself with conditions there and to express his appreciation to staff members coping with extra work loads, and to volunteers.

While in Groote Schuur, the Cape Times came across yesterday's 8am situation report, according to which 532 (or 35,7%) of the 1 489 beds have been vacated in measures to cope with the strike.

Catering

Provincial spokesman Mr Van Heerden Heunis could not confirm the figures, but he did confirm that admissions had been reduced and that non-urgent surgery cases had been sent home.

According to the situation report, wards C9, E11G, D7, G12 and E7 had been closed because of the strike. There were 1 100 workers on strike at Groote Schuur and in its region, up from 934 last week, the report said.

Services affected by the strike

included catering, laundry, central distribution and the central sterilising servicing department.

At Groote Schuur there were 126 volunteers, and 46 nurses and 162 administrative staff members had been redeployed.

The administrator was told by Professor Solly Benatar, head of Groote Schuur's department of medicine, that "most of the difficulties today were predicted 10 years ago".

More patients were being seen with the same facilities. The average duration of a hospital stay was now six days instead of 14. People had to be sicker nowadays to be admitted to hospital, Prof Benatar said.

At the Red Cross Children's and Khayelitsha Day hospitals, Mr Meiring came face to face with chanting protesters who held up placards denouncing "slave wages" of R300 or R400 a month.

Red Cross Hospital workers, who are not actually on strike although they support the strikers' demands, gave Mr Meiring the most trouble, chanting "Meiring go home".

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Hospital standards 'still high'

THE level of services at nine strike-hit hospitals was "unexpectedly high", Administrator Mr Kobus Meiring said after a tour yesterday.

Standards of hygiene at these institutions were also high. Khayelitsha Day Hospital was a worrying exception, he said, but steps had already been taken to get its cleaning service operating again.

The cabinet was being kept informed of developments, Mr Meiring said.

He was greatly encouraged by the way CPA staff and volunteers had taken on a variety of tasks usually done by striking workers.

Tygerberg Hospital had about 600 volunteers, he said.

The retired magistrate appointed to investigate the position of the workers, Mr Charles van Zyl, is to present his first interim report to Mr Meiring today.

JG to stay white - Minister

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Sowetan 14/3/90

THERE was no intention of changing the status of the JG Strijdom Hospital from that of an own affairs hospital to that of a general affairs one, the Minister of Health Services, Welfare and Housing, Mr Sam de Beer, said in Parliament yesterday.

Speaking during an interpellation debate on a question by Dr Willie Snyman (CP Pietersburg), De Beer said two wards of the JG Strijdom hospi-

tal were made available to the Coronation Hospital in the interests of all.

Snyman said a parallel could be drawn between what happened in Namibia and what was happening in South Africa. In Namibia there was also talk of protection of group rights under the Constitution but the terrain of own affairs had become smaller and that of general affairs had grown.

"This government is moving in the same direction with its opening of hospitals and schools to other population groups," Snyman said.

Mr Mike Ellis (DP Durban North) said both the Minister and the member for Pietersburg knew that the hospital would fall under general affairs again.

"The Minister is being deliberately evasive and the CP refuses to admit to

the inevitable. They both know that own affairs health is limited. This debate is only a political game and of no relevance to the new South Africa."

Dr F H Pauw (CP Nominated) said the hospital services had worked well earlier when sick whites were cared for in their own hospitals.

"The fact remains that on his deathbed, a man wants to be among his own." - Sapa.

CPA
7/21/90
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Hospital standards 'still high'

THE level of services at nine strike-hit hospitals was "unexpectedly high", Administrator Mr Kobus Meiring said after a tour yesterday.

Standards of hygiene at these institutions were also high. Khayelitsha Day Hospital was a worrying exception, he said, but steps had already been taken to get its cleaning service operating again.

The cabinet was being kept informed of developments, Mr Meiring said.

He was greatly encouraged by the way CPA staff and volunteers had taken on a variety of tasks usually done by striking workers.

Tygerberg Hospital had about 600 volunteers, he said.

The retired magistrate appointed to investigate the position of the workers, Mr Charles van Zyl, is to present his first interim report to Mr Meiring today.

rubber forces, which conducted house to
owers. house searches in areas hit by unrest.

Troops sent to help at Tygerberg Hospital

Own Correspondent

CAPE TOWN — The army has sent in 200 troops from the 1st SA Cape Corps Battalion to keep the strike-hit Tygerberg Hospital laundry operating.

This was confirmed yesterday by an SADF spokesman, Lt Johan van Schalkwyk, who said Hospital Services had asked the army for assistance.

Also yesterday, Cape Administrator Kobus Meiring visited 10 strike-hit Peninsula hospitals to familiarise himself with conditions there.

He expressed his appreciation to staff members coping with extra loads.

Tygerberg medical superintendent Dr J G L Strauss said the troops were supplementing about 600 volunteers doing the work of 719 Tygerberg strikers.

Vacated

"The SADF is involved in humanitarian work," Van Schalkwyk said. "This essential service (the hospital laundry) was in a tight spot, so we are helping out temporarily. The troops are in uniform, it's not a covert operation."

Meanwhile, Groote Schuur's 8am situation report yesterday said 532 (or 35,7%) of the 1 489 beds had been vacated in measures to cope with the strike.

Provincial spokesman Van Heerden Heunis could not confirm the figures, but said admissions had been reduced and surgery cases that were not urgent had been sent home.

According to the report, there were 1 100 workers on strike at Groote Schuur, up from 934 last week.

Meiring was told by Groote Schuur's medicine department head Solly Benatar that "most of the difficulties today were predicted 10 years ago".

More patients were being treated while the facilities remained the same. □ Another 20% of SA's nurses could leave the profession over the next few months if today's Budget did not address their grievances, the Western Province branch of the SA Nursing Association warned yesterday.

... ..

Sabotage claim in hospitals strike

By GILL TURNBULL
Staff Reporter

HOSPITALS have allegedly been sabotaged by "intimidators" as the provincial non-medical hospital strike enters its 10th day.

Professor J P van Niekerk, dean of the faculty of medicine at the University of Cape Town, said it was time the minister dispensed with procedures and brought the strike to an end by meeting the union.

"I have had reports of sabotage — toilets being blocked with debris, soup thrown down a lift shaft — and volunteers threatened that their houses will be burned.

"Neither side is giving in and the authorities are not allowed by law to meet the strikers.

"We say it's time to get beyond the law and get the thing going," Professor Van Niekerk said.

The Health Workers' Union (HWU) has accused members of the Public Service League of intimidation, scabbing and slander.

A spokesman said these were acts of those who wished to discredit the strike.

"DISCIPLINE"

"We maintain strict discipline among our members and they are barred from entering the hospitals."

Meanwhile the HWU has reiterated its determination not to call off the strike until demands for a meeting with the Minister of Health, Dr Rina Venter, are met and has rejected Administrator of the Cape Mr Kobus Meiring's request that they place their demands before retired magistrate Mr Charles van Zyl.

● Staff reporter Clive Sawyer of The Argus Tygerberg Bureau reports that police thwarted efforts by a delegation of striking Tygerberg Hospital workers to give flowers to patients.

More than 1 000 workers marched quietly across the hospital grounds and a delegation of eight with flowers was let in to the building, where they were met by a police officer.

He refused to let them see the patients and took the six bunches of flowers, promising to pass them on to patients.

Groote Schuur staff assaulted ⁹⁸ ~~15/3/90~~ claims

Staff Reporters ^{AKKus 15/3/90}
SEVERAL people telephoned The Argus today to report that nursing and administrative staff at Groote Schuur Hospital had been assaulted in incidents connected with the non-medical workers' strike.

No official comment could be obtained from either the hospital or the Cape Provincial Administration.

In terms of a ruling by the Administrator, Mr Kobus Meiring, reporters are not allowed on the hospital premises.

Four calls were made to The Argus news desk between 10am and 12.30pm. None of the callers would give their names.

They all claimed they could lose their jobs if they did so. Two of the callers claimed to be doctors.

A woman caller told The Argus that men, some with knives, had threatened and assaulted nursing staff outside the hospital when they arrived for work today.

"At one stage there was a big fight going on. All the doors to the hospital building were locked," she said.

"The girls are really frightened and some of the secretaries and other staff are going home. There is a really weird feeling here."

Striking workers slam PSL

STRIKING hospital workers have hit out at the Public Servants' League (PSL) which, they say, is trying to undermine their strike.

The Health Workers' Union (HWU) this week claimed that the PSL was urging strikers to return to work, intimidating workers into joining the PSL and slandering the HWU.

The HWU also claimed that PSL members were scabbing during the strike which has severely affected provincial hospital services in the

Western Cape.

The PSL denied the allegations. PSL secretary, Mr Bernard Wentzel, said the PSL supported the demands of the strikers but had not been consulted by HWU before the strike began.

Wentzel said the PSL did not have a mandate for strike action and had pointed out to PSL members who had joined the strike that they were taking part in a HWU action.

Meanwhile, other public sector unions are discussing possible support action

South 15/3 - 21/3/90
for the strike which began last week.

Representatives from a wide range of organisations active in the public sector met last weekend to discuss the strike which was triggered off by the announcement that public servants would get a 10 percent wage increase.

Health Workers' Union general secretary, Mr Hassan Mahamed, said 5 500 workers had downed tools at 14 state hospitals, a nursing college, a central laundry depot and six day hospitals in the Cape.

Strikers accused of 'sabotage'

98
CMT Trips 15/3/90

By CLAUDIA KING

SENIOR personnel at the University of Cape Town yesterday expressed grave concern for the welfare of patients at the city's strike-torn hospitals and urged the strikers to enter into negotiations with authorities.

said last night that "undisciplined behaviour of that sort goes against union policy" and that the matter would be thoroughly investigated.

Deputy dean Prof R P Colburn told the Cape Times that the strike was seriously affecting the well-being of the patients and said Groote Schuur was "a splattered white elephant".

When the strike first began, people waiting for the results of tests would have been regarded as emergencies but this was no longer so.

Grievances

"For instance, women waiting to hear if they have breast cancer will have to wait, subjecting them to incredible mental strain."

At a meeting of the board of the faculty of medicine on Tuesday night, it was decided that although the board acknowledged the validity of the strikers' grievances there was an urgent need for both

parties to meet to implement acceptable solutions.

Medical students took part in a lunch-time demonstration in support of the striking workers yesterday.

Under the auspices of the Medical Faculty Students' Council, about 100 placard-bearing students marched from the medical school to De Waal Drive where they were joined by several hundred of the striking workers.

The demonstration marked a decision by the students to help render emergency services in the hospital "while still fully supporting the workers' demands".

The Health Workers' Union confirmed yesterday that they had sent an urgent letter to Administrator Mr Kobus Meiring, Minister of Health and Population Development Dr Rina Venter and Minister of Administration and Economic Co-ordination Dr Wim de Villiers asking that

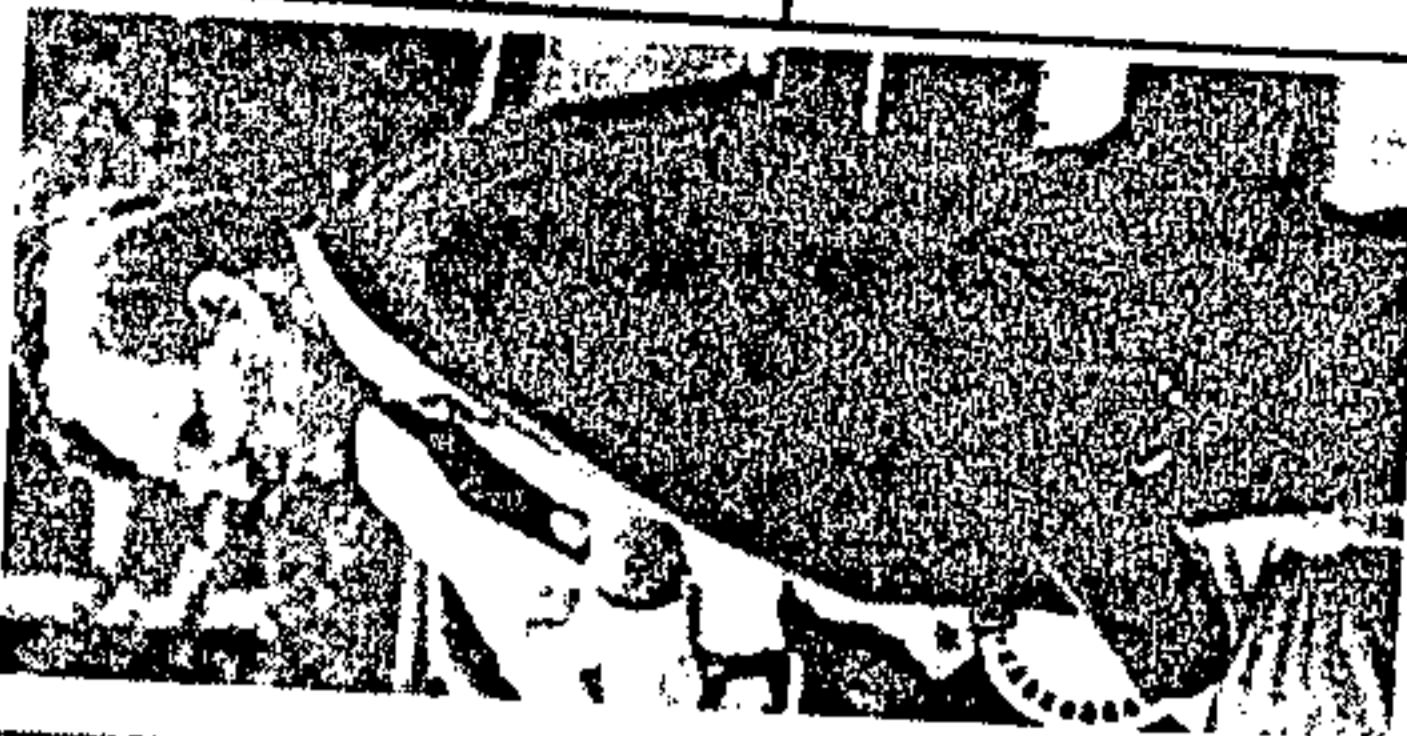


SUPPORT FOR STRIKERS ... UCT medical students yesterday staged a demonstration in support of the striking hospital workers, but said they would be helping with emergency services at Groote Schuur.

FIGURES: STEWART CULMAN

they negotiate with the union. "It is in the state's hands to end the strike yet their delaying tactics are making the workers impatient and militant," a spokesman for the union said. The workers have repeatedly refused to meet Mr Charles van Zyl, appointed by the province to hear grievances, saying that previous "messengers" had failed to convey their problems to the correct authorities and vowed to continue the strike until the relevant ministers came forward.

According to the administrator's office, the first interim report on representations made to Mr Van Zyl was received by Mr Meiring yesterday



The dean of the faculty of medicine, Professor J.P. van Niekerk,

afternoon and in turn submitted to Mr Wim de Villiers.

To date, more than 5 500 workers in at least 14 provincial hospitals have joined the strike, which began 10 days ago.

Hospitals strike turns ugly



Striking workers on the steps of Grootte Schuur Hospital.

By GILL TURNBULL

Staff Reporter
AS the hospital strike reached crisis levels today, urgent appeals have been made to the Minister of Health Dr Rina Venter to meet aggrieved hospital workers.

Amid reports of increasing intimidation and violence against nursing staff, and vandalism to hospital property, Dr Venter flew to Pretoria. A spokesman said she would not return to her office until Monday.

The Democratic Party has called on Dr Venter to return to Cape Town immediately to deal with the crisis.

Repeated efforts by The Argus over the past 10 days to contact Dr Venter have been unsuccessful.

Hundreds of workers who have been on strike for 10 days demanding more pay and improved working conditions, were today streaming to the Nico Malan Hall where they have held regular meetings since the strike started.

Physical threats

Meanwhile, the Administrator of the Cape, Mr Kobus Meiring, said yesterday: "Major intimidation is occurring at all the strike hospitals".

"Intimidation varies from unauthorised occupation of critical service points and turning over of bins to deliberate blocking of ablution facilities.

"Those who are determined to continue working and refuse to take part in the strike are being subjected to physical threats."

Mr Meiring said that at Grootte Schuur Hospital patient care was down to 30 percent of normal. Heart and kidney transplants had been cancelled "for the time being".

He appealed to strikers to return without delay "if they have the welfare of patients at heart".

invicted of embezzling and bribery, tutor said. — Sapa-AP.

Andinistas assure new p

RASILIA. — Defeated Nicaraguan Daniel Ortega said his successor, Fco Mello, need not fear a military the Sandinista army is at the service and not the party." — Sapa-AP.

5 killed as buses collide

ARACHI. — At least 35 people were injured when two buses collided in southern province of Sind. — Sapa-AP

Oil spill case: Skipper not

NCHORAGE. — Joseph Hazelwood rested without calling the Exxon Valdez stand to give his own description of the oil spill that ended in Alaska's Valdez. — Sapa-AP.

Haitian army denies itself

PORT-AU-PRINCE. — The army has taken part in Haiti's provisional elections, a political leader said. — Sapa-AP.

Fire at Libyan chemical

UNIS. — A mysterious fire damaged a chemical plant in Libya. It was reported that the fire hit hospitals were on the point of breakdown, said DP spokesman on medical matters, Mr Mike Ellis, after he and MP for Grootte Schuur, Mrs Dene Smuts, contacted hospitals and authorities yesterday.

"The situation is extremely dangerous to the community and we call on the minister to return to Cape Town to meet union officials to end the strike."

"We support their grievances, but essential services must be kept running," Mr Ellis said.

Nurses were injured and hospital property was damaged at Grootte Schuur Hospital during a demonstration against scabs, yesterday.

Nurses and doctors have told The Argus they fear for their personal safety.

A nurse reported to work with a black eye after being punched at the gates of Grootte Schuur Hospital yesterday.

An angry Plumstead father (Turn to page 3, col 1)

...meat, boiled plantain and coated yam.

Chissano 'ready to negotiate' with Renamo

AKLHJ
16/3/90

The Argus Foreign Service 98
WASHINGTON. — The Mozambique government is ready to start negotiating with the rebel Renamo group immediately to bring about peace and national reconciliation, says President Joaquim Chissano.

He told a media conference in Washington yesterday that his government had accepted a seven-point framework for negotiations, as had Renamo.

"All that stands in the way of negotiations now is an answer from Renamo, and the Namibian independence celebrations (next week), which we must attend," he said.

Mr Chissano, in the US on an official visit, said he had told President Bush of his government's decision to begin negotiations. President Bush had been delighted and urged that the talks get under way as soon as possible, he said.

He said Renamo had been reluctant to accept one of the seven points, but had apparently now changed its position.

He said that once South Africa abolished apartheid it would be invited to join SADECC, the Southern African Development Co-ordinating Committee, founded by the frontline states to decrease their dependence on South Africa.



OPERATION OFF . . . Ms Minnie Moos whose operation was cancelled because of the strike at Grootte Schuur Hospital. The flowers were sent by family and friends.

Picture: OBED ZILWA

Cancer op woman is told to go home

CAT Times 16/3/90

Medical Reporter

A WOMAN who was admitted to Grootte Schuur Hospital for major cancer surgery has had to be sent home without being operated on because of the hospital workers' strike.

Ms Minnie Moos, a retired nursing sister from Heideveld, is a diabetic who has cancer of the colon. Yesterday she was fully prepared for

surgery when her specialist told her the operation — a colostomy — was to be postponed until the strike was over.

"If performed now my operation would be relatively easy, but I've been told that my colon could be totally obstructed in 10 days' time — which would necessitate emergency surgery," said a distraught Ms Moos from her home yesterday afternoon.

Violence hits

Groote Schuur

CAF Tips 16/3/90 98

Hospital strikers go on rampage

STRIKERS went on the rampage through Groote Schuur Hospital yesterday, threatening and assaulting working staff and damaging property.

A spokesman for the Health Workers' Union yesterday confirmed that "intimidation and certain incidents involving strikers" had occurred and that the hospital authorities had threatened to call in the police.

Strikers forced a door leading to the maternity block in an attempt to reach workers ignoring the strike call, and a worker was stabbed in the out-patients unit. Five obstetric and maternity units on the Cape Flats which deal with a vast amount of deliveries were closed because of fears for the safety of the staff.

As the strike entered the 11th day the CPA announced that the hospital could only handle 30% of its normal load, while all heart and kidney transplants have been stopped until the situation returns to normal.



OPERATION OFF . . . Ms Minnie Moos whose operation was cancelled because of the strike at Groote Schuur Hospital. The flowers were sent by family and friends.

Cancer op woman

CAF Tips 16/3/90

By CLAUDIA KING

Workers at the Red Cross Children's Hospital who have previously rejected strike action entered the fray.

Both the union and the Cape Provincial Administration reiterated their desire to end the strike yet no negotiation between the two bodies has been entered into as strikers hold out for an audience with the Minister of Health, Dr Rina Venter.

A spokesman for the union said: "We view this sort of undisciplined behaviour which is definitely not part of the union's policy in a serious light."

He said union officials met the superintendent, Dr Jocelyn Kane-Berman, late yesterday to discuss the situation.

He said a letter requesting an interview with the Minister of Health had been delivered to her Cape Town office on Wednesday and that the union so far had no response from her.

An administrative worker at the hospital said strikers had stabbed a worker in the out-patients unit and had "beaten up" several others while threatening to stone cars in the parking lot.

He confirmed that the doors to the maternity block at Groote Schuur had been

broken open by strikers.

Dean of the UCT Medical School Professor J P van Niekerk said he was worried the situation could get worse.

"The situation has become untenable. Nursing sisters have to do everything including transporting patients," he said.

A specialist at the Red Cross Children's Hospital where workers have been striking since Wednesday said that although the care of the children had not yet been severely affected the situation would change if the strike did not end soon.

"Next week the outpatient and specialist clinics will close and we will have to turn patients away," he said.

Workers, however, were involved in a "conflict of conscience" and did not want to jeopardise the care of the patients.

The Administrator of the Cape, Mr Kobus Meiring, last night made a renewed appeal to strikers to return to work and guaranteed to ensure the safety of CPA employees.

"We will do everything in our power including the possibility of taking emergency measures if necessary," he said.

The CPA remained committed to entering into reasonable negotiations with all the parties concerned.

● Pay rise for lowest-paid workers — Page 3

CLINIC HOLDINGS FIM 16/3/90

Capex benefits? 98

Activities: Operates private hospitals.
Control: Directors have 70%.
Chairman: B Hurwitz; MD: J L Hurwitz.
Capital structure: 99m ords of 1c. Market capitalisation: R15,8m.
Share market: Price: 160c. Yields: 6,3% on dividend; 12,6% on earnings; PE ratio, 7,9; cover, 2. 12-month high, 190c; low, 130c. Trading volume last quarter, 395 000 shares.

Year to Sep 30	†'87	'88	'89
LT debt (Rm)	—	—	22
Debt:equity ratio	—	—	0,34
Shareholders' interest	—	0,45	0,35
Return on cap (%)	—	38,8	26,3
Turnover (index)	100	134	168
Pre-int profit (Rm)	24,7	36,1	39,4
Taxed profit (Rm)	12,0	21,3	20,0
Earnings (c)	—	21,5	20,2
Dividends (c)	—	9	10
Net worth (c)	30,5	42,4	52,6

† pro forma

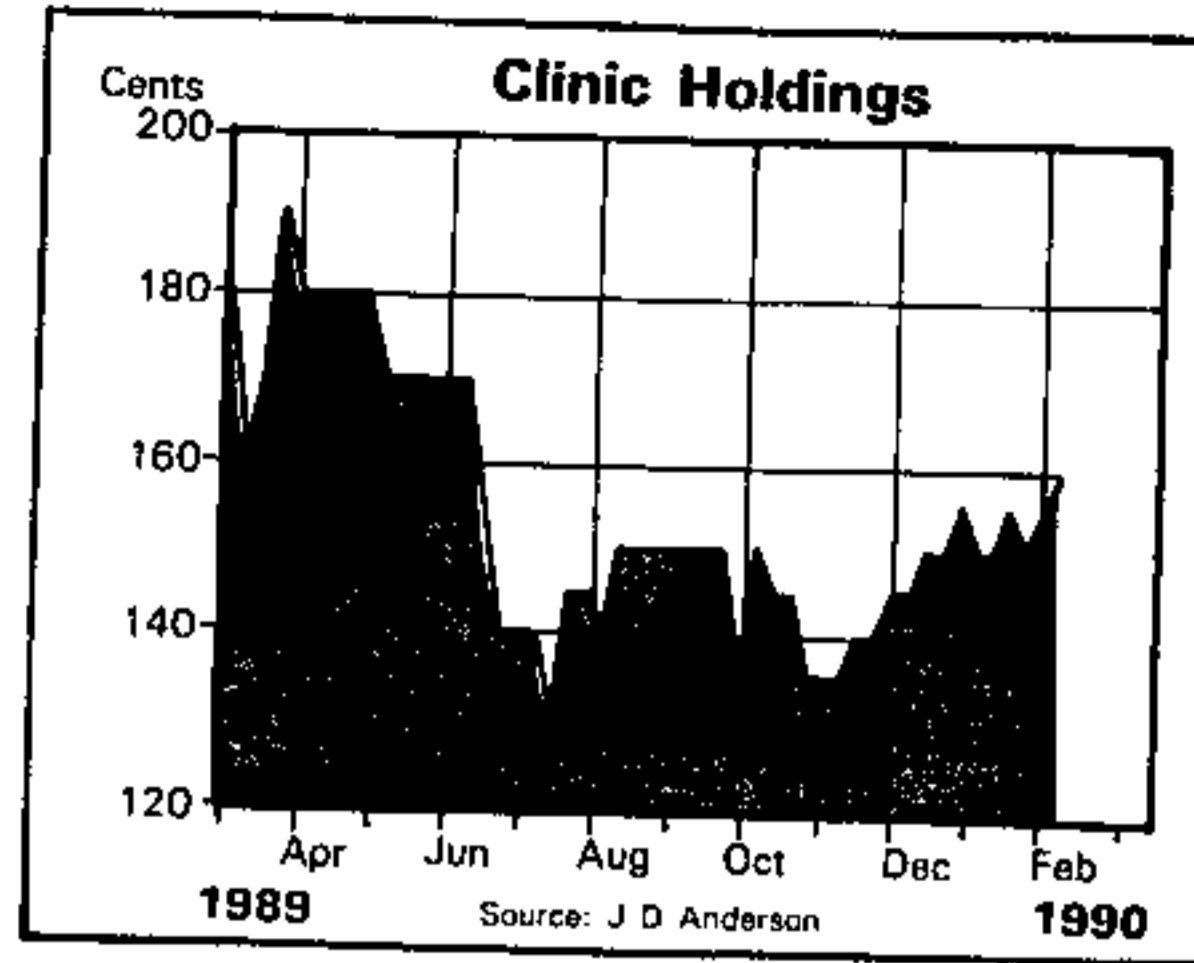
Earnings growth of Clinic Holdings was held back last year. Completion of some parts of its expansion programme were delayed while some existing facilities could not be used. This, with higher pay and modest increases in tariffs, caused margins to fall; though the turnover index rose 25%, pre-interest earnings were only 9% higher.

The group's landlord, Clinic Property Holdings (CPH), in which Clinic has no share, is completing a R250m capex programme on the properties leased by Clinic. Clinic's own capex, mainly on medical equipment, was R18,2m and R20,6m in the 1988 and 1989 years. It will be substantial again this year but the additional accommodation and facilities resulting from completion of most of the landlord's extensions should result in improved earnings. MD Jeff Hurwitz says Clinic will complete the consolidation phase it began last year, after listing in 1987.

Financial director Stan Berger says Clinic's capex has all been paid out of cash flow. The R22m loan raised late in the year — repayable by 2002 — was for another purpose which he does not specify. The loan brought gearing on to the balance sheet and net interest will be paid rather than earned this year.

EPS fell by 6% last year on a higher tax rate of 50%. The rate was 42% in the 1988 year, due to assessed losses. Hurwitz says Clinic can do little to alleviate the tax rate.

He adds the private hospitals market is well supplied. Other major players in the sector are Afrox, Rembrandt's Mediclinic and Presmed. Though development costs,



and barriers to entry, are now higher, future supply also depends on how many licences government will issue for new private hospitals.

Most private hospital operators, including Clinic, contracted out of payment by medical aid societies in early 1989. Payment is now taking longer, resulting in less interest earned on Clinic's cash resources, but Hurwitz says bad debt has not increased. The balance sheet item "debtors and prepayments" increased 125% to R80,5m (R35,7m), but Berger says debtors rose by only 65%. The higher increase in prepayments must, therefore, relate to the R22m loan.

Though competition remains strong between private hospitals, Hurwitz is optimistic that the major companies which have made their investments will soon begin showing better earnings growth. Much will still depend on cost control. A large increase in nurses' pay could hit private hospitals; emoluments to staff took up 64% of Clinic's value-added last year.

Chairman Barney Hurwitz expects that earnings will keep pace with inflation this year. But benefits from expansions to premises and Clinic's capex should be reflected in "satisfactory" increases in profits from the next financial year.

There seems no reason to disagree, so for investors with that horizon, the share appears to have recovery possibilities.

Teigue Payne

Transfer of hospitals and resorts ups 'white' budget

CAPE TOWN — Government's decision to treat provincial hospitals and resorts as an own affair was a major factor contributing to a 23% hike in a R8,1bn budget tabled by Assembly Budget Minister Amie Venter yesterday.

Venter said in his budget speech that the chief reasons for the increase, which exceeds the inflation rate by about eight percentage points, was the transfer of provincial hospitals and resorts to his department, the provision of funds for employer's contributions to pension funds and the Civil Pensions Stabilisation Account, the improvement of conditions of service, an increase in social pensions and the carry through costs of salary increases.

Together these factors resulted in increases of R1,4bn.

The individual increases were:

- Transfer of resorts — R9,4m;

MIKE ROBERTSON

- Transfer of hospitals — R243m;
- Employers contributions to pension funds and the stabilisation account — R491m;
- Improvement in service conditions — R242m;
- Improvements in social pensions — R58m; and
- Carry through costs of salary improvements — R339m;

Education

The largest allocations in the Budget went to education and culture (R5,3bn), welfare (R1bn), agricultural development (R665 615m), health services (R432 545m), local government, housing and works (R331 531) and improvement of conditions of service (R250 668).

Spending on education and culture was up by R931m, or 21%.

This increase was due to improvements to conditions of service (R339m), employers contributions to pension funds (R443m) and an escalation of continuation costs (R149m).

The welfare vote was up by R69m and health services jumped 166% due to the provincial hospitals transfer.

□ House of Delegates Budget and Auxillary Services Minister Raman Bhana yesterday presented a budget of R1,2bn for the 1990/91 financial year — up by 21,3%, Sapa reports.

□ House of Representatives Budget Minister Miley Richards presented a R3,4bn budget yesterday.

The coloured community had a historical backlog in all spheres in which State services were rendered, he said.

But, he said, they would follow suit if the "economic ship went down" and thus the inability to address backlogs would have to be accepted for now.

Pension rises

WM 1613-22/3/90

RONALD MBANA is 33 years old. He has a wife, an eight-year-old child and supports his elderly parents.

He works as a cleaner in the public lavatories at Cape Town's Groote Schuur Hospital, where he has been employed for three years.

His take-home pay is R400 a month. Most of it — R287, to be exact — goes on a loan repayment for the home he bought in Khayelitsha.

There is little left for food, the education of his child and other expenses, despite the contribution of his wife's wages as a domestic worker.

"When you get paid, the first thing you have to do is get a loan. So you end up living on loans and getting threatening phone calls from where you bought your clothes, your furniture," Mbana told the *Weekly Mail*.

"How you survive is to pay one this month and hope the other will wait to get paid the next month. But there is never enough money."

For Mbana, to strike was the only opportunity he saw of getting an improvement to his salary and working conditions.

"I could see the only way out was collective action. Everyone had the same problem, but the way things were structured meant each person had to approach with their problems individually. It was frustrating, you didn't get anywhere," he said.

Mbana is one of about 6 000 non-professional hospital workers whose strike in support of better working conditions and more pay has plunged some 25 Cape provincial hospitals, day hospitals and related service institutions into a crisis.

Wards have been closed and moratoriums placed on non-emergency surgery. Hundreds of volunteers and off-duty staff have been called in to fill for striking workers, most of whom are cleaners, porters, domestic workers, catering staff and clerks, and for whom the minimum monthly starting wage is R260 and the average monthly salary between R300 and R400.

Some hospitals are faring better than others, as Cape Administrator Kobus Meiring discovered this week:

Behind the strike that plunged 25 hospitals into chaos

GAYE DAVIS reports on the hospital workers who went on strike

at the Khayelitsha Day Hospital, one of 10 hospitals he visited, he found blood-smeared floors, walls and overflowing refuse baskets. Fears of retribution were given as the reason for volunteers failing to come forward, and the refusal of nursing staff to step into the breach.

Represented by the Health Workers' Union, a non-aligned union which has organised workers at Cape hospitals and health centres since 1985, but is not yet recognised, the workers are holding out for face-to-face talks between their union and Minister of Health Dr Rina Venter and Minister of Public Administration Wim de Villiers.

They have rejected presenting their grievances to retired Chief Magistrate Charles van Zyl, appointed last week by the Cape Provincial Administration in a bid to defuse the crisis, saying they were weary of dealing with "messengers" when the government was already aware of their demands.

The workers want a "living wage" of R1 500 a month, six months' paid maternity leave, a 40-hour week, recognition of their union and permanent status.

According to union officials, most of the workers are classified temporary staff, meaning they face dismissal

sal on 24-hours notice and reduced pension benefits, although many boast long service records.

The demands are almost identical to those listed in November 1988 when workers at three large Cape hospitals downed tools for a day, resuming work on being promised an investigation into their grievances.

"Nothing ever came of the investigation," a union official said.

He said union membership before the strike started was around 4 000. He claimed that since the strike, it had soared as workers threw their weight behind the strike. This week the strike spread to the Vredenburg Hospital on the Cape West Coast and workers at a central laundry depot serving hospitals also stopped work.

That the workers have a case is underscored by Groote Schuur Hospital medical superintendent Dr Jocelyn Kane-Berman's comment that the minimum wage was "completely inadequate". She felt workers' other demands were justified, and that they had been "very patient".

Medical students at Groote Schuur have also demonstrated in support of the workers' demands.

But as the strike drags on and hospital services face collapse, claims and counter-claims of intimidation are mounting.

The dean of the University of Cape Town's faculty of medicine, Professor JP van Niekerk, this week accused workers of failing to honour their side of an agreement to maintain emergency services and claimed they were intimidating workers who wanted to return to work.

Workers in turn accused hospital authorities of encouraging scab labour by paying higher-than-usual wages and taking advantage of the workers' agreement to continue emergency services.

"We don't want our concession abused," said one. "We give them people and then find they are used for cleaning."

The situation reflects the overall crisis in South Africa's under-funded health services and the fiscal implications of having 14 separate health departments.

Disillusioned nurses, many highly trained, are leaving the profession. Specialist units and wards have been closed because they cannot be adequately staffed.

Despite threats that their failure to return to work could result in dismissal and the loss of a month's wages, the workers are committed to continue for as long as they can.

Said Mbana: "To resolve the issue they (the government) must meet some of the demands."

"The strike will go on until the government decides to talk in language which the workers respect," he said.

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Southern Africa Labour & Development Research Unit

see in the 1790s... keeping services imping along.

Who must suffer and how much?

SOCIETY finds itself challenged by the demands and actions of hospital and health workers. What are the issues and what are the effects? Can they be resolved and if so, how?

By Professor J P Van NIEKERK, president of the Cape Western branch of the Medical Association of South Africa and dean of the faculty of medicine at the University of Cape Town.

is a potential danger of exploitation, which indeed is claimed by the workers. It is for this reason that their demands include inter alia "permanent status for general assistants" and "recognition of the Health Workers Union".

Thirdly, the workers perceive that previous demands have gone unheeded and argue that they therefore have been driven unwillingly into strike action.

One of the objectives of all strikes is to hurt and this one is no exception. How else, they reason, will society appreciate their predicament when previously it appeared immune to their pleas?

Herein lies the danger to the health care services which are fragile and readily susceptible to disruption. How much suffering must there be and who must suffer before sufficient

as the midwife obstetric units, the inability to treat children dying from dehydration as a result of diarrhoea and the inability to deal with many serious medical and surgical emergencies, affects the very 80 percent of the population who cannot pay for alternate health care services in the private sector.

Doctors' dilemma

The dilemma facing health care professionals such as nurses and doctors is the tight-rope which they have to walk between supporting genuine grievances of workers and actions which harm their patients.

In this their duty is clear. The Declaration of Geneva, which is the modern equivalent of the Hippocratic Oath and which doctors subscribe to upon graduating, states unambiguously "the health of my patient will be my first consideration".

When police action hampered the activities of doctors and students in rendering assistance to those in need during the political disturbances last

year, the medical profession protested vigorously and successfully.

When presently denied access by mob intervention, the profession again unequivocally states its opposition to such action as reflected in the statement from the Board of the Faculty of Medicine of the University of Cape Town which "condemns all forms of intimidation and attempts to hamper those who are committed to caring for patients".

Public sympathy

Should conditions deteriorate further, it seems likely the effects of worker frustration will lose public sympathy and that the ability of the authorities to respond will be further limited.

Good health care services are vital to the people and an important asset of our country. Every effort should be made to preserve and to improve them. Their destruction is unthinkable. Negotiating parties therefore should urgently meet in order to implement acceptable solutions for the good of our patients and the people of our country.

Exploitation

Secondly, the health workers are perhaps the most vulnerable in the hospital services. Through chance or lack of opportunity they find themselves in posts where the tasks may be important but the skills are usually readily acquired by new, inexperienced personnel. In such circumstances there

The closure of services such

UCT registrars' threat to quit

W/L ARGUS 17/3/90 98
Weekend Argus Reporter 168

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In an editorial, Professor S Benatar, Head of the Department of Medicine at Groote Schuur Hospital, discusses the results of a recent survey on service conditions and teaching programmes for registrars in training at the university's training hospitals.

"There was widespread dissatisfaction. This is disquietening news indeed, in one of the most prominent teaching hospitals in the country.

"A major problem was with working hours. The average working week being 66 hours and the average day 9,8 hours.

"To put this in more practical terms, the average registrar might have worked on patient care from about 7.30 am to 5.30 pm every weekday, had a continuous night of 14 hours on emergency call when he had 3,6 hours sleep, and visited the hospital twice for 1½ hours over the weekend. He would have spent a further 18 hours on call from home. He frequently performed a full day's work after a night on call."

Hospitals 'critical' as over 2 500 strike

W/G ARGUS 17/3/90
By JANIS FRASER
Weekend Argus Reporter

98

THE Cape's provincial hospitals are in a critical state today as the militant 16-day health workers' strike tightens its hold.

At Groote Schuur Hospital:

- More than half the 1 489 beds were empty early today;
- Kitchens were closed last night for the first time and supper and breakfast were being served together;
- Seven midwife obstetric units run by the hospital in black and coloured areas were closed for the first time in their history;
- A source within the hospital said there was a question mark hanging over the hospital's maternity wards and intimated they might be closed in line with the closure of maternity wards in Peninsula day hospitals; and
- Heart and kidney transplants have been suspended and operations on tumour patients are being rescheduled.

Twenty-five hospitals are affected by the strike, with 1 500 workers out at Groote Schuur Hospital, 650 at Tygerberg, 270 at Somerset and 230 at Conradie, according to a provincial administration spokesman.

The strike is continuing despite a meeting yesterday between representatives of the provincial administration, the office of the Commission for Administration and the Health Workers' Union (HWU).

At the six-hour meeting it was agreed they would meet again on Monday, according to the Administrator of the Cape, Mr Kobus Meiring.

Volunteers

In a new move of solidarity yesterday, members of the Transport and General Workers Union (TGWU) pledged support after a meeting at the University of Cape Town.

At Tygerberg Hospital 200 troops from the First Cape Corps Battalion and volunteers, most of them from Ned Geref Kerk womens' organisations, are doing the washing, preparing food and helping in the wards. At Groote Schuur, volunteers and nurses are helping the few non-strikers to keep services limping along.

There have been reports of intimidation and violence from several hospitals. Strike leaders pledged yesterday to check the aggression after a mob of strikers smashed kitchen doors to reach and assault non-strikers.

The strikers are calling for a R1 500 minimum wage, maternity leave, permanent status for all workers, a 40-hour week, recognition of the Health Workers' Union and an end to privatisation.

They say the lowest grade of general assistant earns only R267 a month. Some workers, who have been in temporary posts for more than 20 years but have no prospect of a pension, earn about R400 a month.

Medical superintendent Dr Robin Pelteret said 404-3178 was being answered between 7am and 10am each day to take details of volunteers.

■ See page 4.

NEW Bid to End Strikers to

CAN
T/S 17/3/90

More talks to break hospital deadlock

By ANTHONY JOHNSON
Political Correspondent

A NEW bid to end the Peninsula hospital strike will be made on Monday.

Yesterday the strikers and government officials met for six hours of "highly sensitive" negotiations. Another meeting will be held on Monday.

In a statement after yesterday's meeting, a spokesman for the Administrator, Mr Kobus Meiring, said representatives of Mr Meiring, officials representing the Minister for Public Administration, Dr Wim de Villiers, and the Health Workers' Union had met to discuss "issues of mutual concern".

"A decision has not been reached yet. A further meeting is planned for Monday when all parties involved will continue to seek a solution to the present conflict."

During the meeting a source close to the talks told the Cape Times that there was a "serious effort to get the ball rolling to end the crisis", and that "negotiations were delicately balanced".

Government sources were confident that the ongoing stand-off would be resolved, the source said.

In further developments yesterday:

© The South African Nursing Association (Sana) made an urgent appeal to authorities to resolve the strike.

Political Staff

THE first direct talks between government and ANC delegations are to take place in Cape Town on April 11 — and the ANC will be free to include anyone it likes in its delegation.

The meeting was announced simultaneously yesterday in a statement by State President Mr F W de Klerk in Cape Town and at the ANC's exile headquarters in Lusaka, Sapa-Reuter reported.

ANC secretary-general Mr Alfred Nzo said he would head the movement's delegation. He did not name the other members.

At a press conference held after his statement was released, Mr De Klerk was asked whether the ANC would be free to include anyone in its delegation.

He replied: "We are not prescribing to other organisations how their delegations must be compiled and constituted."

This means that the ANC will be able to include people like the general secretary of the South African Communist Party, Mr Joe Slovo, who is also a member of the ANC's national executive, and Mr Chris Hani, the commander of the ANC's armed wing, Umkhonto we Sizwe. Mr De Klerk made it clear that the ANC

Date set for FW to meet the ANC

CAN T/S 17/3/90

he had seen various lists of what could be discussed at the meeting, and while he agreed some of items should be discussed, others should be the subject of negotiations.

For instance, it was reasonable that the question of people living outside South

He also reiterated that the test for the lifting of the state of emergency would be the security situation in the country and was not a matter for negotiation. "It is not a card we are keeping up our sleeves to play in the negotiating process."

He hoped that government actions and the influence of the total leadership in South Africa, including the ANC, would make it possible to end the state of emergency. The state of emergency was not aimed at any organisation and was the same for the National Party, the ANC and any other organisation.

Mr De Klerk added that he hoped that these initiatives would make it possible to achieve a practical solution.

Mr Mandela, 71-year-old ANC deputy president, told Swedish radio in Stockholm, where he has been visiting ailing ANC president Mr Oliver Tambo, that future negotiations would depend on the outcome of the initial talks.

"Our strategy is going to be that the very first meeting between the ANC and the government must produce a result if we are going to continue talking," he said. Yesterday's announcement quelled fears

EMC

More talks

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● The South African Nursing Association (Sana) made an urgent appeal to authorities to resolve the strike.

Sana said it was "deeply concerned about the deteriorating circumstances under which nursing personnel were having to function" and the "stress being placed on nurses by the additional workload".

● Members of the Transport and General Workers' Union (TGWU) threw in their lot with the strikers after a meeting at UCT.

Banners

Workers of both unions marched from UCT to Groote Schuur to continue a picket of the hospital. Traffic along the N2 freeway was stopped as union members displayed banners and called out slogans to motorists.

A government source said one option that was being considered by authorities was to fire the strikers without pay and bar them from re-employment at hospitals.

The Conservative Party yesterday demanded this step while the Democratic Party and the Health Workers' Union urged the Minister of Health, Dr Rina Venter, to intervene.

However, Dr Venter has declined to take a direct hand in the crisis and was in Pretoria yesterday. A spokesman for Dr Venter said a meeting would be held soon between Dr Venter and the Public Servants' League.

The League, with nearly 47 000 members, yesterday threatened a nationwide strike at government institutions if its demand for a meeting with President F W de Klerk and other ministers on the hospital strike were not met by the end of next week.

A source said the government saw the strike at Cape Town hospitals as a Cape issue which provincial authorities must solve.

However, the DP health spokesman, Mr Mike Ellis, said it was essential that Dr Venter met strike leaders "to discuss very real grievances" and prevent the "possible collapse of a number of hospitals and our health services in general".

The MP for Groote Schuur, Ms Dene Smuts, appealed to all parties involved in the dispute to meet urgently to resolve their differences.



Former nursing home matron Mrs Anne Parrott, 80, left, helps fellow volunteer Mr Jean Carl- sen in the Tygerberg Hospital kitchen. Volunteers are keeping services limping along.

Who must suffer and how much?

W/E 17/3/90 98

SOCIETY finds itself challenged by the demands and actions of hospital and health workers. What are the issues and what are the effects? Can they be resolved and if so, how?

These are some of the questions which arise out of the current chaos of the health care services in the Cape.

Firstly, it is important to recognise that hospital management and the health care professionals acknowledge the legitimacy of many of the grievances of the workers.

In particular there is support for the claim that the low wages are insufficient reward for the work done and in many instances cannot sustain even a bare existence.

Exploitation

Secondly, the health workers are perhaps the most vulnerable in the hospital services. Through chance or lack of opportunity they find themselves in posts where the tasks may be important but the skills are usually readily acquired by new, inexperienced personnel.

In such circumstances there

By Professor J P Van NIEKERK, president of the Cape Western branch of the Medical Association of South Africa and dean of the faculty of medicine at the University of Cape Town.

is a potential danger of exploitation, which indeed is claimed by the workers. It is for this reason that their demands include inter alia "permanent status for general assistants" and "recognition of the Health Workers Union".

Thirdly, the workers perceive that previous demands have gone unheeded and argue that they therefore have been driven unwillingly into strike action.

One of the objectives of all strikes is to hurt and this one is no exception. How else, they reason, will society appreciate their predicament when previously it appeared immune to their pleas?

Herein lies the danger to the health care services which are fragile and readily susceptible to disruption. How much suffering must there be and who must suffer before sufficient

notice is taken?

The leaders of the workers initially stated their intentions of simply withdrawing the services of their constituents, except for the provision of emergency services. But again, who is to determine what constitutes a true emergency and what about the essential services such as provision of food, the packing and sterilisation of operating theatre materials?

Poor worst affected

When it became apparent that services could continue to an extent without the workers, it appears that many, with and without external assistance, started taking matters into their own hands.

Intimidation and physical violence resulted in many services being closed. Herein lies perhaps the greatest tragedy of all.

The closure of services such

as the midwife obstetric units, the inability to treat children dying from dehydration as a result of diarrhoea and the inability to deal with many serious medical and surgical emergencies, affects the very 80 percent of the population who cannot pay for alternate health care services in the private sector.

Doctors' dilemma

The dilemma facing health care professionals such as nurses and doctors is the tight-rope which they have to walk between supporting genuine grievances of workers and actions which harm their patients.

In this their duty is clear. The Declaration of Geneva, which is the modern equivalent of the Hippocratic Oath and which doctors subscribe to upon graduating, states unambiguously "the health of my patient will be my first consideration".

When police action hampered the activities of doctors and students in rendering assistance to those in need during the political disturbances last

year, the medical profession protested vigorously and successfully.

When presently denied access by mob intervention, the profession again unequivocally states its opposition to such action as reflected in the statement from the Board of the Faculty of Medicine of the University of Cape Town which "condemns all forms of intimidation and attempts to hamper those who are committed to caring for patients".

Public sympathy

Should conditions deteriorate further, it seems likely the effects of worker frustration will lose public sympathy and that the ability of the authorities to respond will be further limited.

Good health care services are vital to the people and an important asset of our country. Every effort should be made to preserve and to improve them. Their destruction is unthinkable. Negotiating parties therefore should urgently meet in order to implement acceptable solutions for the good of our patients and the people of our country.

UCT registrars' threat to quit

W/L ARGUS 17/3/90 54 98
Weekend Argus Reporter 180

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"There was widespread dissatisfaction. This is disquieting news indeed, in one of the most prominent teaching hospitals in the country.

"A major problem was with working hours. The average working week being 66 hours and the average day 9,8 hours.

"To put this in more practical terms, the average registrar might have worked on patient care from about 7.30 am to 5.30 pm every weekday, had a continuous night of 14 hours on emergency call when he had 3,6 hours sleep, and visited the hospital twice for 1½ hours over the weekend. He would have spent a further 18 hours on call from home. He frequently performed a full day's work after a night on call."



STRIKERS ... Members of the Health Workers Union during a placard demonstration at UCT yesterday.

Nurses assured of pay adjustment

PRETORIA. — Nurses could be assured they would receive an adjustment over and above the 10% granted to civil servants, the SA Nursing Association (Sana) said yesterday.

Sana was responding to queries by members of the nursing profession as to why nurses were not specifically mentioned in the budget speech on March 14.

The adjustment would be backdated to April 1, 1990.

THERE'S no job too menial for Groote Schuur Hospital staff, as nurses turn their hands to preparing meals and highly qualified administrative staff load dishwashers.

As the hospital strike ended its second week yesterday, a Cape Times reporter volunteered to help, and found morale high among the remaining staff.

Administrative staff who had been assigned to a staff canteen said they were

GSH admin staff — A dishwasher, I presume?

quite enjoying the change from their usual jobs. "It's fun to see how other people in the hospital spend their days," said one woman.

A cross-section of staff, from administrators to secretaries, were loading dishwashers and serving at lunchtime.

Most were unable to continue with their usual work because people they needed to liaise with were either not at work or too busy keeping their departments going to spare time for administration.

Nurses were seen making up patients' meals and help-

ing in the main kitchen.

The transport of food to and from wards was done by nurses.

Some nurses who were taking over workers' duties expressed fears following the previous day's rampage through the hospital, in which people were threatened and assaulted.

Nurses calling down to the main kitchen asked whether it was "safe" to come down and collect food for their patients.

CAPE TIMES 17/3/90

Doctors in demo to support hospital strike

By JOHN YELD, Staff Reporter

AK643 19/3/90 98
ABOUT 20 medical doctors today joined several hundred striking health workers in a silent placard demonstration outside Groote Schuur Hospital.

The doctors, carrying placards stating "Patients matter, so do workers", "Doctors and workers unite" and "Docs support workers", said while their first responsibility was to their patients, they could provide health-care only as members of a team.

As the Cape hospital strike entered its third week, the doctors and health workers marched from the Nico Malan recreation hall down Anzio Road shortly before 8am and lined the pavement in front of the new hospital block.

The entrances to the trauma and

emergency units and underground parking area were not obstructed.

A "Concerned doctors' statement" handed to journalists read: "We are concerned that events at Groote Schuur Hospital during the last two weeks have prevented our maintaining good patient care.

"We understand that the workers have undertaken the work stoppage after responsible deliberation. They failed to have their grievances removed, working through normal channels.

"We regard them as responsible colleagues and essential members of the Groote Schuur health care team.

"We acknowledge that their grievances are genuine and that they require better conditions of service and a living wage.

"We thank the nursing staff for their forbearance and care of patients during the work stoppage.

"We are impressed by the efforts that senior hospital management have put into negotiating for a peaceful and acceptable solution.

RAPID SOLUTION

"We offer our support to the negotiations and earnestly request all parties concerned to work towards a rapid solution.

"Our first commitment is to patient care but we can only provide this care as co-members of a health care team of nurses and workers."

A Health Workers' Union official said the workers would take it in turns to stand outside the hospital with placards every day until the strike ended.

Chris Barnard backs wage claims, not strike

CAPT Times 19/3/90 98

Staff Reporter

PROFESSOR Chris Barnard supports the wage demands of the hospital strikers — but says he could never condone a work stoppage as patients would suffer.

Prof Barnard also said he had been "humiliated" by a hospital superintendent last week when he was hustled off by hospital security guards while filming with a French television crew.

Hospital administration later apologised to Prof Barnard.

Yesterday he said he had not been aware of the strike as he had just returned from a trip to the Far East, but he had been told some hospital workers are

getting as little as R300 a month.

"I don't know all the details yet, but if this is true, then they have my full sympathy as far as wages are concerned," he said.

"However, as a doctor, no matter what the situation, I would never have gone on strike. I cannot condone action in which people are made to suffer."

Referring to the postponement of heart and kidney transplants, Prof Barnard said: "These operations may not be urgent, but it is so difficult to get donors, it seems a terrible waste to postpone such an operation when an opportunity does come along."

Prof Barnard first became aware of the strike on Friday when he spoke to the Groote Schuur duty superintendent while at the hospital on a television shoot.

He was being filmed outside the hospital by a French television team doing a documentary on past newsmakers and what they were doing now.

Dr Dennis Adams, medical superintendent on duty at Groote Schuur on Friday afternoon, issued a statement apologising to Prof Barnard yesterday.

● Doctors to join sit-in — Page 3

Groote Schuur doctors join sit-in to support strikers

CAPE TIMES 19/3/90 98

Staff Reporter

MANY Groote Schuur doctors sympathise with hospital strikers — and will take part in a sit-in at the hospital today in support of the strike.

Meanwhile, a doctor warned that if the strike continued, hospitals would not be able to cope with the backlog of serious operations which have been postponed a result of the strike.

"Health workers have put in decades of solid work, and we feel their demands have not been taken seriously enough," said one doctor who did not wish to be named.

Doctors said ambulances would not be blocked and the hospital would not be disrupted during the sit-in.

A senior doctor said that while essential services at Groote

Schuur were working well because only urgent operations were being undertaken and all non-emergencies were being sent home, there was still cause for concern.

The doctor said those on the waiting list for cancer and other operations were mounting up, and they would soon become emergencies.

If the strike continued much longer, the hospitals would not be able to cope because of the backlog in postponed serious operations.

Professor J P van Niekerk, president of the Cape Western branch of the Medical Association of South Africa and dean of the faculty of medicine at UCT, said yesterday that he could not approve of the doctors' sit-in.

"Action of that sort by medical people would be in alignment with a particular political viewpoint and it would not be in accord with internationally accepted medical ethical codes to which the Medical Association of South Africa is a signatory," he said.

These codes stated that a doctor's first duty, together with enhancement of the profession, was to the patient. He said this was irrespective of the political situation of the moment.

He said he sympathised with the grievances of the strikers, but if patients were to be compromised — which they would if these doctors would ordinarily be on duty attending to patients at that time of the morning — the association could not approve such a sit-in.

Hospital beds

98

117. Mr M J ELLIS 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 her Department as at 31 December 1989? *Hansard 19/3/90* B279E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No hospitals are at present being controlled by the Department of National Health and Population Development,

(a) (i) and (ii) and

(b) (i) and (ii) fall away.

SABC: broadcasting licences

128. Mr L FUCHS asked the Minister of Home Affairs: *Hansard 19/3/90*

(1) Whether he will reply to questions on whether the South African Broadcasting Corporation has received any applications for licences to broadcast (a) news reports and (b) entertainment; if not, why not; if so, (i) what are the names of the applicants, and (ii) when did they apply, in each case;

(2) whether any of these applications were refused; if so, (a) which applicants are involved, and (b) what were the reasons for the refusal, in each case? B292E

The MINISTER OF HOME AFFAIRS:

(1) (a) and (b).

No. The SABC does not consider applications for licences.

(i) and (ii) Fall away.

(2) Fall away.

School	(a) Library	(c) Science Laboratory	(d) Domestic Science Laboratory
Newell Sec	1	2	1
Cowan Sec	1	2	1
Itembehle Compr	1	3	1
Isaac Boo! Prim	1		
Elumanyweni Prim	1		
Loyiso Sec	1	2	1

HOUSE OF ASSEMBLY

Health services: percentage of total cost spent

144. Dr W J SNYMAN asked the Minister of National Health and Population Development:

(1) What percentage of the total cost involved in health services in the Republic is at present spent on the (a) National Health component of her Department, (b) Department of Health Services and Welfare of each House of Parliament and (c) provincial health services?

(2) in respect of what date is this information furnished? *Hansard 17/3/90* B355E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) Department of National Health and Population Development 6,54%

(b) Department of Health Services and Welfare

- Administration: House of Assembly 6,03%
- Administration: House of Delegates 0,34%
- Administration: House of Representatives 1,54%

(c) Provincial Administrations 73,26% financial year.

PE/Ibhayi area: school facilities

159. Mr E W TRENT asked the Minister of Education: *Hansard 17/3/90*

Which schools falling under the control of the Department of Education and Training in the Port Elizabeth/Ibhayi area have a (a) library, (b) computer room, (c) science laboratory and (d) domestic science laboratory? B378E

The MINISTER OF EDUCATION:

School	(a) Library	(c) Science Laboratory	(d) Domestic Science Laboratory
Newell Sec	1	2	1
Cowan Sec	1	2	1
Itembehle Compr	1	3	1
Isaac Boo! Prim	1		
Elumanyweni Prim	1		
Loyiso Sec	1	2	1

HOUSE OF ASSEMBLY

School	(a) Library	(b) Computer room	(c) Science Laboratory	(d) Domestic Science Laboratory
Emsengeni Prim	1		2	
Ndzondelelo Sec	1		4	
Khwezi Lomiso Compr	1		1	1
Mzontsundu Sec	1		1	
Tamsanqa Sec	1		1	
Kwamagxaki Sec	1		1	

PE/Ibhayi area: school musical activities

160. Mr E W TRENT asked the Minister of Education:

Which schools falling under the control of the Department of Education and Training in the Port Elizabeth/Ibhayi area have a (a) brass band, (b) choir, (c) piano and (d) string orchestra? B379E

The MINISTER OF EDUCATION:

(a) None.

(b) All.

(c) None.

(d) None.

PE/Ibhayi area: platoon system

161. Mr E W TRENT asked the Minister of Education:

Whether any schools falling under his control in the Port Elizabeth/Ibhayi area operate on a platoon system; if so, (a) which schools and (b) (i) which standards, and (ii) how many (aa) pupils and (bb) classes, are involved in each case? B380E

The MINISTER OF EDUCATION:

(a) (b) (i) and (ii) (aa) and (bb)

Platoon Schools: Pupils per standards in March 1990	Number Platooning of Classes with													
	A	B	1	2	3	4	5	6	7	8	9	10	Total	
Gqeberha	-	-	-	-	-	-	-	885	137	172	-	-	1 194	24
Kwazakhele	-	-	-	-	-	-	-	322	238	210	282	262	1 314	20
Lungisa	-	-	-	-	-	-	-	434	61	50	-	-	545	14
Masibambane	-	-	-	-	-	-	-	227	233	228	134	115	937	19
Phakamisa	-	-	-	-	-	-	-	270	165	150	201	72	858	20
Sakhisizwe	-	-	-	-	-	-	-	898	132	-	-	-	1 030	19
Aarom Gqadu	-	-	-	-	-	164	187	212	-	-	-	-	563	19
Arthur Nyobo	200	164	180	131	-	-	-	-	-	-	-	-	675	16
Ernest Skosane	-	-	-	-	69	96	120	266	-	-	-	-	551	12
Jarvis Gqamiana	125	94	114	121	-	-	-	-	-	-	-	-	454	12
Masangwana	-	-	-	-	135	258	150	208	-	-	-	-	751	16
New Brighton	-	-	-	-	106	150	199	245	-	-	-	-	700	17
Molete	-	-	-	-	52	156	189	303	-	-	-	-	700	16
Phakama	270	223	200	187	-	-	-	-	-	-	-	-	880	19

HOUSE OF ASSEMBLY

Top-level bid to break hospital strike deadlock

ARCAS
20/3/90

98

By DAVID YUTAR
and GILL TURNBULL
Staff Reporters

TWO top-level meetings are to be held today in an attempt to break deadlock in the hospital workers' strike, which has entered its 16th day.

The Minister of Health, Dr Rina Venter, is due to meet representatives of the Public Servants' League to discuss grievances that include allegations of race discrimination.

And the Administrator, Mr Kobus Meiring, and other top officials of the Cape Provincial Administration are due to have their third meeting in five days with Health Workers' Union representatives.

"Good progress"

In a short statement last night Mr Meiring said there had been "good progress" in the six-hour discussions that took place between himself and the union yesterday.

The chairman of the national

hospital sub-committee, Mr Arthur Farred, emphasised that today's meeting with Dr Rina Venter was not a substitute for the meeting the PSL demanded last Friday with the President, the Minister of Finance and the Minister of Public Administration.

"We are still awaiting a reply from the State President's office. These are the three authorities who can give us an answer. We want to see all three together, otherwise we would be passed from one to the other and get nowhere."

Points to be raised at today's meeting are:

- The breakdown of communication between first-line supervisors and general assistants and the many jobs in which whites are given preference.

- Because of the provincial freeze on posts workers are expected to perform more specialised functions and feel they are being exploited.

- Throughout the country there are large numbers with

long service doing duties for which they are not qualified, which means they are not getting paid for the job.

- Lack of promotional opportunities for black workers, particularly in the clerical and administration field. Workers find they are not moved beyond white staff, even if they have the qualifications.

- Lack of permanent status and a lump-sum pension payout on retirement.

- Lack of overtime and night-duty allowances for general assistants.

- Privatisation: Workers fear they will lose their pensions and housing subsidies if private companies take them over.

Yesterday representative from the SA Nursing Association met Dr Venter to discuss problems arising from the general assistants' strike.

A statement on the meeting is expected today.

Patient dies as strike goes on

Cape Times 20/3/90 98

By CLAUDIA KING and PETER DENNEHY

A WOMAN has died as the hospital workers' strike enters its 16th day.

A reliable source within Groote Schuur Hospital told the Cape Times yesterday that an elderly woman admitted to the hospital for a routine hernia operation died after her operation was postponed and she was sent home.

"The hernia strangulated, she was rushed to hospital for emergency surgery and died post-operatively last week," he said.

The Health Workers' Union, the Commission for Administration and senior officials of the Cape Provincial Administration are to meet for continuing talks today in an attempt to thrash out a solution to the strike.

According to the Administrator of the Cape, Mr Kobus Meiring, "progress had been made" during talks yesterday.

The Public Servants' League (PSL) also announced yesterday that they would meet the Minister of Health, Dr Rina Venter, this morning.

They "felt betrayed" by the authorities and unless the outcome of their talks was satisfactory, they would call on members to extend the strike nationally, a PSL spokesman said.

The Registrars' Association of Cape Town yesterday issued a statement supporting the demands of the strikers and urging the government and the Minister of Health to take the plight of the workers seriously and begin negotiations with them immediately.

"Whilst the hospitals and therefore the community suffer, Dr Venter's stubborn refusal to talk to the workers is inexplicable. Stalling and procrastination are as misplaced as messengers," said the statement.

The Congress of South African Trade Unions has also reiterated its support for the striking workers and called on all public sector workers to unite with them "in taking forward the fight for a living wage".

Commenting on the woman's death, the Dean of the UCT Medical School, Professor J P van Niekerk, said it was very difficult to blame anyone for a death of that nature — but agreed that the strike could result in someone dying.

● Twenty-eight doctors, who joined more than 1 000 hospital strikers on a march around Groote Schuur early yesterday were met on the steps of the hospital by the superintendent, Dr Jo-

To page 2

— Sapa

Police are investigating. — Sapa

From page 1

celyn Kane-Berman, who told them their actions were illegal.

According to sources within the hospital, the doctors were threatened with disciplinary action by Dr Kane-Berman before returning to work.

Despite repeated attempts, Dr Kane-Berman could not be contacted for comment.

A union shop steward, Mr Theo Mtombeni, said the picket was not intended to stop anyone from going to work, but rather to maintain a visible presence at the hospital.

"We care about the patients," he said. "It is the authorities who do not care. We gave them plenty of warning that we could not continue work-



STRIKERS MARCH ... More than 1 000 strikers marched around Groote Schuur Hospital yesterday.

Picture: STEWART COLMAN

ing for these wages."

One of the workers on the march, Mr Walter

Kolweni, told the Cape Times that he had worked for the hospital for 23 years and he now earned R400 a month before deductions.

to a magistrate. ... alleged confessions made
That ruling had taken the State by surprise, Klem said.

Progress at hospital talks

~~LESLEY~~ LESLEY LAMBERT ~~LESLEY~~ 98

CAPE TOWN — Discussions aimed at ending the Cape hospital strike will resume today between representatives of the Cape Provincial Administration, the Commission for Administration and the Health Worker's Union.

Bl Day 20/3/90

Cape Administrator Kobus Meiring said progress had been made at yesterday's meeting and the three parties had agreed to continue discussions today.

As the strike entered its third week yesterday, about 26 doctors joined about 800 non-medical hospital workers in an hour-long placard demonstration. More than 3 000 non-medical health workers at 10 hospitals, including Groote Schuur and south Peninsula groups and a number of day hospitals, were still on strike yesterday.

Meanwhile, Sapa reports the Khayelitsha Day Hospital serving about 100 000 people has been closed and its doctors and nurses transferred to other hospitals.

A sign on the Khayelitsha Day Hospital's gate referred patients to other hospitals.

Big gains for strikers as hospital crisis ends

APR 21/3/90
98

Staff Reporter

THE strike by thousands of hospital workers which brought provincial hospitals in the Peninsula to their knees has ended after 16 days.

Hospital workers, through their Health Workers' Union, have won a major victory in gaining many of their demands after three days of tough negotiations between union officials and CPA director-general Mr Barry van der Vyfer and the director of hospital services, Dr George Wattermeyer.

During the strike major hospitals were down to less than 30 percent of capacity, patients were turned away, all Grooteschuur transplant operations ceased, day hospitals closed, nursing and medical staff swept floors, cleaned toilets and washed dishes and volunteers were brought in to help.

In a statement last night the Administrator of the Cape, Mr Kobus Meiring, said following further discussions yesterday between top CPA officials and the union "agreement had been reached on certain issues pertaining to conditions of service and general assistants".

Minimum wage

"It was decided ... that the strike would come to an end with immediate effect and the workers would return to work in an orderly manner on Thursday."

The strikers had demanded a minimum wage of R1 500, maternity benefits, permanent status, recognition of the union, an end to privatisation and a 40-hour week.

The agreement signed last night includes a salary increase to be announced on April 16, a 40-hour week from May 1 and permanent status for workers with more than three months' service. Maternity benefits have been agreed on in principle and it was provisionally agreed that workers can have representatives of their choice in matters of discipline.

Workers and the union will be consulted on privatisation.



ON THE MARCH: Strikers at Tygerberg Hospital yesterday. The strike has now been resolved.
Picture: BRENTON GEACH, The Argus.

Strike

is over

Hospital crisis ends

Capt Tump
21/3/90

98

By CLAUDIA KING

THE strike which has crippled the Peninsula's provincial hospitals for the past 16 days ended last night.

The Health Workers Union (HWU) described the settlement reached as a "major victory".

According to a statement issued late last night by the Administrator of the Cape, Mr Kobus Meiring, it has been decided that the strikers will return to work in an orderly manner tomorrow.

An agreement to end the strike was reached after three days of "heavy and tense" discussions between union officials, CPA director general Mr Barry van der Vyfer and the Director of Hospital Services, Dr George Watermeyer.

A union spokesman said the settlement marked significant advancements in trade union terms.

The striking workers had demanded a minimum living wage of R1 500, maternity benefits, permanent status, recognition of the union, an end to

privatisation and a 40-hour week.

The agreement signed last night made provision for a "good" salary increase to be announced on April 16, a 40-hour week effective from May 1 and the introduction of permanent status for workers with



Strikers celebrate last night's settlement.

Picture: RICHARD BELL

more than three months' service.

Maternity benefits were agreed to in principle and it was provisionally agreed that workers could have representatives of their choice in matters of discipline at all hospitals.

Workers and the union are to be consulted on matters of privatisation and an assurance has been given that no one will lose his or her job, or benefits, in the event of privatisation.

No workers are to be victimised or intimidated when they return to work.

A union spokesman warned that the wage agreement was "too vague" and that if the increase was unsatisfactory, action could follow.

"We hope the increase to be announced on the 16th does not result in a situation worse than that which has prevailed over the past 16 days."

Dr Jocelyn Kane-Berman, superintendent of Groote Schuur Hospital where nearly 2 000 workers have been on strike, said she was "very thankful that an agreement has been reached".

"We will be working extremely hard to ensure

PERIOD

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Concern over patients' statements

THE Minister of National Health and Population Development, Dr Rina Venter, said she was concerned that patients were being used to make a statement in the hospital strike.

However she assured a delegation of the Public Servants League that she would bring the health workers' problems to the attention of the Cabinet as well as the Minister of Administration and Economic Co-ordination, Dr Wim de Villiers.

The delegation confirmed salaries and service conditions were not in Minister Venter's

hands, but that discussions were held with her because the care of patients was affected.

BARA

EXPOSED

DEBT

Debt firm hounds patients

CRISIS

Sowetan 22/3/90 98 ✓

BARAGWANATH Hospital and its sister health centres in Soweto have enlisted the services of a debt collecting firm in an effort to recover monies owed by patients, a Sowetan investigation has revealed.

whom owe as little as R8 - have been handed over to the Hillbrow-based debt collecting agency.

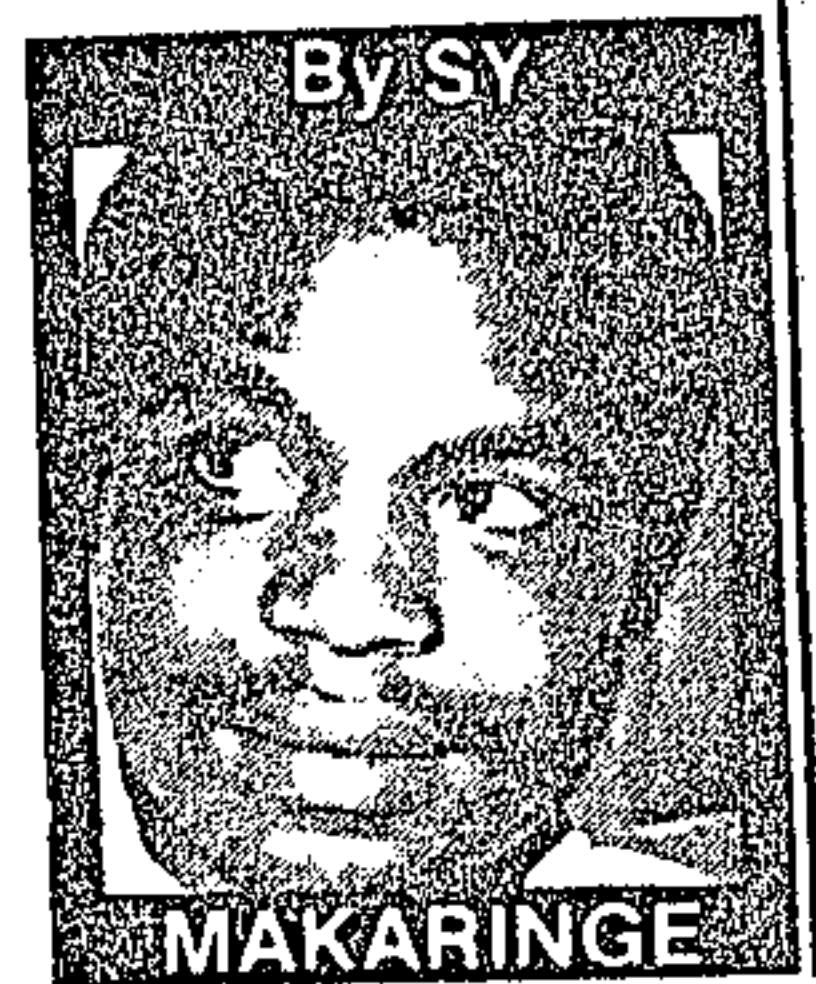
The agency in turn charges up to R70 a case, to "cover its collecting and tracing costs".

The hiring of the agency was confirmed yesterday by Dr George Louw, chief superintendent of Soweto health care centres.

Louw said this followed a directive

The investigation has found that more than 120 000 people - some of

● To page 2



Sowetan 22/3/90

Bara sets debt collectors on its patients 98

● From page 1
from the Transvaal Provincial Administration.

He said the hospital and the health care centres incurred debts amounting to more than R5,1 million in unpaid medical fees last year.

Of this, he said, R4,4 million was written off as bad debts, while R635000 had to be recovered from the patients.

He said more than 120000 patients had been handed over to the firm so that they could be traced.

"We bend over backwards to help people. We are really trying our best, but in order to provide a service, we need to be strict where necessary," Louw said.

He said three reminders were issued to patients before their cases were handed over to the debt collecting agency.

"We're not springing up on them unexpectedly," he said.

Louw could not answer further questions, and referred the Sowetan to the TPA in Pretoria.

The TPA is expected to respond today.

A domestic worker, Mrs Maria Motha (55) of Naledi, Soweto, said she recently received a postcard threatening her with legal action for failing to respond to earlier correspondence.

"I immediately phoned the people. I was told that I must pay R78 within five days or I would be arrested.

"When I asked what the money was for, I was told my son, Solomon, did not pay for the treatment he received at Jabavu Clinic on November 10, 1988," she said.

Settlement package for Cape hospital staff includes extra pay

8/10 day 22/3/90

CAPE TOWN — General hospital assistants under the jurisdiction of the Cape Provincial Administration (CPA) will receive an additional salary improvement with effect from April 1, which will be over and above the 10% general increase to all public servants.

This was one of the agreements reached after a 16-day strike by non-medical workers which seriously affected 21 Peninsula hospitals, the central laundry at Pinelands, six maternity clinics and the Nico Malan Nurses College.

Cape Administrator Kobus Meiring

Yesterday released a memorandum of agreements reached between delegations from the Health Workers' Union (HWU), the Commission for Administration (CPA) and the CPA which led to the strike being called off.

Meiring put the number of CPA strikers at 3 200 and said they would return to work today.

The strikers had demanded a minimum wage of R1 500, a 40-hour week, maternity benefits, permanent status, an end to privatisation and the recognition of the HWU.

In respect of remuneration, the CPA and CPA explained that despite the Budget allocation of money to improve wages of the lowest paid workers, it was not able at this stage to indicate what the future wage would be — however, the additional increase would be announced by April 16.

The CPA said that rescheduling of all work programmes to facilitate a 40-hour working week, to be instituted not later than May 1, was also being investigated.

It was agreed the "temporary" work-

er designation should be used only for persons employed for a period not exceeding three months.

The CPA advised it was also investigating the extension of the present two-month maternity leave system.

It was also agreed that the formal recognition of the HWU would be held over pending new legislation, which was being drawn up.

In addition, it was agreed that, as a result of privatisation, employees should in principle lose neither their jobs nor benefits. — Sapa.



98



Health strikers claim victory

STATE-RUN health services in the Western Cape edged back from the brink of collapse this week as striking hospital workers agreed to return to work after a settlement was reached between their union and government representatives.

"It's a big victory for us," Health Workers' Union Acting General Secretary Hassan Mahomed said of the outcome of the 16-day strike, which ended on Tuesday after three days of talks.

Workers returned to work yesterday without a firm answer on wage increases, a central issue for the estimated 6 000 workers who struck: minimum starting salaries are R260 a month and average monthly wages between R300 and R400.

They will be informed no later than

By GAYE DAVIS
Cape Town

April 16 on wage increases. Negotiators said that despite the recent budget allocation to improve wages of lowest-paid workers they were not yet able to indicate the size of increases.

The decision to return to work was a strategic one, taken in the face of the possibility of hospital services collapsing and potential loss of community support, Mahomed said.

The union's formal recognition will await the outcome of discussions between government, the Congress of South African Trade Unions and the National Council of Trade Unions, which could result in new legislation.

Hospitals start their recovery

Carle Times 23/3/90



Staff Reporter

THOUSANDS of workers streamed back to work at 25 hospitals yesterday marking an end to the general assistants' strike which hit provincial hospitals for 16 days.

At most of the institutions affected, the return was without incident although workers at Tygerberg Hospital reported acts of intimidation by senior nursing personnel.

"Some returning workers were verbally abused and had stickers announcing the end of the strike torn off their clothing," a Health Workers' Union spokesman said.

He said an emergency meeting between union officials and hospital management had been called in an attempt to rectify the situation.

A spokesman for Tygerberg Hospital, Dr F P Erasmus, declined to comment on the meeting or the reports of intimidation.

The superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, said the hospital was in the process of restoring all its services to their normal level of operation.

"They should be functioning fully by Sunday while all clinical

Hospital standstill as workers march

PORT ELIZABETH. — Work at Livingstone Hospital here was brought to a halt for more than two hours yesterday when staff, including nurses and some doctors, marched through the grounds.

When they presented a petition to the medical superintendent, Dr G White, he told them: "I am on your side." He complimented them on their orderly behaviour.

The marchers demanded the reinstatement of 78 sacked nurses.

The march was held under the banner of the Livingstone Hospital Healthworkers' Committee, an affiliate of the National Education Health and Allied Workers' Union.

The marchers waved flags of the ANC and the SA Communist Party. — Sapa

units are to reopen on Monday," she said.

Elective surgery is to recommence on Tuesday.

The head of the cardio-thoracic unit at Groote Schuur, Professor

John Odell, confirmed that the go-ahead had already been given for kidney and heart transplants.

"To the best of my knowledge we missed no donors during the strike action," he said, adding that on average they were notified of one donor every two weeks.

The agreement signed between the Health Workers' Union and senior representatives of the province on Tuesday has been hailed as a major victory for the union.

Reservations have been expressed regarding the increase in wages which is only to be announced by April 16.

The Congress of South African Trade Unions has released a statement saluting the hospital workers "for the victory they have won through their courageous strike action".

The statement directs a warning to the Commission for Administration and the CPA, saying that Cosatu members will be monitoring increase very closely.

"If the offer is not satisfactory they will have to deal with the anger of hospital workers as well as the organised support of all Cosatu members."

Health workers see hospital accord as major victory

AR 64S 23/3/90

98 16/2/90

By DAVID YUTAR, Labour Reporter

THE Health Workers Union regards the recent agreement reached between itself and the Cape Provincial Administration as a major victory and attributes the success of the 16-day strike, which affected more than 20 hospitals throughout the Peninsula, to the legitimacy of the grievances of its workers.

A spokesman for the union points out that although only just under 6 000 workers took part in the strike, the effects will be felt by more than 250 000 workers, most of whom are grappling with real bread and butter issues and trying to support families under trying circumstances.

The union has clinched for its members a 40-day working week, which amounts to a reduction of two working days a month, the right to a month's notice prior to dismissal, where previously workers could be dismissed upon 24 hours notice, and the granting to workers with over three months' service of permanent status.

The issue of wage increases has been resolved with an undertaking by the administration to come back to the union with definite details by

not later than April 16.

One of the most important issues, from the union's point of view, has been that of formal recognition of the union.

In this regard it has been agreed that since legislative changes are due to take place in the not too distant future, formal recognition of the HWU will be put on hold for the moment.

But in the interim it has been agreed that regular meetings are to take place, between the HWU shop stewards committees and the hospital administration at hospital level, and at provincial level, between the HWU and the CPA.

Employees have further won the right to be represented by a person of their choice in all disciplinary matters.

But perhaps most importantly, the agreement represents an acknowledgement on the part of all parties concerned that hitherto, channels of communication between the state and the workers have been patently inadequate and that existing methods of resolving disputes had been far behind those in use in the private sector and as such, totally unsatisfactory.



"Remember until now there were no avenues for negotiation, no recourse to the Industrial Court or dispute-settlement procedures," says a spokesman for the union.

"The Public Servants Act removed all the basic rights of workers who had no means of expressing their grievances effectively."

The union says that throughout the strike it was "acutely aware of the effect the strike would have on patient care and that day hospital services were being closed and curtailed."

"We were not doing this without any sense of responsibility," says Dr Norman Maharaj of the HWU.

"But we were also of the view that those in whose power it was to meet our demands, had to bear responsibility for the repercussions of the strike."

He says that despite the fact that certain important demands such as the salary demand have been placed on hold until April 16, the union felt that the strike should be called off immediately, because its prolongation would

have "disastrous consequences for all".

He says that the union accepts the administration's argument that since salary increases will effect at least 250 000 general assistants and necessitate many other salary adjustments, it will take the time stipulated to provide clarity in this regard.

"We have accepted that there is nothing up their sleeve and on that basis have agreed" says Dr Maharaj, who says the strike has already notched a considerable victory for health workers' rights.

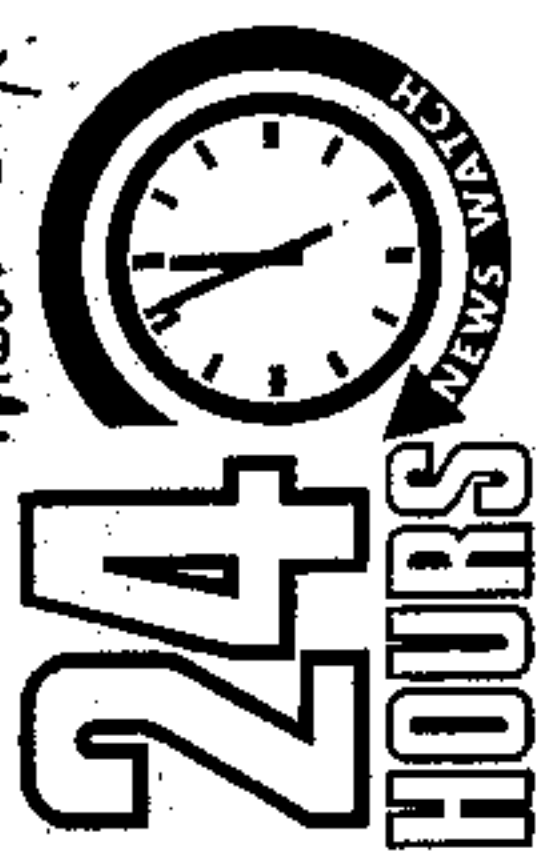
Three days and nights — how the strike was resolved

Labour Reporter

UNTIL last Thursday, the health workers strike, already in its 10th day, showed little prospect of resolution.

The union says it was determined not to debate its demands, which it claims had already been communicated to the authorities months ago, at factory floor level, but that from the start it wanted to go to the highest authorities.

"That is why when the Administrator came forward with the Van Zyl option, (retired chief magistrate Van Zyl was initially appointed by the administration to hear strikers' grievances) we rejected that because we knew Van Zyl would be in no position to give effect to our demands," says a spokesman for the union.



"We knew he would have had to report to the administrator who would then have had to go to the Minister and so on ...

And so the strike continued ...

Then, on Thursday, the tide started to change.

The Health Workers Union was informed via its lawyers that the administration would allow the union to negotiate directly with the directors-general of the Cape Provincial Administration (CPA)

they reported on the progress made.

"The workers were extremely unhappy," says Dr Maharaj.

"They felt the offers were too vague and especially that the April 16 promise on salaries was "way off the mark".

And so it was decided to continue the strike until clarification, especially on the salary demand, was forthcoming.

The union says that it was on the following Monday that for the first time workers started to feel that some of their grievances were being adequately addressed in definite terms.

"We soon got down to the nitty gritty of negotiations on Monday. The meeting lasted from 10.30am until after 7pm and we were able to canvass all our demands".

And it was to prove decisive in bringing about an agreement.

The union was informed that Tuesday's meeting would be the final one and that it would have to attend it with a mandate from its constituents.

Everything now seemed to move into fast forward.

"One team went to the meeting at 2.30pm to finalise details while another was busy collating mandates from the workers".

At the eleventh hour, workers still wanted reassurances that there would be no victimisation against those who had taken part in the strike.

The reassurances were in fact given and at 6pm on Tuesday the agreement was signed.

The hospital strike was over.

AR 6/5 23/3/90 98

Bara claims over debts disputed

98
Sowetan 23/3/90

A Soweto man has disputed Baragwanath Hospital's claims that three reminders are sent to its debtors before their accounts are handed over to a debt collecting agency.

Mr Frank Nhlabani, of Pimville, who took his son to the Pimville Clinic for treatment about six months ago, yesterday said he received a letter from Executive Credit Control warning him to pay about R13,50 owed the clinic, plus a R70 "tracing and collection" fee, or face the risk of being taken to court.

"Not a single reminder was sent to me. I challenge the hospital to produce proof to that effect," Nhlabani said.

His claims follow the revelations by the *Sowetan* this week that Baragwanath Hospital and its sister health care centres in Soweto had hired a debt collection agency in an effort to recover more than R635 000 owed by patients.

He was backed by Mrs Maria Motha, of Naledi, who said there had never

By SY
MAKARINGE

been any correspondence between herself and the health authorities.

She said the first time she heard about her debt to the clinic was when she was given a final notice to settle her debt of R8 plus R70 for "tracing and collection."

Nhlabani said he was sent "threatening letters" even though his medical aid society had settled the bill.

But in a statement yesterday, the Transvaal Provincial Administration maintained that three reminders are issued to patients before their cases are handed over to debt collection agencies.

"If a patient pays his/her medical fees in time, it will not be necessary for the TPA to hand their cases over to a private debt collecting agency," the statement said.

It said debt collecting firms had been appointed by the Government's Tender Board.

B/day 23/3/90. ~~98~~ (98)

Hospitals favour some privatisation

ABOUT 60% of hospitals are in favour of some type of privatisation, according to a nationwide survey conducted by Pim Goldby Management Consultants.

Although 45% of respondents were from the public sector, the survey found that 60% of respondents believed some form of privatisation would lead to a more cost-effective and efficient service.

Integration

While 40% of responding hospitals were racially segregated, 64% believed integration would have no effect on quality of health care. About 57% believed racial integration would not affect the hospital's financial viability.

Pim Goldby consultants Greg Candy and Penny Ludoff say a high level of interest and concern about the future of hospitals and health care in the country was clearly reflected in the 30% response rate to the survey.

Opinions of administrators at 700 public and private sector hospitals of varying sizes in SA were canvassed at the end of last year.

They were encouraged by the candid and positive attitudes towards

TANIA LEVY

change in the health care system. About 85% of hospitals believed health care in SA would not look the same five years from now.

Half the respondents believed patients would have more freedom of choice in selecting health care services from a wider selection of institutions. The remaining half were equally divided between feeling the choice would be reduced or that there would be no change in the health care system.

Half the hospitals were experiencing a shortage of nursing staff. Of these, less than a quarter felt quality of service had been unaffected by the shortage. About 10% believed the shortage had greatly affected quality of health care, while two-thirds were moderately affected.

More than half the hospitals experiencing a nursing shortage had not taken or had been unable to take remedial steps such as using agency nurses, increasing overtime, cutting back on services or closing units. The shortage of nurses was worse in public than in private hospitals, particularly in the larger city hospitals.

CAPE TOWN
24/3/70

Private ownership: Hospitals in favour

Own Correspondent

JOHANNESBURG. — Some 60% of hospitals are in favour of some type of privatisation, according to a nationwide survey conducted by Pim Goldby Management Consultants.

Although 45% of respondents were from the public sector, the survey found that 60% of respondents believed some form of privatisation would lead to a more cost effective and efficient service.

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Opinions of administrators at 700 public and private sector hospitals of varying sizes in South Africa were canvassed by Pim Goldby Management Consultants at the end of last year.

Consultants involved said they were encouraged by the high level of candidness and positive attitude toward change.

TPA'S debt mountain

Star 24/3/90

98

TRANSVAAL taxpayers will have to fork out about R4,4 million to offset unpaid medical expenses at Baragwanath Hospital and Soweto health clinics.

The province's taxpayers also stand to pay for further undisclosed amounts owed at other provincial hospitals and health care centres.

Mr Mike Ellis, the Democratic Party's parliamentary spokesman on health, yesterday said provincial taxpayers would almost certainly have to foot the massive "unpaid" bill as tax is the only source of income for the Transvaal Provincial Administration (TPA).

It was this week revealed that the TPA had written off R4,4 million worth of monies owed to Baragwanath Hospital and its sister health care centres in Soweto.

The Sowetan newspaper revealed that Baragwanath Hospital and Soweto's health care services incurred debts amounting to more than R5,1 million in unpaid medical fees last year.

Written off

Of this, R4,4 million has been written off as bad debts while the balance, about R635 000, will be recovered from patients. The TPA has made no comment about its reasons for not attempting to collect the full R5,1 million.

A Johannesburg debt collection agency has been employed by the TPA to hound about 120 000 people — some of whom owe less than R10 — for the collection of the R635 000.

The agency, identified by the Sowetan as Executive Credit Control, apparently charges up to R70 for "tracing and collecting" costs, even when only R8 is

Taxpayers to foot unpaid Bara bill of R4,4-m

SUE OLSWANG

But, very little was revealed in an official statement from the TPA.

The TPA's statement said private debt collecting agencies have been appointed by the Government Tender Board to enable the TPA to recover monies owed by patients at "all" provincial hospitals in the Transvaal.

"Three reminders are issued to patients before their cases are handed over to a debt collecting agency," the statement said.

"If a patient pays his/her medical fees in time, it will not be necessary for the TPA to hand their cases over to a private debt collecting agency."

The TPA also said "this precaution applies to all provincial hospitals throughout the Transvaal".

Specific questions put to the TPA by the Saturday Star were not answered.

No other way

This included a request for clarification on whether Transvaal taxpayers' money was in

are paying for the outstanding amount because there is no other way the TPA receives funds."

Mr Ellis said the DP must express its concern about the TPA allowing such a huge sum to be outstanding and "it seems very wrong that they have taken so long to act".

Mr Ellis said he couldn't help wondering what the full outstanding figure stands at.

"The R5,1 million represents unpaid bills at Baragwanath and Soweto health centres, but what about other provincial hospitals and health care centres?"

"It is also important to point out that debts incurred through the provision of health services can't have happened for the first time now, and one wonders how the State went about this in the past."

"This is very probably a long-standing problem and the TPA should have found a solution many years ago."

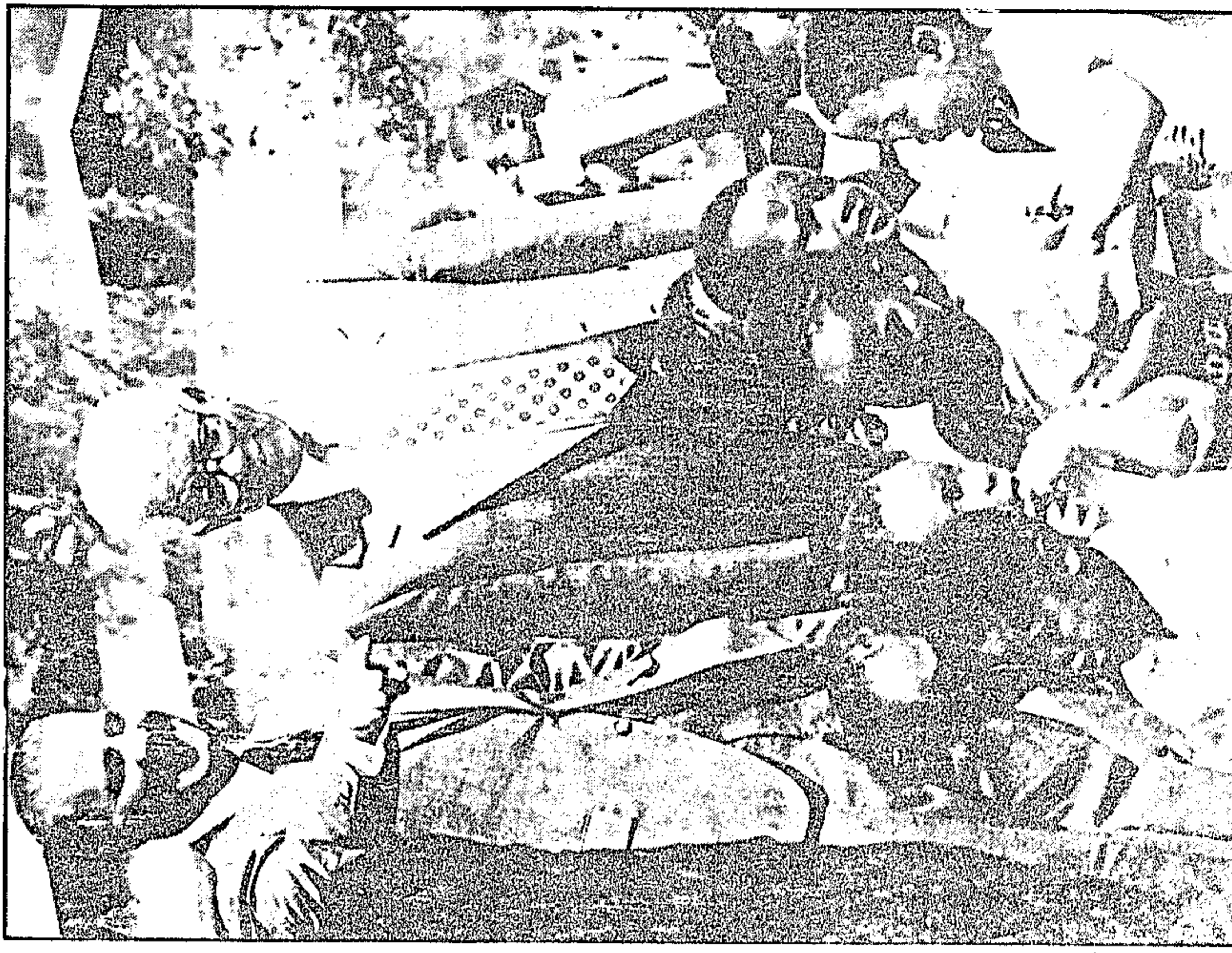
Mr Ellis said it was important for the TPA to answer questions put forward to them.

Appalling

Mr Ellis conceded, however, that there was possibly no other way for the TPA to recover monies owed except with the help of a debt collection agency.

"But, the point that must be stressed is that it is appalling for the TPA to allow debts to develop to this extent," he said.

"It is clear the TPA needs to address this issue as a matter of extreme urgency. It also needs to urgently look at alternative methods of paying for health services. This doesn't mean we are calling for individual people not to pay for medical services, but the TPA certainly needs a better method of determining who is indigent and who isn't."



the R78 within five days.
Mrs Motha was warned to pay R70 for "tracing and collection". She said she first heard of provincial health authorities. There had been no correspondence between herself and pro- worker from Naledi, also said Mrs Maria Motha, a domestic settled the bill.

medical aid society had already "tening" letters even though his also claimed he was sent "threat- duce proof to that effect. He challenged the hospital to pro- mander for the account and he never received a single re- Mr Nhlabani claimed he had being taken to court.

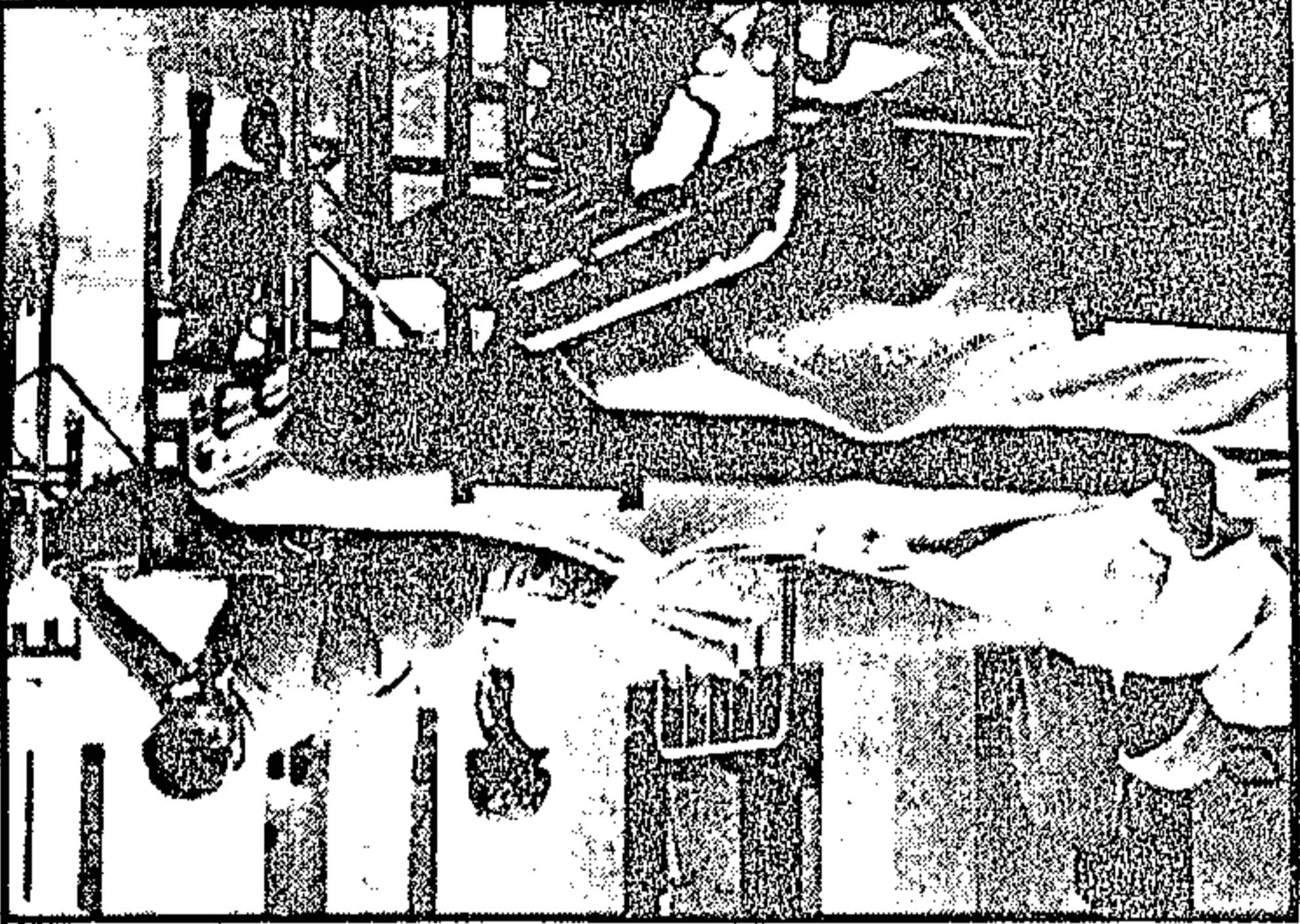
Mr Nhlabani claimed he had being taken to court. "There is no doubt taxpayers The DP's Mr Mike Ellis said: debt collection agencies. It had enlisted the services of whether this was the first time sued, and we asked the TPA ten off while others were pur- why some amounts were writ- The newspaper also asked ers' money. "written off" was also taxpay- and whether the R4,4 million fact being paid to the debt col- lection agency for its services, vaal taxpayers' money was in clarification on whether Trans- This included a request for

request for "No other way" not answered. TPA by the Saturday Star were Specific questions put to the vaal". hospitals throughout the Trans- caution applies to all provincial The TPA also said "this pre- vale debt collecting agency." hand their cases over to a pri- "If a patient pays his/her medical fees in time, it will not be necessary for the TPA to to patients before their cases are handed over to a debt col- lecting agency," the statement "Three reminders are issued to patients before their cases are handed over to a debt col- lecting agency," the statement

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CRIPPLING BURDEN: Taxpayers stand to pay millions to offset debts incurred at Baragwanath Hospital and clinics.



approach them for further com- the TPA and you will have to has already been employed by "The debt collection agency the amounts owing," he said. are the amounts written off and "The only facts I can confirm her this week. tacted by the Saturday Star ear- rate on the matter when con- care services, would not elabo- perintendent of Soweto health Dr George Louw, chief su- owed to the TPA. ing" costs, even when only R8 is to R70 for "tracing and collect- Control, apparently charges up Sowetan as Executive Credit The agency, identified by the lection of the R635 000. owe less than R10 — for the col- 120 000 people — some of whom by the TPA to hound about tion agency has been employed A Johannesburg debt collec- R5,1 million. tempting to collect the full about its reasons for not at- TPA has made no comment be recovered from patients. The the balance, about R635 000, will written off as bad debts while Of this, R4,4 million has been

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SUE OLSWANG

But, very little was revealed in an official statement from the TPA.

The TPA's statement said pri- vate debt collecting agencies have been appointed by the Gov- ernment Tender Board to enable the TPA to recover monies owed by patients at "all" pro- vincial hospitals in the Trans- vaal.

Three reminders are issued to patients before their cases are handed over to a debt col- lecting agency," the statement "If a patient pays his/her medical fees in time, it will not be necessary for the TPA to hand their cases over to a pri- vate debt collecting agency." The TPA also said "this pre- caution applies to all provincial hospitals throughout the Trans- vaal".

Specific questions put to the TPA by the Saturday Star were not answered. "written off" was also taxpay- and whether the R4,4 million fact being paid to the debt col- lection agency for its services, vaal taxpayers' money was in clarification on whether Trans- This included a request for

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Mr Nhlabani claimed he had being taken to court. "There is no doubt taxpayers The DP's Mr Mike Ellis said: debt collection agencies. It had enlisted the services of whether this was the first time sued, and we asked the TPA ten off while others were pur- why some amounts were writ- The newspaper also asked ers' money. "written off" was also taxpay- and whether the R4,4 million fact being paid to the debt col- lection agency for its services, vaal taxpayers' money was in clarification on whether Trans- This included a request for

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CMT- T(41) 24/3/90

Director denies HWU claim of strike warning

Staff Reporter

THE executive director of Provincial Hospital and Health Services has denied allegations made earlier this week by the Health Workers' Union (HWU) that he had two weeks prior warning that strike action was to be called.

"A list reflecting demands of general assistants at Groote Schuur Hospital only was presented to Dr George Watermeyer some 17 months ago," said CPA spokesman Mr Van Heerden Heunis yesterday.

"The talks that took place were between Dr Watermeyer and workers at that hospital only, as the Health Workers' Union was not in existence at the time," he said, adding it was untrue the union had warned the province two weeks before the strike began that strike action would be taken.

A spokesman for the HWU said the union had existed since December 1985 but was not recognised by the state.

"We therefore operated through workers' committees at the hospitals, who in turn spoke to the authorities," he said.

As workers streamed back to work and hospitals began functioning normally again, the Administrator of the Cape, Mr Kobus Meiring, issued a statement thanking members of the public and Defence Force who volunteered to help during the strike, the long-suffering patients, hospital staff and top CPA officials who remained calm under difficult circumstances.

Open schools hospitals next?

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Political Staff

THE partial opening of white schools to all races announced by the government at the weekend is set to be followed by the opening of teacher training colleges and hospitals to all races.

The government accepts that if it is to have any chance of securing some provision for "group rights" in negotiations there will have to be a drastic change in allowing access to existing amenities. In essence this will mean the end of the "own affairs" system as it presently exists.

The announcement by Education Minister Mr Piet Claase of two schemes under which white schools can be opened has been welcomed by Democratic Party education spokesman Mr Roger

Burrows as being just as significant as President F W de Klerk's watershed February 2 speech.

The first option for opening of schools announced by Mr Claase was an expansion of the policy applied to the Barnato Park school in Johannesburg.

This involves the "privatisation" of a school with the state supplying greater financial support than it does to private schools at present.

The second option requires acceptance by up to 90% of the parent body for admission to the school to be opened to all races.

Mr Claase said this high percentage was being aimed for so that there could be no question about the decision.

If a school chose to be privatised, Mr Claase said furniture and equipment would be sold to it at a reasonable price. But the

school would be liable for maintenance. Salaries of teaching and administrative staff would be paid for by the state.

The "privatisation" option is the one likely to be applied by government towards schools in free settlement areas.

The government is at present investigating the possibility of declaring whole cities free settlement areas — starting with Cape Town. With senior cabinet ministers known to favour this option, is it possible that by next year all schools in the city could be opened.

The first movement on the opening-up of hospitals can be expected after Easter when Administration and Economic Development Minister Mr Wim de Villiers is expected to submit the report of his investigation into health services.

De Villiers may open State hospitals to all

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Political Correspondent

THE absence of "targets" for removing the remaining discrimination in social services is one of the concerns expressed today by parliament's joint committee on finance.

The committee's report, tabled today after more than a week of hearing evidence on the Budget, says, however that the Minister for Administration and Economic Co-ordination, Dr Wim de Villiers, "is giving attention" to the removal of discrimination in social services.

MPs will soon be poring over Dr De Villiers' investigation into the health services and there is speculation he may recommend that State hospitals be opened to all races.

Among other things the committee is concerned about are:

- That the policy of deregulation "is often in conflict" with many regulatory laws and people who have been encouraged to participate in the informal

sector have found themselves facing prosecution.

- The impact of the Budget on insurance companies as the extension of the exemptions from tax on dividends do not apply to them.

- The welfare of the aged and the state of education and health care.

- That cognisance should be taken in the privatisation process of the impact on consumers and taxpayers and competitiveness in the economy.

- The unrest in the country and the shortage of manpower and equipment in the police, and;

- The viability of the Moss-gas project.

Among several recommendations are that more money should be spent combating Aids, that surcharges on goods imported for production should be scrapped and that the method of providing export incentives by promissory notes should be reviewed.

THE PRICE OF DEATH

Press 25/3/90  98

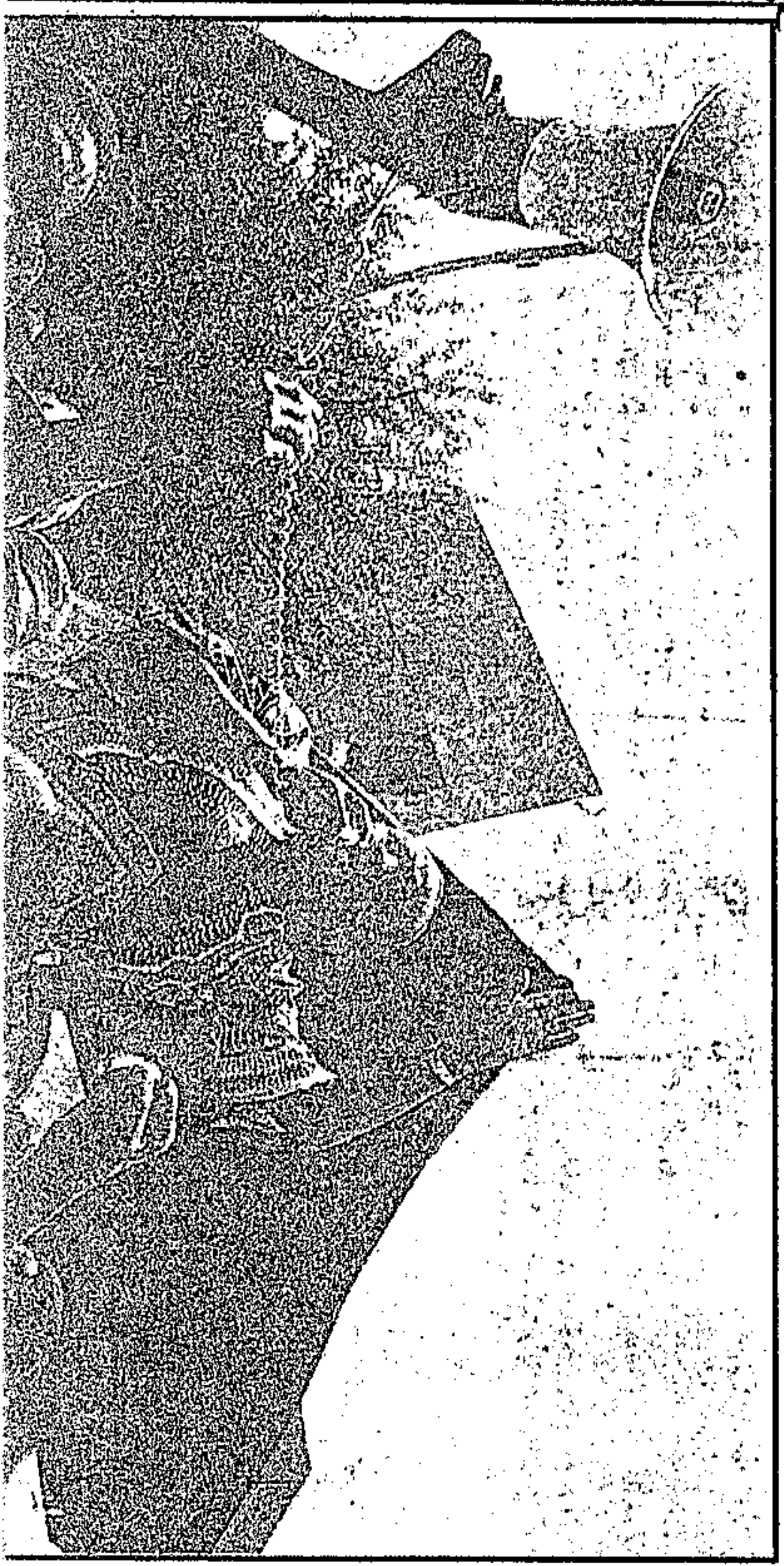
Selling coffins is a lucrative, busy sideline

By ELIAS MALULEKE

A CHURCH "clinic" in the eastern Transvaal without a single doctor or nurse has been described as a "death factory" from which very few patients emerge alive.

The clinic, in Green Valley near Bushbuckridge, treats patients for serious diseases like TB, strokes and cancer, and also admits mental cases and paraplegics — but there is no medical

Education will get less cash this year than last



No discharge register at clinic

■ From Page 1, 25/3/90

books last year she had never seen a discharge book, but patients coming in were recorded in the register for their next-of-kin to sign. Asked why there were no home addresses of patients, she said she only noted names of their next-of-kin and place of origin.

Patients are coming in from all over the country, as well as Swaziland and bordering homelands.

On our arrival at the clinic, we found patients being driven to a frenzy in a huge church hall by a female preacher. Some could hardly walk, another was on a stretcher and those who could not



Patients wait in the chapel for "miracle cures".

be protected by a grave".

The wife of the faith healer, Pauline Silinda, said the mortuary catered for the Green Valley community and not only for patients at the clinic.

"We are in a Catch 22 situation here. Some of the patients brought to us are very sick people who cannot be healed but we cannot turn them back because their relatives will say we are only interested in healing certain people only.

"We admit them hoping God will save them and if they die we cannot

■ Silinda also allegedly exploits more than 300 employees under the guise of Christianity. Most are members of his church earning between R60 and R100 a month and many of them are living among the patients.

"They say we are working for God and we will have our rewards in Heaven," said one worker.



Chief priest Juta Mabaso prays for a cure.

Share it to the church were left behind in their rooms.

Silinda employs five preachers to perform "miracle cures" because it is alleged he is too busy to pray for the patients himself.

Juta Mabaso, the senior preacher and head of the clinic, said total obedience was expected at the clinic and those who broke the rules, including priests, were sacked.

Alcohol, smoking, love affairs and truancy are outlawed at the clinic. Those who want to get married must obtain approval from the spiritual healer.

An Acornhoek police spokesman said he was not aware there was a mortuary or clinic on the church premises.

"All I know is that Silinda is praying for members of his church - this is news to me."

He was not aware of any deaths from the clinic having been reported at the police station, which is only 500 m from the mortuary. He said the police would investigate whether the clinic and mortuary were registered.

Silinda declined to comment but his business associate, AS Khuthoane, threatened City Press with violence.

He said: "We do not want anything published in the newspaper and I can shoot you, burn your car and the police will not do anything about it."

He said if the report was published action would be taken "and not even the police will give you protection; you will

An employee with one of the best-selling lines in Mabaso's supermarket - coffins for the "patients".



Public Service League 'disgruntled' over strike

By GILL TURNBULL
Staff Reporter

THE Public Service League, official representative of civil servants, is disgruntled at accolades accorded to the unaffiliated Health Workers' Union after the successful conclusion of the Cape hospital strike.

A spokesman for the league's national hospital sub-committee said that weeks before the strike started his organisation had placed the non-medical workers' six grievances before the Provincial Administration and the Commission for Administration and negotiations were at an advanced stage when the illegal strike was called.

He said the fact that the union had

stepped in to stop the strike had made the league look bad in the eyes of its members.

He added that the authorities had instructed the league not to tell its members of the negotiations until after the Minister for Public Administration, Dr Wim de Villiers, had raised the matter in parliament.

In a Press statement, the Administrator, Mr Kobus Meiring, confirms that "at the time of the strike, the Commission for Administration was already investigating the grievances of general assistants about their salaries and conditions of service, which had been brought to their attention by a delegation of the hospital sub-committee of the Public Service League



Patients at the Coronation hospital support the protest march.

Hospital renamed by ⁹⁸ demo doctors, nurses

THE racially-segregated JG Strijdom Hospital in Johannesburg was on Saturday re-named Dr Yusuf Dadoo Memorial Hospital.

This occurred at the height of a march by a crowd of health workers protesting inadequate apartheid health services, privatisation and other health related issues.

The demonstrators said they buried the spirit of former Prime Minister Mr J G Strijdom after whom the hospital was named.

They then hoisted a huge red flag depicting former secretary-general of the South African Communist Party, Dr Yusuf Dadoo.

Prior to that a senior medical superintendent of the hospital, Dr Chris Visagie, complimented a delegation who presented him with a petition.

"I thank the orderly way in which you conducted the march," Dr Visagie said and then handed a document from the director-general of the Transvaal Provincial Administration (TPA) to the delegation.

Flags

He declined to disclose the contents of the document.

The march which included doctors and nurses was watched by the coloured communities of Coronationville, Newclare and Westbury.

Flags of liberation movements and health organisations fluttered in

the crowd closing the main route from Coronation Hospital to JG Strijdom Hospital to traffic.

"Money for health, not war" said one of the flags.

"This march was historic in terms of current political events in the country," said principal co-ordinator of the event, Dr A Dasoo.

Dasoo said health workers had petitioned authorities at the JG Strijdom Hospital because the institute was a manifestation of apartheid health services.

General-secretary of the SA Health Workers' Congress Dr R Bismilla said there was nothing wrong with health workers protesting against third grade health services offered to the oppressed people. - Sapa.

Demonstrators 'rename' white Rand hospital

CAMC Trips, 26/3/90
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JOHANNESBURG. — Demonstrators on Saturday "renamed" the segregated J G Strijdom Hospital the "Dr Yusuf Dadoo Memorial Hospital".

This occurred at the height of a march by a crowd of health workers protesting inadequate apartheid health services, privatisation and other health-related issues.

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These organisations held the march in support of the Mass Democratic Movement. — Sapa

CAPL Tint's 98
27/3/90

Hospital workers' concerns discussed

Staff Reporter

REPRESENTATIVES of the Public Servant's League yesterday morning met the Minister of Administration and Economic Co-ordination, Dr Wim de Villiers, to discuss working conditions and salaries of provincial hospital workers.

A spokesman for the PSL, Mr Arthur Farred, said the league would present the minister with a list of demands — including a minimum living wage of R850 and a future meeting with President F W de Klerk, Finance Minister Mr Barend du Plessis and Dr De Villiers.

"The Groote Schuur branch of the organisation is also to seek affiliation with Cosatu," he said.

A mass rally in response to the meeting is to be held by the PSL in the Westridge Civic Centre at 8pm this evening.

"We will spell out the worker's new salary package then," said Mr Farred.

A spokesman for Dr De Villiers' office confirmed that a meeting had taken place.

No new hospitals for six months - Venter

Political Staff

CAPE TOWN — The Government has decided not to build any new hospitals for at least six months, Dr Rina Venter, Minister of National Health and Population Development, said in a parliamentary reply yesterday.

Mr Mike Ellis, the Democratic Party spokesman on health, had asked if the Government intended building any new hospitals during

the next five years.

Dr Venter said: "The Cabinet has instituted a moratorium of six months on new hospital building projects. *Star 28/3/90*

"Each project will be evaluated on merit after a national health strategy has been adopted. Recommendations will be submitted to the Cabinet for a final decision."

Mr Ellis also asked what per-

centage of the annual health budget was spent on defraying administrative costs of each health department.

These were Department of National Health and Population Development 7,86 percent, Administration House of Assembly 6,72 percent, Administration House of Representatives 3,57 percent and Administration House of Delegates 4,85 percent.

Troops strike back in hospital labour fight



CLEAN-UP OPS . . . SA Cape Corps soldiers tackle the laundry backlog at strike-bound Tygerberg Hospital

By **HAMISH McINDOE**

SOLDIERS of the 1st and 2nd SA Cape Corps Battalions were deployed in mopping up operations at hospitals on the Peninsula this week. The 350 troops were sent to two hospitals where non-medical workers, such as laundrymen and janitors, had joined a pay strike.

"The hospitals were in a tight spot and asked us to help," said Lieutenant Johan van Schalkwyk, a liaison officer at the SA Defence Force's headquarters at the Castle.

Crisis measures taken to cope with the strike have included ward closures, emergency-only operations and cold meals served to patients.

In all, 15 Peninsula hospitals are struggling to maintain emergency-only services, with more than 3 500 workers now on strike.

A six-hour meeting on Friday between the Health Workers' Union and Government officials failed to resolve the 16-day dispute, and a new round of talks is scheduled for tomorrow. The strikers are calling for a R1 500 minimum monthly wage — a 500 percent increase at some pay levels.

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Break for workers

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WORKERS at Transvaal provincial hospitals will from Sunday have their work week cut from 44 to 40 hours, Mr F van Niekerk, chairman of the Transvaal Executive Committee of the Hospital Personnel Association of SA said in a statement yesterday. *Soweto*

He said ^{20/3/90} the decision followed a meeting with the Minister for Administration and Co-ordination, Mr WJ de Villiers. - Sapa.



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New burns unit donated to Bara

BARAGWANATH Hospital is to be donated a specialised burns unit - ready for occupation in November. The donors are Johnson and Johnson's Health Unit.

According to the company's director of human resources, Roger Crawford, this social investment programme will mark the 60th anniversary of Johnson and Johnson's business in South Africa.

The R3 million project will be jointly managed by

Bara and the University of the Witwatersrand's Department of Surgery.

Baragwanath Hospital admits an annual figure of 250 patients with severe burns while many others receive out-patient treatment.

Many of the burn victims are children - particularly in winter.

Crawford said specific benefits were the

provision of appropriate treatment to patients admitted with serious burns.

The service would help avoid treating serious burns in the general surgical wards, he said.

Due to the hospital's association with Wits Medical School, appropriate research can be completed in the area of burns treatment and infection control.

The burns unit will comprise: an operating theatre, a skin culture laboratory, four wards of four beds (16 beds) for high care treatment of patients.

Four intensive care treatment rooms with appropriate vital signs monitoring equipment.

Appropriate ablution, changing and storage facilities.

HEALTH NEWS



By MOKGADI PELA

B/Dam 30/3/90
2 (98)

BUSINESS DA

More hospital beds may close

DANIEL FELDMAN

BLOEMFONTEIN Hospital may be forced to close up to 25% of its beds because of the resignation of eight specialists.

Free State MEC for hospitals Roelf Dreyer confirmed yesterday that eight specialists had resigned recently and about 45 nurses in the past year.

Cardiac surgeon Japie Hough said he was resigning because facilities and salaries at academic hospitals were lacking.

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Hospital services disrupted by strike

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Ben Vosloo

A NUMBER of essential services at Garankuwa hospital, north of Pretoria, were disrupted yesterday when more than 3 000 workers downed tools in protest against alleged racism and poor working conditions.

An hour-long protest was staged by the catering, cleaning, messengers and switchboard staff.

Some medical staff also supported the strike which began at 7am.

After a meeting which was followed by a march around the hospital premises, a workers' delegation handed a petition to the hospital superintendent, Dr Louis van Heerden.

A hospital spokesman confirmed that some services were 'slightly dis-

By MATSHUBE MFOLOE

rupted' by the hour-long strike.

He said workers alleged that some superiors were intimidating black staffers.

The spokesman said some of the demands were vague and specific

incidents were required before investigations could be made.

Workers demanded an immediate removal of two white employees whom they allege were "racists".

The workers later resolved to resume work after authorities undertook to respond to the grievances by Monday.

Breakfast for patients was served hours late and other patients who came early for treatment at the hospital returned home.

Delay dither

One of the worst strikes in government health services ended last week. Why was there such a delay in resolving it, in view of the hardship to patients and staff and the damage to hospitals and, not least, the hardship

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FIM 30/3/90

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endured by the strikers themselves?

The strike started on March 5. Only on March 16 did talks begin between the Cape Provincial Administration (CPA), the Commission for Administration (CFA) and the striking Health Workers' Union.

The union is not aligned to either of the major trade union groupings, Cosatu and Nactu, nor is it officially recognised — though it has been organising Cape health workers since 1985. Initially, it refused to present grievances to retired Chief Magistrate Charles van Zyl, appointed by the CPA. Workers were holding out for talks between the union, Health Minister Rina Venter and Public Administration Minister Wim de Villiers. They were weary of dealing with representatives, saying problems had been brought, in vain, to the attention of the provincial authorities since 1987.

The Dean of Medicine at UCT, Prof J P van Niekerk, points out that normal procedures do not allow for direct bargaining with the minister. He says there was a lack of co-ordination in bargaining between the union and the Public Servants' League (PSL), the recognised health staff association.

However, the union's acting general secretary, Hassan Mohammed, counters that there was very little direct contact with the PSL and that no joint planning for the strike took place. The PSL was also "ambiguous" towards the strike, with some of its members joining in and others engaged in "scab" la-

bour. He says the union raised a central set of demands and indicated whom it wanted to meet from the outset. However, no response was received until March 15.

The union's demands included: a "living wage" of R1 500 a month (current minimum starting wage is R260, average R350); six months' paid maternity leave; a 40-hour week; union recognition; and permanent status for workers classified as temporary. Compromise has now been reached on all issues except the size of the wage rise.

The DP's health spokesman, Mike Ellis, attributes the delay in talks to the minister's reluctance to meet striking workers from an unrecognised union. Minister Venter apparently felt that since the strike was about employment conditions, it should have been handled by colleague Wim de Villiers. However, Ellis maintains that as the strike was a health matter, involving patient care, the health minister should have involved herself.

The terms of agreement between the union and the CPA and CFA do not specify the size of wage increases for lowest paid workers. All that is said is that public servants are to get a 10% general increase from April 1; "general assistants" will receive a "salary improvement over and above the 10%" — precisely how much will be known by April 16. Ellis hopes that when salary increases are announced, they will be "substantial" in order to avert another crisis.

Van Niekerk, however, warns that "all



**Minister Venter . . .
thrust into the labour arena**

hospitals in the Cape are on tight budgets and cost-cutting measures are likely to hit unskilled workers first. In so far as workers have won better conditions as a result of the strike, it must be remembered that hospitals may well respond by gradually trimming their staff."

All the parties are at least agreed on the need to improve communication, chiefly by regular meetings at both hospital and provincial level. ■

THE Transvaal Provincial Administration (TPA) should study and reassess its fee structures carefully if it wants to avoid huge unpaid medical bills at provincial hospitals and health care centres.

So says Mr Mike Ellis, the Democratic Party's parliamentary spokes-

Bara debts: 'poor can't pay'

Star 31/3/90

SUE OLSWANG

man on health.

He was responding to the revelation last week that the TPA had written off R4,1 million owed to

Baragwanath Hospital and sister health care centres in Soweto. He said most of this debt was incurred by indigent people.

"Tariffs at provincial hospitals and centres are grossly disproportionate

to what they should be," he said. "Indigent people are expected to pay medical fees they could never meet, while others more fortunate pay well below what they can really afford."

The TPA needed to look at its fee structures to avoid heavy unpaid debts, he added.

Health AND DISEASES —

HOSPITALS & CLINICS

1990

April ~~1990~~

— JUNE

98

Hospital workers mobilise community support

A MEETING to mobilise community support for hospital workers will take place at the Hanover Park Civic Centre on Friday at 2pm.

A strike by more than 4 500 workers which crippled several Cape Provincial Administration (CPA) hospitals was suspended last month.

The CPA will announce wage proposals later this month. The workers might decide on further action if they are unhappy with the CPA offer.

Speakers at the meeting will include representatives from Cosatu and the South African Municipal Workers' Union, and a worker representative.

They will discuss the background to the hospital strike, Cosatu's campaigns for a living wage, the Workers' Charter, the Labour Relations Act and privatisation.

The meeting is being organised by the Health Workers' Support Committee.

New Natal hospital put on ice

5/11/90 Own Correspondent (98)

DURBAN — Drastic cuts in the Natal provincial budget have led to an “unbelievably shocking” development — the new teaching hospital in Durban, which would have greatly alleviated the current hospital crisis, has been put on ice.

The Administrator of Natal, Mr Con Botha, said in Maritzburg yesterday that “the assessed growth needs of the province have had to be pruned drastically”.

“At the outset I wish to make the point that owing to the paucity of funds in 1990/91, the province was compelled to review all its priorities and as a result thereof projects such as the construction of new roads in Natal had to be postponed or delayed indefinitely.”

Mr Roger Burrows, DP MP for Pinetown, said Natal was being “short changed” and that the budget had created an “entirely unacceptable picture”.

“We are heading towards a Third World situation in this province,” he said. “Twenty-five percent of South Africa’s population lives in Natal, which has become a war zone.”

“It is bad enough for cuts of this nature to occur in a quiet period. Not only do we have the violence in Natal, but also the State President’s February 2 speech calling for a move towards a new South Africa — the concept which must be sold and marketed properly.”

The chairman of the Democratic Party in Natal, Mr Mike Ellis MP, said Mr Tino Volker, MEC for hospitals in Natal, had confirmed further developments had been put on ice.

“It’s an unbelievably shocking situation. That hospital is desperately needed.”

R4-bn is needed for Tvl health, says MP

By Claire Robertson
Pretoria Bureau

98

5/14/90
The Transvaal needs double the R2 billion budgetted for health services this year to meet minimum needs, according to National Party MP Dr J J Vilonel.

Speaking at yesterday's meeting of Transvaal MP's and members of the provincial administration in Pretoria, Dr Vilonel (Langlaagte) said it was obvious there would be a shortfall this year.

This view found official support in the report of MEC for health services, Mr Fanie Ferreira, when he said "there is a strong possibility that extra funds will have to be requested".

Last year the province was caught R242 million short to meet minimum needs — even after extra funds were granted.

The Transvaal has asked for only 0,8 percent

more this year for health services.

Dr Vilonel said there was "scant comfort" in Mr Ferreira's saying that the "large numbers of nurses and physicians leaving the service" could mean savings on salaries.

Transvaal hospitals are understaffed by about 18 percent, according to Mr Ferreira's report.

Dr Vilonel suggested a redistribution of funds — from the national Budget down — to meet health needs. "I say the minimum needed is R4 billion," he said.

He suggested tax concessions as an inducement for grants for the building of hospitals.

Mr Brian Goodall (MP for Edenvale) said hospitals should be used by all races in order to use resources efficiently. Edenvale Hospital was only 59 percent full, he said, and opening it to other races would both meet a need and increase the viability of the hospital.

Budget cuts stall big plans for Red Cross

Municipal Reporter

NO provision has been made in the 1990/91 Cape Provincial budget for the R30-million expansion and upgrading project announced last year for the Red Cross War Memorial Children's Hospital in Rondebosch.

Dr Saheed Hassim, medical superintendent, said he had not seen the budget, but he knew that the redevelopment was still being planned.

"As and when funds become available, we will continue with it," he said. "It is still at an early stage."

No comment was forthcoming from the provincial authorities yesterday, but a copy of the budget shows that there will be no capital expenditure on the hospital in the coming year.

There is some capital expenditure on other Western Cape hospitals: R2,3 million is to be spent on the "conversion of the old main building" at Groote Schuur Hospital, and over R4 million on repairing and upgrading Somerset Hospital.

Operational expenditure at Red Cross will amount to just over R51 million in 1990/91, R34 million of it on staff and most of the rest on stores.

This is a modest amount compared to that spent on Groote Schuur and Tygerberg Hospitals respectively — R249 million and R221 million.

However, overall expenditure on hospital and health services in this year's provincial budget has been cut by R48 million to R1,6 billion. This is a cut of nearly 3% without taking inflation into account.

The Administrator, Mr Kobus Meiring, said this week that the Cape had no alternative but to scale down services in the coming year because this year's budget was lower in real terms than last year's.

its independence proclamation.
Parliamentary sources said they expected the as-

Garankuwa Hospital at virtual standstill

Star

714190

SUE OLSWANG

98

HEALTH CARE at the Garankuwa Hospital, which services virtually the whole of the Northern Transvaal, has almost ground to a halt with medical technologists, clerical staff, cleaning squads, laundry and kitchen staff out on strike.

The superintendent of the hospital, Dr van Heerden, yesterday told the Saturday Star that only nurses and doctors were reporting to work.

"Hospital services have been terribly affected and we are able only to provide basic medical services," he said.

Dr van Heerden added that white staff were manning the hospital kitchen in order to provide patients with meals.

"Striking staff have a list of complaints, which I do not want to elaborate on, and we have no idea how long this strike will continue."

A concerned black doctor telephoned the Saturday Star yesterday morning to report that staff had gone on strike because of discriminating racial attitudes displayed by two white administrators.

"Staff have had enough of these two administrator's tendency to be racialistic in their dealings with black employees," he said.

The doctor said striking black staff have called for the transfer or dismissal of the two administrators.

Hospital workers to strike?

CAT Tim's 7/4/90 Staff Reporter ~~98~~ 98 ~~98~~

THE Hospital Workers' Support Committee held a poorly attended meeting at the Hanover Park Civic Centre yesterday, to inform the community of possible strike action that could follow the government announcement on wage increases by April 16.

"We depend on community support, and we want to inform the people of possible strike action that will depend on the announcement of wage increases," said a spokesman for the Health Workers' Union.

The committee, which was set up by the HWU, Cosatu and several other organisations, said that no marches or further public meetings were being planned before April 16.

"We intend holding more meetings at workplaces before that date," said the union spokesman.

'Teargas Star 9/4/90 fired in 98 hospital'

By Kaizer Nyatumba

A Ga-Rankuwa Hospital doctor yesterday told The Star of a police siege in which teargas was fired inside wards and operating theatres, and nurses, patients and visitors were arrested at random.

The doctor, whose name is known to The Star, said because some of the police could not distinguish between nurses, visitors and patients, some patients had also been dragged out of their wards and arrested.

"They (the police) were ruthless. They fired teargas and sjambokked nurses and visitors inside the wards and operating theatres. They even arrested people who were patients — there is at least one patient I saw them taking away," said the doctor.

He said after the fracas yesterday shocked doctors later held a meeting at the nearby Medical University of South Africa (Medunsa), where they decided to call for the immediate resignation of the hospital superintendent.

The doctors, estimated at 200, also voted to support the hospital's non-professional workers' demand for the resignation of two personnel officers, a Mr Boshoff and a Mr Swanepoel, because of whom the workers had gone on strike.

The source said the doctors planned to march at tea-time today to the superintendent's office, where they would present him with a petition demanding his resignation. If he did not resign, the doctors would "down tools" and attend to emergency cases only.



Medical Services Plan chairman Dr John Gluckman watching the trial run last week of an MSP helicopter equipped with an intensive care unit for trauma victims. Pictures: ROBERT BOTHA

Medical scheme starts its own airborne rescue service

MEDICAL Services Plan (MSP) became the first medical scheme in SA at the weekend to introduce a comprehensive medical rescue service for its 19 000 members.

The service includes helicopters equipped with intensive care units, as well as a fleet of ICU-equipped ambulances. Medical services will be provided by an associated company, Medical Rescue International (MRI), whose medical rescue centre is manned 24 hours a day by trauma-trained nursing sisters, paramedics and doctors, according to MSP chairman and MRI director Dr John Gluckman.

DANIEL FELDMAN

BID on 9/4/90
When a patient's condition cannot be handled by nearby medical facilities and requires evacuation to one of the five trauma centres in SA, a trauma team will be flown or driven to the patient to provide on-the-spot stabilisation for transfer to the trauma centre.

There is currently one ICU-equipped helicopter in the Johannesburg region and another in the Durban region. Within a year, MSP hopes to launch similar flying ICUs in Bethlehem and Port Elizabeth, according

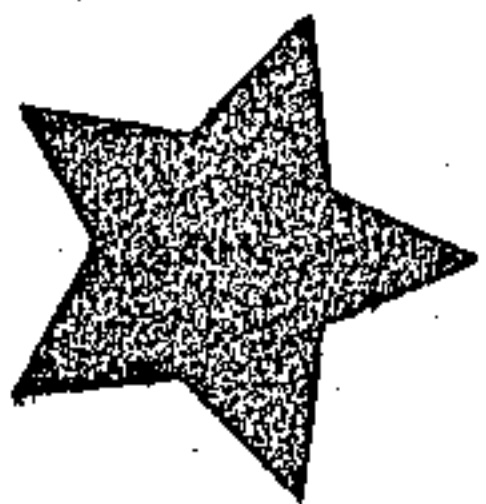
to MRI GM Martin Marburger. He said each helicopter cost R2,6m initially and was fitted with more than R500 000 of medical equipment and navigational supplies. The helicopters will operate within a 250km radius of their base.

Gluckman said about 11 000 people of the 110 000 injured in SA annually died as a result of trauma. "Of these deaths, 10% could be prevented through the provision of rapid and appropriate medical response. Our new service will help to offer it."

MSP will not increase its subscription rates as a result of the new service.

TUESDAY
April 10 1990
Johannesburg

The Star



CITY

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30 injured as police charge striking hospital workers

By McKeed Kothlolo,
Pretoria Bureau
At least 30 Ga-Rankuwa Hospital employees and visitors were injured when police and hospital security guards opened fire on hundreds of striking workers yesterday afternoon.

Witnesses told The Star that members of the police, assisted by hospital security guards, fired teargas canisters, live ammunition and birdshot at hundreds of workers inside the hospital grounds.

They said professional staff at the hospital, including doctors, had joined a strike by workers who

downed tools last Wednesday over unfair labour practices and racial discrimination among workers.

Witnesses also said that shots and teargas canisters were fired at random and that police dogs chased nurses and visitors.

They alleged that some of the nurses and visitors were sjambokked inside the wards.

An elderly woman told The Star of a nurse who was bitten by a dog inside one ward and of another sister

who was hit on the forehead during an assault by police.

Police were also reported to have entered hospital wards through open windows.

Other witnesses believed that more people were injured as they ran from police dogs and sjambok-wielding policemen.

Several strikers, nurses and doctors were reported to have been taken away in a police van.

Sapa reports that a police spokes-

man confirmed that at least 14 demonstrators were arrested during police action in the hospital grounds, which lasted for several hours.

Police ordered a crowd of several hundred people gathered in the hospital grounds to disperse at about 9 am yesterday, the spokesman said.

"By noon the crowd had failed to disperse. Rubber bullets were fired and the crowd was baton-charged," the spokesman said.

"I had no reports of people at-

acked by police dogs."

A police colonel was hit by a baton, but was not injured.

When The Star arrived at the hospital shortly after 5 pm, all newly admitted cases were kept in casualty for more than an hour while awaiting transfer to other hospitals.

Several other patients — but not serious cases — were either turned away or advised to see private doctors in the township.

In a press statement released by the Transvaal Provincial Administration (TPA), the hospital authorities claimed that the strikers had used teargas.

It had therefore been necessary to call on the police to assist in restoring order, the TPA said.

The statement gave the workers until Wednesday morning to give reasons why they should not be fired, failing which they would be discharged.

Members of the SADF are doing the work of the strikers, including cooking and cleaning the hospital.

Whites-only hospitals 'severely under-used'

CA 1/14/90 Political Staff

98

WHITES-ONLY hospitals under the control of the House of Assembly were severely under-used last year and many were less than half full, the Minister of Health Services, Welfare and Housing, Mr Sam de Beer, said yesterday.

The lowest average bed occupancy was at Zastron Hospital in the Free State which had an average bed occupancy of 29,6%.

The average bed occupancy was less than 50% at 22 hospitals which fell under the control of Mr De Beer's department.

Mr De Beer, who was replying to a question tabled by Mr Mike Ellis (DP, Durban North), said three of the four hospitals in the Cape administered by the House of Assembly had an occupancy rate of less than 50% — Volks Hospital (39,2%), Walvis Bay Hospital (44,49%) and William Slater Hospital (32,93%).

Star 11/4/90 98

Conditions at Ga-Rankuwa Hospital disastrous — doctor

By Kaizer Nyatumba

Conditions at Ga-Rankuwa Hospital, where sjambok-wielding police allegedly entered wards and operating theatres and fired teargas at everyone in sight on Monday, were way below minimum hygienic conditions and were downright disastrous, a doctor at the trouble-torn hospital said today.

The doctor, who is prepared to back his claims in court if necessary, said wards at the hospital were filthy and smelly, and patients were not cared for because no nurses were on duty.

"Conditions at the hospital at the moment are disastrous," he said. "They are way below the minimum expected conditions for hospital care. In fact, the hygienic conditions one normally expects at hospitals are completely non-existent."

The doctor said that although some of his colleagues had told him their patients were being transferred to other

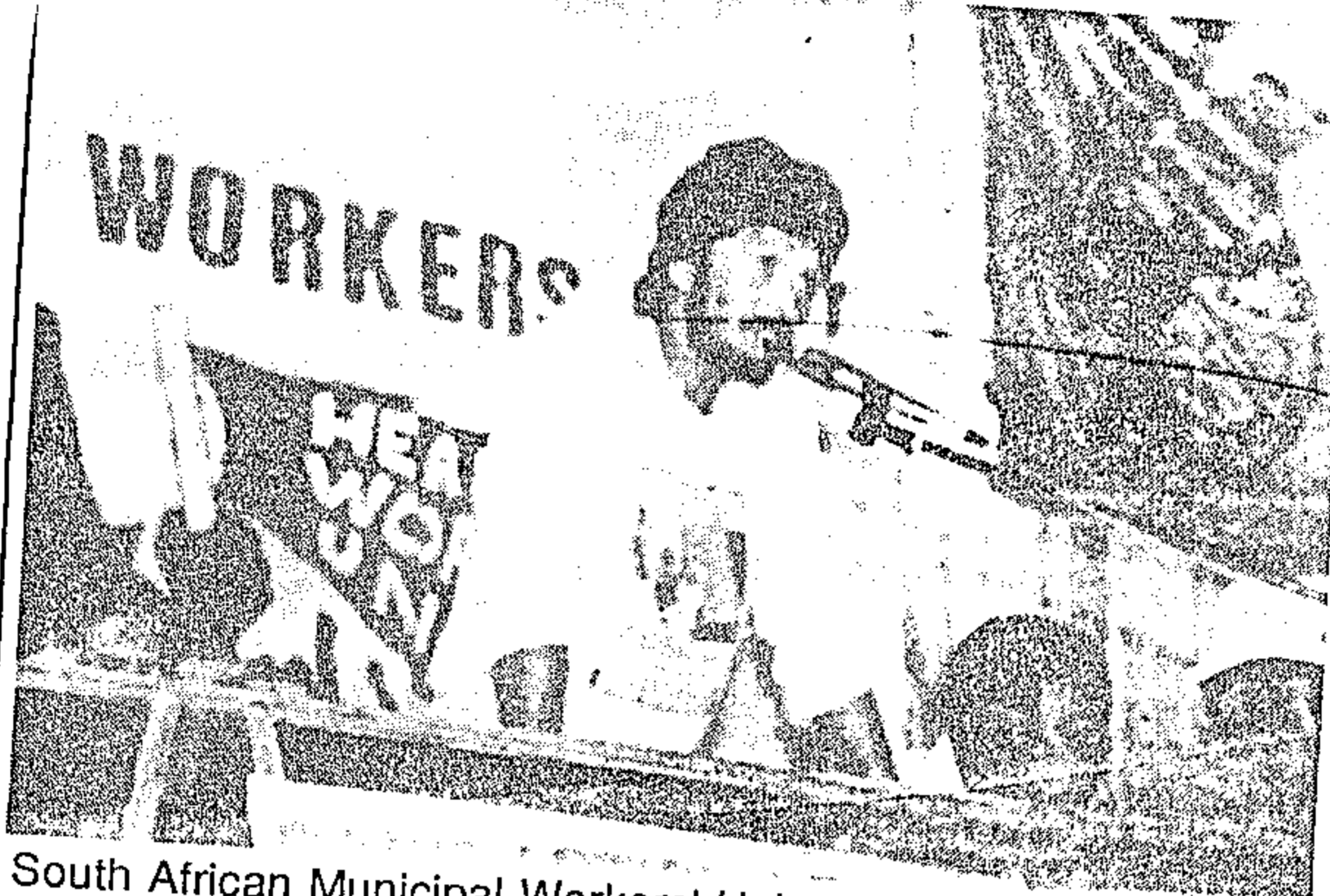
hospitals around Pretoria, there were still many patients left at the hospital.

The strike by nurses and the hospital's non-professional staff was still on, and doctors would continue with their "go slow", caring for emergency patients only, because none of the doctors' demands, including the resignation of the two superintendents of the hospital, had been met.

Workers were due to meet one of the superintendents early today to discuss their demands and grievances, the doctor said.

He told The Star yesterday of a police siege which saw police firing teargas inside wards and operating theatres, and arresting nurses, patients and visitors at random.

He said that because some of the police could not distinguish between nurses, visitors and patients, some patients were also dragged out of their wards and arrested.



South African Municipal Workers' Union speaker, Salie Manie, calls for a campaign against privatisation

Hospital workers make new threat

South 1114 - 18/4/90

HOSPITAL workers will take further strike action if the Cape Provincial Administration does not meet their demands for a living wage.

This was the message given to more than 800 people who attended a Health Workers support meeting in the Hanover Park Civic hall last Friday.

Health Workers' Union speaker, Mr Eddie Ntlokwana, called on workers to build unity across ideological lines.

"Unity is the tool to fight the bosses," he said.

South African Municipal Workers' Union speaker, Mr Salie Manie, said it was a "matter of extreme urgency" to build an anti-privatisation campaign in

the Western Cape.

Describing privatisation as a "monster" which would result in costly services and increased unemployment, Manie said public sector unions and other unions affected by privatisation should draw up a programme of action which should include educating the public about the costs of privatisation.

A surprise speaker at the

rally was the acting general secretary of Nactu, Mr Cunningham Ngcukane, who said Nactu fully supported the health workers' demands.

Cosatu speaker, Mr Johnny Maleni, called on all workers to throw their weight behind Cosatu's living wage, LRA and Workers' Charter campaigns.

AS 12/4/90

NEV

Hospital tense as strikers return

Staff Reporter

Striking nursing staff at the Ga-Rankuwa Hospital have returned to work but the situation remained very tense yesterday following rumours that the hospital might be closed down.

Earlier this week, nurses and doctors joined a strike by non-professional hospital staff demanding the dismissal of two white officials. This led to the virtual collapse of services at the hospital, and patients had to be transferred to neighbouring institutions.

According to Sapa, the Transvaal Provincial Administration yesterday removed the two white officials from the hospital — effectively bowing to the demands of strikers.

Awaiting proof

The move is seen as a major victory for the health workers and could bring the eight-day strike to an end.

"We have won the battle and are awaiting documentary proof from the TPA (that the officials were removed)," a representative of the strikers said yesterday.

This emerged after a meeting between the National Education Health and Allied Workers Union, Medical University of SA (Medunsa) principal Professor LT Taljaard and Medunsa heads of department. Professor Taljaard has apparently acted as a mediator between the TPA and strikers.

A strikers' representative said: "Mr AJ Boshoff (hospital secretary) has been transferred to another TPA branch and Mr F A Swanepoel (senior provincial administrative official) suspended for seven weeks."

The striking health workers have meanwhile petitioned Professor Taljaard to press for their outstanding demands to be met before they resume work. They are demanding the release of about 14 workers detained on Monday after a skirmish between strikers and police at the hospital in which 10 people were injured.

Strikers also demand the withdrawal

of a court interdict against strikers which ordered them to vacate hospital premises or resume work on Monday.

Further demands are the removal of police and troops from the hospital, after the TPA moved troops in last week to take over essential services.

The strikers have also demanded an undertaking from the TPA that workers would not be victimised when they resumed work.

A commission of inquiry was to be appointed as a long-term solution to the situation at Ga-Rankuwa Hospital, Professor Taljaard said.

Nurses and doctors yesterday said they would return to work but called for the reinstatement of striking cleaners, saying it was difficult to work in filthy wards and theatres.

Hospital officials allegedly brought in busloads of people yesterday to clean the hospital, but left after being approached by strikers.

Sources said the authorities had threatened to close the hospital next week if the strike continued.

Ambulances yesterday transferred patients from the hospital to others in Pretoria as patient care dropped to a minimum.

Garbage

Some patients interviewed by The Star said they had not received clean clothing and linen since the strike began. They had also been forced to sleep in dirty and stinking wards.

They showed The Star heaps of dirty linen inside the wards and complained about the stench from the toilets. Piles of garbage lay outside wards, the theatre and intensive care unit.

Dirty theatre uniforms were strewn on the ground in front of the building.

Transvaal MEC for hospital services Mr Fanie Ferreira last night said negotiations between health authorities and strikers were continuing. He said Mr Swanepoel "had himself asked for a transfer while Mr Boshoff is at present preparing for a course which starts in Pretoria on April 17 this year".

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Natal refugees get R250 000 govt aid

DURBAN — Planning and Provincial Affairs Minister Hernus Kriel yesterday announced the immediate availability of R250 000 for refugees and homeless victims of the violence around Durban and Maritzburg.

However, government's long-term plan of action to combat the crisis would be disclosed within the next week or two, and could take six or seven years to implement, he said.

Our own correspondent reports from Durban that three companies of 32 Battalion — the elite SADF unit which gained a fearsome reputation in the Namibian border war — flew into Durban yesterday to assume new duties in Natal's strife-torn townships.

Officer Commanding Natal Command Brig Hattigh Pretorius said the battalion's new tasks were to establish peace in the area, protect lives and property and maintain law and order.

"The battalion will not be deployed immediately. The men will have to orientate themselves and get used to the area and their new tasks."

Meanwhile, Durban's King Edward VIII Hospital has been forced to close its doors until further notice to patients requiring emergency surgery, because the hospital's over-stretched theatres and intensive care

unit are unable to take in any more casualties of the Natal violence.

This is the first time the hospital has had to close its doors.

Acting medical superintendent Dr A M Seedat confirmed this week emergency surgery had been stopped and all elective surgery cancelled for at least 24 hours to try to bring the situation at the hospital under control.

Ventilators

"Our intensive care unit is totally full and five patients who need to be on ventilators are on the ventilators in the operating theatres, being looked after by theatre staff. They will die otherwise," she said.

"Because of the overflow of patients now being cared for in theatres we simply cannot carry out any more surgery."

"We have reached a situation where we cannot take on a single extra patient. It is no use taking in critically injured people because we cannot give them the required surgery."

The news coincided with a police statement yesterday saying the official police death toll of victims of

unrest in the Maritzburg area since April 3 had risen to 87 with the discovery of three more bodies.

SA police spokesman Lt Henry Budhram said the bodies of two men were discovered at Sweetwaters location while a third had been found at Henley Dam. The victims appeared to have died several days ago.

Budhram said the situation in the townships was relatively calm.

After an aerial and road inspection of the "war zones" yesterday morning, Kriel announced immediate aid would be made available to the Natal Provincial Administration and Development Aid.

Clearly shocked at the conditions he had seen, Kriel said:

"The first thing that strikes me is the poverty of these people. We will have to provide the infrastructure for such basic needs as water, sewerage and rubbish removal."

□ Three people were killed in unrest violence in the past 24 hours, according to yesterday's police unrest report. Sixty-one people were injured and 180 were arrested. — Sapa.

NATAL UNREST DEATHS

September 1987 — January 1989:.....	668
February 1989 — April 10 1990:.....	869
Past 24 hours' official toll:.....	5
TOTAL:.....	1 542

Hospital strike over today?

Capl. Times 12/4/90 98
GARANKUWA. — Workers at Garankuwa Hospital, on strike for eight days, yesterday unanimously resolved to resume work today following undertakings that two white officials had been removed.

But emotions ran high when delegates representing strikers failed to present fellow strikers with documentary proof showing the two officials had in fact been removed from the troubled hospital.

Strikers said yesterday if the men were reinstated they would again withdraw their labour. — Sapa

Case 71215 (98)
12/14/90

Hospital forced to turn away patients

DURBAN. — Durban's King Edward VIII Hospital has been forced to close its doors to patients requiring emergency surgery until further notice because the hospital's over-stretched theatres and intensive care unit simply cannot take in any more casualties of the Natal violence.

Acting medical superintendent Dr A M Seedat confirmed that emergency surgery has been stopped and all elective surgery has been cancelled for at least 24 hours to try to bring the situation at the hospital under control.

Dr Seedat said the decision to stop accepting more patients had been made after a lengthy discussion.

"Because of the overflow of patients now being cared for in theatres we simply cannot carry out any more surgery. We have reached a situation where we cannot take on a single extra patient.

"It is no use taking in critically injured people because we cannot give them the required surgery." — Sapa

Move to resolve hospital crisis

THE Transvaal Provincial Administration (TPA) has agreed to appoint a mediator to resolve the strike by workers, including doctors and nurses, at the Garankuwa Hospital amid fears that patients were dying and the condition of others deteriorating due to lack of care.

Workers continued the eight-day-long strike yesterday and one doctor, who refused to be named, said corpses were not being removed in wards and patients were not bathed and did not receive proper food.

"It's a chaotic situation. The floors are dirty and the wards are stinking," the doctor said.

Mr F E S Ferreira, Transvaal MEC for health, said a mediator would be appointed to resolve the matter following discussions he held on Tuesday with senior TPA officials, Professor Leon Taljaard, rector of Medunsa, the medical advisory committee of the Garankuwa Hospital and Dr Hennie van Wyk, executive of the health services' branch of the TPA.

In a statement released yesterday, Ferreira said: "I deeply regret any inconvenience caused to patients or staff as a result of the current situation at the hospital. I urgently request all interested parties not to put the lives of patients in jeopardy through their actions nor to disrupt patient care in general."

The changing face of hospitals

98

FIM 1314190

Edwin Hertzog is MD of Medi-Clinic, the private hospital company controlled by the Rembrandt Group. He also serves as chairman of the National Association of Private Hospitals.

FM: At the beginning of last year most of the major private hospitals began to charge more than the medical schemes' scale of benefits. Your comments?

Hertzog: I have sympathy with medical schemes because they act as a channel between employers and suppliers of service. They have to pass on increases in our rates. But the trouble was that the medical aid tariff was a middle-of-the-road sum that over-compensated some hospitals and under-compensated others. I think it's a good thing that we've contracted out. Now we are seeing differential prices according to the service provided, just as there's a difference in price between a Volkswagen and a Mercedes.

I also believe in the principle of co-payment. If the patient has to pay a portion of his medical bill, he's more likely to appreciate the value of the product and to question any overcharging.

But what is the long-term future of funding through medical aids?

I don't think they will be able to continue to offer the same package to all members. Higher compensation will be offered as a perk to more senior employees. Until 15 years ago, private hospitals provided bread-and-butter medical care and more serious cases were transferred to the provincial hos-

pitals and particularly academic hospitals. In the interim, private hospitals have taken greater responsibility for the severely ill. Unfortunately, if people can't afford cover, they'll fall back more on the State. However, I think most people will pay extra for higher cover, which is a high priority for most families. They'll still be covered enough to afford our hospitals.

It's important that schemes provide no-claim bonuses and other incentives to reduce claims.

What are the prospects for the private sector in health care?

We expect that there will be almost no licences granted for the building of new private hospitals, so growth would mean taking over State and provincial hospitals or existing private hospitals. But I believe there are possible dangers in this route. Government still has to accept responsibility for 80% of the population that isn't covered by medical aid. It's argued that the State could continue to pay for individual patients rather than subsidising whole institutions. But will the private sector, for instance, be allowed to change the staff numbers in privatised hospitals, with salaries and wages amounting to 65% of the cost of running them?

We would need to know if a privatised hospital would continue to enjoy access to medicines at government tender board prices, which are a fraction of those in the private sector. There would be no point in privatising if it didn't reduce costs.

And frankly, we don't know what the

operating expenses are in the State sector. They make a calculation of how much it costs to keep a patient, but this figure doesn't include the cost of capital or maintenance.

Nevertheless, a lot could be done with under-used provincial facilities. At almost no cost, empty wards could be used as dormitories for the aged, and other population groups could overflow into hospitals that were previously closed to them.

What about other funding systems, such as Health Maintenance Organisations (HMOs)?

I am not sure that a system that rations the amount that can be spent on each patient is a good idea. In an HMO, because it gets paid only a fixed monthly fee and not a fee for service, cost-saving can be given top priority. However, this will give the hospital administrator considerable power over doctors because it is the doctors who decide what treatment a patient should receive and at what cost. We're not very enthusiastic about moving into this area.

What are the plans for Medi-Clinic itself?

We can't be too explicit. We've just acquired the 230-bed Louis Leipoldt hospital in Belville from Sanlam. We've formed two small subsidiaries, Medical Innovations, which develops and markets hospital furniture and basic medical equipment, and Medi-Clinic Occupational Health Service, which provides industrial health care and emergency services for injuries sustained on duty. But of course, a major priority is to get better occupation and use of our facilities.

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ALGEMENE KENNISGEWING

KENNISGEWING 403 VAN 1990

TRANSVAALSE PROVINSIALE ADMINISTRASIE

TAK GESONDHEIDSDIENSTE

AANSTELLING VAN KOMMISSIE VAN ONDER- SOEK NA DIE STAKING BY DIE GA-RAN- KUWA-HOSPITAAL

Die Administrateur gee hierby ingevolge artikel 2 (1) van die Ordonnansie op Kommissies van Onderzoek, 1960 (Ordonnansie No. 9 van 1960) (hierna die Ordonnansie genoem), kennis dat hy—

- (1) 'n kommissie kragtens artikel 2 (1) van die Ordonnansie benoem het—
 - (a) om ondersoek in te stel na en verslag te doen oor—
 - (i) die oorsake en gevolge van die staking wat tussen 4 en 12 April 1990 by die Ga-Rankuwa-hospitaal plaasgevind het;
 - (ii) die vraag of enige persoon of organisasie strafregtelik aanspreeklik gehou kan word op grond van sy organisering van, of deelname aan, genoemde staking; en
 - (iii) die vraag of enige kind of ander pasiënt by genoemde hospitaal as gevolg van genoemde staking dood is, en of enige persoon of organisasie vir sodanige dood strafregtelik aanspreeklik gehou kan word; en
 - (b) om aanbevelings te doen oor welke maatreëls getref kan word om soortgelyke stakings en die gevolge daarvan in die toekoms te voorkom;

GENERAL NOTICE

NOTICE 403 OF 1990

TRANSVAAL PROVINCIAL ADMINISTRATION

HEALTH SERVICES BRANCH

APPOINTMENT OF A COMMISSION OF IN- QUIRY INTO THE STRIKE AT GA-RANKUWA HOSPITAL

The Administrator hereby publishes notice in terms of section 2 (1) of the Commissions of Inquiry Ordinance, 1960 (Ordinance No. 9 of 1960) (hereafter referred to as the Ordinance), that he has—

- (1) in terms of section 2 (1) of the Ordinance, appointed a Commission to—
 - (a) to inquire into and to report on—
 - (i) the causes and consequences of the strike that took place at the Ga-Rankuwa Hospital between 4 and 12 April 1990;
 - (ii) the question whether any person or organisation can be held criminally liable on the ground of his organising of, or participation in, the said strike; and
 - (iii) the question whether any child or other patient at the said hospital died as a result of the said strike, and whether any person or organisation can be held criminally liable for such death; and
 - (b) to make recommendations about which measures can be taken to prevent similar strikes and the consequences thereof in the future;

Exodus of doctors ^{off time} 17/4/70 looming ^{8/98} MP warns

Political Correspondent
GROOTE Schuur Hospital is likely to lose many of its most senior and talented doctors over the next two years, according to the MP for Groote Schuur, Ms Dene Smuts.

Ms Smuts issued the warning of the impending exodus after extensive discussions with medical staff at the hospital.

The threat to academic medicine and the standing of Cape Town's famous hospital have been compounded by the budget cuts and curtailment of health services announced last week by the Administrator of the Cape, Mr Kobus Meiring.

The head of the department of medicine at UCT/Groote Schuur, Professor Solly Benatar, likened the latest cuts to "switching off the lights in the middle of an operation — sacrificing the patient to save on electricity".

Ms Smuts said yesterday that the fact that 20 community health centres already built or nearing completion would not be opened due to lack of funds "serves to confirm that the bigger hospitals will continue to carry an impossible workload.

"In the case of academic hospitals like Groote Schuur this means that highly trained doctors will continue to do large and exhausting volumes of mundane work, instead of practising the specialised medicine and doing the research that makes an academic career worthwhile."

For written reply:

General Affairs:

Hout Bay: sewage

194. Mr C W EGLIN asked the Minister of Water Affairs:

- (1) Whether an exemption permit has been granted to the Cape Western Regional Services Council to allow the discharge of sewage into the sea at Hout Bay; if so, when was it granted;
- (2) whether, prior to the granting of the permit, his Department required a feasibility study of an alternative land-based sewage disposal scheme to be undertaken; if not, why not; if so,
- (3) whether he will make public the results of such a study; if not, why not?

B474E

The MINISTER OF WATER AFFAIRS:

- (1) Yes, on 2 May 1986.
- (2) No. Local authorities and/or other institutions, normally appoint professionally qualified specialist consultants to investigate sewage disposal alternatives and to make recommendations regarding the best possible means of disposal. Upon receipt of the report by the specialist, it is studied by the Department of Water Affairs to determine whether the resultant discharge would be acceptable. There is no statutory provision for compulsory investigation of alternative sewage disposal schemes but the Department can, and has in the past, in some cases requested that such schemes be investigated.
- (3) Falls away.

Originally it was the policy of the Department of Water Affairs to eliminate the disposal of raw sewage into the sea as far as possible. This policy was adopted at that time because there was then little knowledge about the effects of raw sewage discharge on the marine environment and little expertise was available for the proper design of marine outfall pipelines.

The Department of Water Affairs has a

HOUSE OF ASSEMBLY

duty to review and adapt its water quality management policies continuously in the light of changing social, economic and technological circumstances, to ensure that the quality of the country's marine and fresh water resources is adequately protected. During the last decade sea water quality criteria were developed for beneficial use of the marine environment. Expertise on investigating the impact of marine disposal of effluents on beneficial use of the marine environment and on the design, construction and monitoring of marine outfalls was developed. The Department of Water Affairs' assessment is that these technological developments have now reached such a state that the same policies for effluent disposal in both the marine and fresh water environments can be adopted and subsequently a new policy was formulated.

In terms of the new policy the Department of Water Affairs will grant an exemption for the disposal of screened, macerated raw sewage into the marine environment if:

- (a) It is neither justified nor practically feasible, in terms of water demand and supply considerations, to return the effluent to its source of origin or to utilise it as a source for re-use;
- (b) the disposal of the effluent will not result in the deterioration of the marine environment to such an extent that it interferes with its beneficial use; and
- (c) public opinion has been taken into consideration.

In terms of the above policy, the Department of Water Affairs, after receiving the application for an exemption from the said Regional Services Council, satisfied itself that it was neither practically nor economically feasible to require the treated sewage effluent be returned to its source or to be re-used. I may also add that a detailed investigation of the impact of the proposed marine outfall pipeline at Hout Bay on the marine environment was carried out during 1985 by the CSIR

according to the guidelines set by Report No 94 of the South African Scientific Programmes (Water Quality Criteria for the South African Coastal Zone). On the basis of this investigation the Department decided that the marine disposal of sewage under the conditions listed in the exemption issued would adequately protect the beneficial use of the marine environment at Hout Bay.

The present policy does not require an applicant to carry out a detailed and exhaustive comparison of alternative options for the disposal of effluent. I am also satisfied that at the time public opinion was taken into account and that it was not against the marine disposal of the effluent. It seems that since the time the exemption was granted public opinion has changed and turned against the marine disposal of sewage. If I now have to withdraw the exemption, it would result in fruitless expenditure by the Regional Services Council. As the exemption, when it was issued, met all the Department of Water Affairs' policy requirements, the said exemption remains valid and will not be reconsidered at this stage.

Civil pensioners

201. Mr K M ANDREW asked the Minister of National Health and Population Development:

- (1) How many civil pensioners are there who retired (a) before 1960 and (b) during the period (i) 1960 to 1965, (ii) 1966 to 1970, (iii) 1971 to 1975 and (iv) 1976 to 1980;
- (2) what is the average monthly pension paid to pensioners in each of these categories?

Answers 174490

B481E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a)	Before 1960	785
(b) (i)	1960-1965	1 373
(ii)	1966-1970	3 204
(iii)	1971-1975	8 590
(iv)	1976-1980	15 970

(2) (a) Before 1960

R1 077,90

(b) (i)	1960-1965	R1 094,72
(ii)	1966-1970	R1 000,39
(iii)	1971-1975	R 988,55
(iv)	1976-1980	R 899,57

Bed occupancy rate at hospitals

98

212. Mr M J ELLIS asked the Minister of National Health and Population Development: What was the average bed occupancy rate in 1989 in each specific hospital falling under the provincial administrations?

B495E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

PERCENTAGE BED OCCUPANCY: PROVINCIAL HOSPITALS

The average percentage bed occupancy for provincial hospitals during 1989 is not readily available. The average percentage bed occupancy for provincial hospitals during 1988 was as follows:

	No of Hospitals	No of Beds	Ave % Occupancy
Cape Province	83	17 476	76,18
Natal	26	11 015	77,13
OFS	27	4 650	78,59
Transvaal	65	21 762	66,49

Labour Relations Act: wage regulating machinery

219. Mr P H P GASTROW asked the Minister of Manpower:

- (1) How many (a) industrial council agreements, (b) conciliation board agreements, (c) arbitration awards, (d) Wage Board determinations and (e) orders in terms of the Labour Relations Act, No 28 of 1956, were in force as at 31 December 1989;
- (2) how many (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks were affected by each of the above five categories of wage regulating machinery as at that date?

The MINISTER OF MANPOWER:

B547E

(1) (a)	147
(b) None	
(c) 5	
(d) 46	
(e) 5	

HOUSE OF ASSEMBLY

invite the ministerial representatives to join them? *Hansard 17/4/90*

The MINISTER: Mr Chairman, there is no truth in that. If the hon the Leader of the Official Opposition is talking of what previous ministerial representatives did, I cannot account for that.

Mr MR AJAB: Mr Chairman, further arising out of the hon the Minister's reply that in fact the delegated powers and functions have not been gazetted, is he aware that as far as the other Houses are concerned, the functions that have been delegated to these ministerial representatives have been gazetted?

The MINISTER: Mr Chairman, we are aware of it. The fact is that the delegations and duties have in fact not been delegated to them, nor have they been gazetted. I am aware of the fact that the other ministerial representatives have delegated powers which have been gazetted. I am quite aware of it. It is contained in the *Government Gazette*. I have it here with me. In our specific case in the past ministerial representatives had no delegations whatsoever. They were purely on call for any hon Minister. We have in fact given them guidelines. It has in fact been a problem in the past that ministerial representatives had no guidelines whatsoever.

Regarding the propagation of political parties, this was done in the past. For that reason we specially drew up guidelines, which I have and I will certainly pass on a full copy to the hon member for Springfield. These have not been gazetted. These are guidelines within which they have to work and at the request of an hon Minister they could be called to any part of the country when required.

Mr M RAJAB: Mr Chairman . . .

The CHAIRMAN OF THE HOUSE: Order! Unfortunately, we have had five questions arising from the main reply.

Lenasia: squatters

*4. Mr D K PADIACHEY asked the Minister of Housing: *Hansard 17/4/90*

- (1) Whether any squatters are living on land belonging to the Administration: House of Delegates in Lenasia; if so, how many:

HOUSE OF DELEGATES

- (2) whether any measures are being taken to address this problem; if not, why not; if so, what are the details in this regard;

- (3) Whether he or his Department has approached a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, for funds to assist these squatters; if not, why not; if so, (a) what is the name of this person and (b) what was his response?

Hansard 17/4/90 D101E
The MINISTER OF HOUSING:

- (1) No. Approximately 1 320 families are however living on land belonging to the Housing Development Board.

- (2) Yes. The former Deputy Minister of Local Government, Housing and Agricultural Development and later the Chairman of the Housing Development Board held discussions with the relative M E C and senior officials of the Transvaal Provincial Administration and it was subsequently agreed that the Transvaal Provincial Administration would initially provide ±970 serviced sites for these squatters and the Housing Development Board would be responsible for ensuring that the squatters vacate the land. The Housing Development Board will bear the costs of transporting the squatters to the site where they are to be resettled. The same arrangements will apply for the remainder of the squatters.

- (3) No.

- (a) Falls away.

- (b) Falls away.

Mr D K PADIACHEY: Mr Chairman, arising out of the reply given by the hon the Minister of Housing, with regard to the 900 squatters who will be allocated sites: What about the balance? Will they be allocated sites in Lenasia South, Extension 4 and Lenasia, Extension 13?

The MINISTER: Mr Chairman, this is the information that has been furnished to me by the officials. I shall certainly obtain the required information and give it to the hon member for Central Rand.

Mr D K PADIACHEY: Mr Chairman, further arising out of the hon the Minister's reply, the question is simple: will the balance of the

squatters be housed in Lenasia South Extension 4 and Lenasia Extension 13?

The MINISTER: I have given the hon member an answer. *Hansard 17/4/90*

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, in the light of his policy statement, namely that he wants a repeal of the Group Areas Act, and in the light of the policy enunciated by the hon the Chairman of the Ministers' Council in his first speech in the Joint Chamber, is the hon the Minister of Housing prepared to say that these Blacks would not be transported out of the Indian areas, but that they would be accommodated in Lenasia? (Interjections.)

The MINISTER: Mr Chairman, I want to make a statement. This question of squatters is a very sensitive issue. Let us not play politics with it. The fact is that this Administration is allotted money to develop Indian housing, and not for any other group. Therefore, the sooner this set-up comes to an end, the better it would be for all of us and these kinds of questions—whether well-meant or not—would be avoided. [Time expired.]

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Lenasia South Hospital: facilities

*5. Mr D K PADIACHEY asked the Minister of Health Services and Welfare:

- (1) Whether the facilities and services available at the Lenasia South Hospital are being utilized fully; if not, why not; if so, what are the relevant details;
- (2) how many doctors are employed at this hospital;
- (3) in respect of what date is this information furnished?

Hansard 17/4/90 D108E
The MINISTER OF HEALTH SERVICES AND WELFARE:

Before replying to the Honourable Member, I wish to make it quite clear, Mr Chairman, that the Lenasia-South Hospital is controlled and

run by the Transvaal Provincial Administration and that the House of Delegates has no jurisdiction over the hospital whatsoever. The following information has been obtained from the Transvaal Provincial Administration:

- (1) No. At present, there is insufficient demand. *98*
- (2) 1 Superintendent, 2 Medical Officers, 4 Specialists on session basis and 8 Medical Officers on session basis
- (3) March 1990. *Hansard 17/4/90*

For written reply:

General Affairs:

Intensive care units

9. Mr K CHETTY asked the Minister of National Health and Population Development:

- (1) Whether there are any intensive care units or wards in hospitals falling under the control of her Department; if so, (a) how many such (i) units and (ii) wards are there in each specified hospital and (b) for which race groups are these units and wards used; *Hansard 17/4/90*
- (2) whether any additional intensive care units or wards are being planned in hospitals falling under the control of her Department; if so, (a) how many of each in respect of each specified hospital, (b) for which race groups and (c) when is it anticipated that each of these units and wards will be ready for use? *98* D57E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No hospitals are at present being controlled by the Department of National Health and Population Development. This Department is responsible for the planning, co-ordination and monitoring of national policy regarding health matters, population development and social welfare. Rendering of actual services to the public is not within the line function responsibilities of this Department.

HOUSE OF DELEGATES

- (3) whether it is his intention to enlarge Riverlea; if not, why not; if so, (a) when and (b) (i) what area is involved and (ii) what is the extent of this area;
- (4) whether he will make a statement on the matter?

Hansford 17/4/90

C47E

THE MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE (for the Minister of Housing):

- (1) No.
- (2) No; due to the many physical and geological restrictions on the land;
- (3) No; because suitable land for future extension and economical development is not available.
- (a), (b) (i) and (ii) Fall away.
- (4) No.

Local affairs/management committees: members

*3. Mr T ABRAHAMAS asked the Minister of Local Government and Agriculture:

- (1) Whether any members of the House of Representatives are currently serving on local affairs committees and management committees; if so,
- (2) whether he will furnish the names of such members; if not, why not; if so, who are they;
- (3) whether it is anticipated that public representatives will be prevented from serving on bodies at more than one level of government; if not, why not; if so, (a) when and (b) in terms of what legislation;
- (4) whether he will make a statement on the matter?

Hansford 17/4/90

C65E

THE MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE:

- (1) Yes.
- (2) Yes—

Mr J W Christians (MP Ravensmead)
Mr S Ebrahim (MP Grassy Park)
Mr C M George (MP Greenwood Park)
Mr C B Herandien (MP Macassar)
Mr N M Isaacs (MP Bishop Lavis)
Mr P W Saitman (MP Mid Karoo)

HOUSE OF REPRESENTATIVES

- (3) Yes. Hansford 17/4/90
- (a) It is not possible to say when as the proposed legislation regarding uniform elections must still be approved.
- (b) proposed legislation regarding a uniform electoral act.
- (4) No.

Mr T ABRAHAMAS: Mr Chairman, arising from the hon the Minister's reply, I would like to ask him how he feels about members serving on more than one level of government.

The MINISTER: Mr Chairman, I am bound by the party's policy, and the party's policy is my policy.

Austerville, Durban: day-care centre

*4. Mr T ABRAHAMAS asked the Minister of Health Services and Welfare:

- (1) Whether it is intended to establish a day-care centre in Austerville, Durban; if so,
- (2) whether the old Northgate Primary School site has been considered for this purpose; if so,
- (3) whether this site was found suited to the purpose; if not, why not;
- (4) whether he will make a statement on the matter?

C66E

THE MINISTER OF HEALTH SERVICES AND WELFARE: Hansford 17/4/90

- (1) No.
- (2) Falls away.
- (3) Falls away.
- (4) No.

For written reply:

General Affairs:

Hansford 17/4/90

Prisons service: applications

15. Mr W J MEYER asked the Minister of Justice:†
- (1) (a) How many applications did the Prisons Service receive during the latest specified period of 12 months for which information is available in respect of

promotion examinations for (i) sergeants to the rank of warrant officer, (ii) warrant officers to the rank of lieutenant and (iii) lieutenants to the rank of captain and (b) how many (i) men and (ii) women were successful in the examinations in respect of each of these ranks;

- (2) with reference to each of the above categories, (a) how many applications were received from Polismoor and (b) how many candidates from Polismoor (i) sat for the examinations and (ii) were successful?

Hansford 17/4/90

C41E

THE MINISTER OF JUSTICE:

- (1) During the period 1 March 1989 to 28 February 1990 promotional examinations only took place on one occasion.
- (a) (i) 1 611
- (ii) 608
- (iii) Officers are not required to complete promotional examinations as promotion takes place according to merit.

(b) (i) Sergeant to Warrant officer: 50
Warrant officer to Lieutenant: 9

(ii) Sergeant to Warrant officer: 20
Warrant officer to Lieutenant: 3

- (2) (a) Sergeant to Warrant officer;
Men : 59; Women : 5
Warrant officer to Lieutenant;
Men : 23; Women : 1

(b) (i) Sergeant to Warrant officer;
Men : 25; Women : 1
Warrant officer to Lieutenant;
Men : 6; Women : 0

(ii) No candidate at Polismoor was successful in the completion of the promotional examination.

New prisons

16. Mr W J MEYER asked the Minister of Justice:† Hansford 17/4/90
- (1) How many new prisons are on his Department's building programme for the 1990-91 financial year;

- (2) whether a new training college for warders is planned or under construction at Westlake; if so, what progress has been made in this regard?

Hansford 17/4/90

C42E

THE MINISTER OF JUSTICE:

- (1) The following new prisons are being constructed:

Boksburg Prison
Brandvlei Prison
Cradock Prison
Glencoe Prison
Kandaspunt Prison
Kaysna Prison
Polismoor Prison
Pretoria Central Prison
Zonderwater Prison

A new prison to be erected at Oudtshoorn is on the building programme for the 1990-91 financial year.

- (2) Yes. The planning of a new training college for warders at Westlake is nearly completed.

Against the background of economic restrictions the Prisons Service is, however, compelled to introduce various measures with the view to increased cost efficiency in the management of the Prisons Service. This requires, inter alia, that an extensive investigation is presently being undertaken into the possible improved and multi-purpose utilization of existing infrastructure and facilities as well as those presently being planned.

Own Affairs:

Hansford 17/4/90

Newlands East, Durban: clinic/health centre

3. Mr L T LANDERS asked the Minister of Health Services and Welfare: (98)

- (1) Whether his Department received an application from a certain local authority to erect a clinic and/or health centre in Newlands East, Durban; if so, (a) from which local authority and (b) when;
- (2) whether this application was approved; if not, why not; if so, (a) what will this project cost, (b) when is it anticipated that building operations will be (i) commenced

HOUSE OF REPRESENTATIVES

and (ii) completed and (c) (i) what does this project comprise and (ii) what is his Department's involvement in it?

C67E

The MINISTER OF HEALTH SERVICES AND WELFARE:

- | | |
|--------------------|-----------------|
| (1) No. | (2) Fall away. |
| (a) Fall away. | (a) Fall away. |
| (b) Fall away. | (b) Fall away. |
| | (i) Fall away. |
| | (ii) Fall away. |
| (c) (i) Fall away. | |
| (b) Fall away. | (ii) Fall away. |

HOUSE OF DELEGATES

INTERPELLATION

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

Teachers' Association of SA

Mr K PANDAY asked the Minister of Education and Culture:

On what matters has he or his Department consulted with the Teachers' Association of South Africa since 1 October 1989?

D107E.INT

The MINISTER OF EDUCATION AND CULTURE: Mr Chairman, the interpellation has a very wide ambit. If it had been specific, we could have provided a more specific answer. As it stands, the answer is so wide-ranging that I do not want to read every individual aspect of it. However, if the hon member wants specifics I could give this to him in writing.

I shall begin by referring to matters referred to the Teachers' Association of South Africa for their response. They are: The evaluation system of CS educators; the role function of the school-based heads of department, deputy principals, senior deputy principals and principals; the school calendar; the Tasa representative on the promotion review committee; the promotions placement committee; general education policy; salaries and conditions of service; and inputs in respect of the 1991-92 year for educators.

The Director-General and other officials of my department have had six meetings to date in respect of my Department of Education and Culture and Tasa. To date we have had ten meetings. As regards correspondence emanating from Tasa, we have had 19 letters so far and we are in the process of replying to some of them, while I have replied to others.

Mr K PANDAY: Mr Chairman, I appreciate what the hon the Minister of Education and Culture is trying to say, namely that the whole interpellation has a very wide ambit. This is unfortunate. However, consultation between the Department of Education and Culture and Tasa

is vital for the sake of co-operation between the two parties to create a climate conducive to educational reform. In principle the Department of National Education has accepted that there should be full consultation on matters regarding policy formulation for education and matters regarding teachers.

However, I note with concern the polarised situation between Tasa and the department. The strained relationship between Tasa and the department, as is obvious from the media, is due to inadequate handling of Tasa representations, or a total lack of consultation. I cite the following instances: The Chief Executive Director of Education failed to respond to the 1988 Tasa conference resolution, and Tasa reacted by withdrawing all its representation from departmental subject committees. The Executive Director has to date not addressed this problem, and Tasa continues to stay away from subject committee meetings. This shows gross indifference on the part of the Chief Executive Director, leading to the grave situation that the organised profession is not participating in the formulation of subject policy.

The next issue is that complaints about promotions and merit advancements have been made by Tasa since 1 January 1989. Tasa has refused to serve on the department's placement committee because it does not see eye to eye with the department on its promotion and merit advancement procedures. There appears to be continuing dissatisfaction in this regard, as shown by the sit-ins staged by the staff of the M L Sultan Secondary School in Stanger. How is the department addressing this problem? How many meetings have been held with Tasa and what is the nature of the consultation?

The department appears to take policy decisions and only consult with Tasa when the association reacts. This is management strategy at its worst on the part of the Chief Executive Director and the hon the Minister of Education and Culture. I shall cite a few instances to support this. The department made changes to the cleaning, maintenance, gardening and security services in a certain school and made certain concessions only after Tasa organised a protest march. [Time expired.]

*Own Affairs:**Bed occupancy rate in hospitals*

59. Mr M J ELLIS asked the Minister of Health Services, Welfare and Housing:

What was the average bed occupancy rate in 1989 in each specified hospital falling under the control of his Department in (a) Natal, (b) the Orange Free State, (c) the Cape Province and (d) the Transvaal?

B497E

The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

Natal

Grey's Hospital 64,87%
Hillcrest Hospital 80,38%
Greytown Hospital 32,45%

Orange Free State

Voortrekker Hospital 69,08%
Bethlehem Hospital 54,16%
Sasolburg Hospital 50,18%
Jagersfontein Hospital 37,7%
Zastron Hospital 29,6%

Cape Province

Volks Hospital 39,2%
Walvisbay Hospital 44,49%
William Slater Hospital 32,93%
Port Elizabeth Hospital 54,17%

Transvaal

Andrew McCollm Hospital 63,3%
Bernice Samuel Hospital 42,8%
Bloemhof Hospital 48,9%
Brits Hospital 73,9%
Delareyville Hospital 31,1%
Duiwelskloof Hospital 68,1%
Edenvalle General Hospital 56,1%
Elsie Ballot Hospital 32,5%
Evaander Hospital 49,7%
F H Odendaal Hospital 64,2%
General De la Rey Hospital 45,5%
Groblersdal Hospital 39,6%
H A Grove Hospital 36,4%
Hendrik van der Bijl Hospital 54,5%
J G Strijdom Hospital 48,3%
Kempton Park Hospital 61,9%
Louis Trichardt Memorial Hospital 47,0%
Ontdekkeers Memorial Hospital 45,0%
Paardekraal Hospital 55,2%
Phalaborwa Hospital 56,3%
Pretoria West Hospital 54,3%
Sannieshof Hospital 39,9%
South Rand Hospital 42,3%

HOUSE OF ASSEMBLY

(2) whether any landlords have been fined for failing to comply with conditions laid down during the past five years; if so, what are the relevant details?

B566E

The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

(1) (a) (i) and (ii) The conditional phasing out of rent control makes a distinction between two categories of lessees, namely persons who on the basis of their income or age qualify for continued protection and persons who do not qualify for continued protection.

The first mentioned category is not affected by the phasing out of rent control, as long as they continuously occupy the dwelling units concerned and as long as the income qualifications are met.

Premises which are occupied by these lessees are therefore still subject to the conditions of the Rent Control Act, 1976 (Act 80 of 1976), and a lessor of such a premises may only ask a rental which has been determined by his local Rent Board at his request.

The second mentioned category is exempted from rent control subject to the following conditions:

(a) that the lessor may not require the lessee to vacate the premises within a period of three months as from the date of exemption, unless such vacation is required as a result of default of payment, misconduct or other circumstances as provided for in section 28 of the Rent Control Act, 1976; and

(b) that the lessor may not, within a period of two years as from the date of exemp-

tion, increase the rent by more than 10% per annum.

Premises which are occupied by the last mentioned lessees and have been conditionally exempted from rent control, are not subject to the provisions of the Rent Control Act, 1976 and the Rent Control Board and applicable Rent Board therefore have no jurisdiction in respect of such premises and cannot therefore impose any conditions after deregulation in respect of rent and any other specified levels or services.

(b) Should a lessor increase the rent of premises exempted in terms of these conditions to such an extent that exploitation can be proved, the Minister may in terms of the powers vested in him in terms of the Rent Control Act re-impose Rent Control in respect of such premises. Lessees are also entitled to lodge a civil action against a lessor who does not comply with the conditions of exemption.

(2) No.

Pupils/school psychologists: ratio

75. Lt-Gen R H D Rogers asked the Minister of Education and Culture:

What was the ratio of pupils to school psychologists in each State education department falling under the control of his Department as at the latest specified date for which information is available?

Hans van der Merwe 17/4/90 B622E

The MINISTER OF EDUCATION AND CULTURE:

Cape 3 206 : 1
Natal 2 195 : 1
Orange Free State 2 042 : 1
Transvaal 2 337 : 1
March 1990.

HOUSE OF ASSEMBLY

Health pay offer spurned

CPM-Trans 18/4/90

98

By CLAUDIA KING

THE Health Workers' Union, responsible for last month's hospital workers' strike, is "extremely dissatisfied" with the new wage package announced by the Minister of Administration and Economic Co-operation, Dr Wim de Villiers.

At a mass meeting of HWU members on Monday, it was decided that a letter requesting an urgent meeting with the authorities be sent to the Commission for Admini-

stration.

"We want to express extreme dissatisfaction with the wage package put forward by the COA — the wage levels of general assistants are still not enough for them to make ends meet and the night allowance is hopelessly inadequate," said a spokesman for the HWU yesterday.

The letter requesting a meeting stresses that no action is to be taken by the union until the authorities have been given a chance to respond.

In an agreement signed to end last month's strike, the COA undertook to announce salary increases for hospital workers on or before April 16 while the union indicated that if these were unsatisfactory the strike could resume.

The strikers were demanding a minimum living wage of R1 500 a month, while the Public Servants' League (PSL) demanded a minimum wage of R850.

Last Wednesday Dr De Villiers released a statement promising re-

vised service dispensations including improved salaries for general assistants in the public service over and above the general 10% increase for public servants.

These stipulated that the minimum wage for grade one general assistants would range from R459 (including the 10%) a month, compared with R223 previously.


The minimum wage for grade two assistants is to increase from R261 to R533 a month while grade three general assistants's wages are to be increased from R306 to R606 a

month.

A spokesman for the COA said that no letter had been received from the HWU as yet and that until this had happened the department was not in a position to comment.

● Although the Hospital Personnel Association (HOSPERSA) last week welcomed the increases announced by Dr De Villiers, the Public Servants' League slammed them as "totally unacceptable" and resolved to join the relevant unions in whatever action they decided to take.

Probe into hospital deaths of 22 babies

ARGUS 18/4/90 (98) 

PRETORIA. — An urgent official inquiry has been launched into claims that 22 babies died during a recent strike at the Garankuwa Hospital north of Pretoria, the Transvaal Provincial Administration (TPA) said today.

Although still unconfirmed, the TPA regarded the reports in a very serious light.

The Executive Director of Health Services, Dr Hennie van Wyk, had ordered an urgent inquiry into the matter.

"Distraught"

According to Press reports, a "distraught" intensive care unit doctor last Thursday allegedly told colleagues of 29 babies, not 22 as was mentioned in the TPA statement, who died during the week-long strike.

The doctor allegedly urged that babies in the hospital's intensive care unit be urgently transferred to other hospitals.

The TPA said the truth concerning all the particulars contained in the reports should be determined at all costs.

"Sensitive"

Consequently, the inquiry into the alleged deaths could take a long time.

The hospital's acting chief superintendent, Dr Louis van Heerden, had no comment other than that the matter "was extremely sensitive".

After being on strike for eight days workers at Garankuwa Hospital on Wednesday last week unanimously decided to resume work following undertakings that two white officials had been removed.

But emotions ran high when delegates representing strikers failed to present fellow strikers with documentary proof showing the two officials had in fact been removed from the troubled hospital. — The Argus Correspondent and Sapa.

intent to steal and theft and (j) possession of drugs were reported at the (i) Sandton, (ii) Bramley, (iii) Wynberg/Alexandra and (iv) Lombardy East police stations in 1989?

Hansard 18/4/90 B732E

The MINISTER OF LAW AND ORDER:

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j)
 12 40 70 229 27 171 676 345 1685 -
 (ii) Bramley 18 30 111 227 27 681 813 314 1262 -
 (iii) Alexandra 168 19 949 486 146 343 169 345 243 -
 (iv) Lombardy-East 5 15 27 68 9 132 389 97 724 -

Note:

Because the South African Police is not satisfied with the crime situation in the RSA, crime tendencies are continuously monitored. I wish to assure the honourable member that everything possible is being done to prevent crime. When it is apparent that there is an increase in crime, active steps are taken to counteract this tendency.

Extradition of certain person

296. Adv S C JACOBS asked the Minister of Justice:

Whether the South African Government has received any applications from other countries for the extradition of a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, so that he may stand trial on certain charges in the Transkei; if so, (a) from what other countries, (b) for what reasons were the applications made, (c) what was his decision on each of the applications and (d) what is the name of the person concerned?

Hansard 18/4/90 B754E

The MINISTER OF JUSTICE:

No applications have been received.

Own Affairs:

Hansard 18/4/90

Patient/doctor/nurse: ratio

60. Mr M J ELLIS asked the Minister of Health Services, Welfare and Housing:

What was the (a) patient/doctor and (b) patient/nurse ratio in 1989 at each specified

HOUSE OF ASSEMBLY

Hospital	Patient/Doctor ratio	Patient/Nurse ratio	Hospital	Patient/Doctor ratio	Patient/Nurse ratio
Transvaal			Ontdekkers Memorial Hospital	2,1 : 1	0,93 : 1
Andrew McCollm Hospital	All the patients in this hospital are private patients and are treated by private doctors.	0,92 : 1	Paardekraal Hospital	—	1,14 : 1
Bernice Samuel Hospital	7,31 : 1	1,31 : 1	Phalaborwa Hospital	14,28 : 1	1,31 : 1
Bloemhof Hospital	4,76 : 1	1,85 : 1	Pretoria West Hospital	1,36 : 1	0,98 : 1
Brits Hospital	2,81 : 1	1,11 : 1	Sannieshof Hospital	1 : 1	1,14 : 1
Delareyville Hospital	8,82 : 1	2 : 1	South Rand Hospital	3,06 : 1	1,42 : 1
Duiwelskloof Hospital	4,81 : 1	1,67 : 1	Sybrand van Niekerk Hospital	3,5 : 1	1,22 : 1
Edenvale General Hospital	2,68 : 1	0,77 : 1	Van Velden Memorial Hospital	5 : 1	0,98 : 1
Elsie Ballot Hospital	27,2 : 1	2,3 : 1	Ventersdorp Hospital	6,25 : 1	1,9 : 1
Evander Hospital	42,8 : 1	1,98 : 1	Vereeniging Hospital	—	0,98 : 1
F H Oden- daal Hospital	—	1,33 : 1	Far East Rand Hospital	—	0,98 : 1
De La Rey Hospital	19,1 : 1	1,9 : 1	Hospital Voortrekker	6,25 : 1	1,28 : 1
Groblersdal Hospital	1,14 : 1	1,9 : 1	Warmbad Hospital	8,74 : 1	1,27 : 1
H A Grove Hospital	8,7 : 1	2 : 1	Boven Hospital	27,2 : 1	2 : 1
Hendrik Van der Bijl Hospital	1,38 : 1	1,23 : 1	Willem Cruywagen Hospital	3,93 : 1	1,38 : 1
J G Strijdom Hospital	1,71 : 1	2,28 : 1			
Kempton Park Hospital	1 : 1	0,78 : 1			
Louis Trichardt Memorial Hospital	7 : 1	1,59 : 1			

Those hospitals where a patient/doctor ratio is not indicated form part of hospital complexes where separate White and non-White hospitals exist, but with a joint establishment of doctors that render services at both hospitals as circumstances require. It is therefore not possible to determine exactly how many of these posts belong to the White section of these complexes.

Own Affairs:

Clinics

20. Mr K CHETTY asked the Minister of Health Services and Welfare: (98)

- (1) Whether, since the reply to Question No 15 on 24 March 1986, the responsibility for the establishment, planning and running of clinics has been granted to his Department; if not, why not; if so, when;
- (2) whether his Department intends establishing day clinics in (a) Chatsworth, (b) Isipingo, (c) Clairwood, (d) Pietermaritzburg, (e) Lenasia, (f) Laudium, (g) Germiston, (h) Benoni, (i) Ladysmith and (j) Estcourt; if not, why not; if so, when in each case?

Hansard 18/4/90 D82E
The MINISTER OF HEALTH SERVICES AND WELFARE:

- (1) No. The department does not have the responsibility of providing local authority clinic services of immunization, mother/child care and family planning. The department does have the responsibility of establishing health centres where curative rehabilitation, nutritional and supplementary health services are provided.
- (2) Yes. The Department is proceeding with plans to establish health centres from which primary health care services will be provided. These services will be established in (a) Chatsworth, (b) Isipingo, (c) Merebank, (d) Lenasia, (e) Benoni, (f) Ladysmith. It is the intention to provide these facilities in the financial years (a) 1991/92, (b) 1990/91, (c) 1991/92, (d) 1991/92, (e) 1990/91, (f) 1991/92.

Phoenix: hospital

21. Mr K CHETTY asked the Minister of Health Services and Welfare: (98)

- (1) Whether, since the reply to Question No 17 on 24 March 1986, his Department has been granted the responsibility for the establishment, planning and running of hospitals; if not, why not; if so, when;
- (2) whether his Department intends building a hospital in Phoenix; if not, why not; if so, (a) when, (b) where in Phoenix will it be located, (c) for what categories of

patients will it cater, (d) how many (i) in and (ii) out-patients will it be able to serve and (e) what (i) facilities and (ii) equipment will be provided at this hospital?
Hansard 18/4/90 D84E

The MINISTER OF HEALTH SERVICES AND WELFARE: (98)

- (1) No. As previously stated in this House, the Ministers' Council does not wish to fragment hospital services and consequently the required proclamation in terms of the Constitution of the Republic of South Africa 1983 (Act No 110 of 1983) has not been requested from the State President to run existing hospitals.

- (2) On 8 June 1988 the Cabinet approved, in principle, the erection of the hospital and frail care facility at Phoenix. This is a new hospital, the planning of which will be the responsibility of the Department and the eventual running will be delegated to the Natal Provincial Administration.

- (a) It is intended to start in the 1991/92 financial year.

- (b) Lot Aileen No 15362 Clayfield, Phoenix in extent 21,69 hectares.

- (c) General, Medical and Surgical, Maternity, Paediatrics, Acute Psychiatry, Intensive Care, Frail Care.

- (d) (i) General, Medical and Surgical 240 beds
Maternity 20 beds
Paediatrics 60 beds
Acute Psychiatry 20 beds
Intensive Care 10 beds
Frail Care 150 beds
TOTAL: 500 beds

- (ii) It is expected approximately 600 outpatients will be handled per day.

- (e) (i) & (ii) All facilities and equipment will be provided for the proper care of patients.

Matriculation examination scripts: remarking

27. Mr K PANDAY asked the Minister of Education and Culture: Hansard 18/4/90

- (1) Whether the matriculation examination scripts of a certain person, whose name has been furnished to the Minister's De-

partment for the purpose of his reply, were remarked; if so, (a) who (i) requested and (ii) undertook the remarking and (b) what scripts were remarked;

- (2) whether this person's Biology mark improved as a result of this remarking; if so, (a) what was her mark for the (i) theory and (ii) practical section (aa) before and (bb) after the remark and (b) what factors were taken into consideration when allocating these amended marks;

- (3) whether the official who remarked the Biology script was requested to furnish reasons for the increase in marks; if not, why not; if so, what were his reasons;

- (4) whether the Biology scripts of other candidates were remarked in that year; if so, (a) in how many cases were marks increased and (b) what was the average percentage increase;

- (5) whether an internal investigation was conducted into the remarking of this person's examination scripts; if not, why not; if so, (a) who prepared the report and (b) what was the purport thereof?

D113E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes.

- (a) (i) Candidate requested re-mark.

- (ii) Mr G Khadaroo—Internal Moderator for Biology marked the Biology script.

Dr B A Dobie—Internal Moderator for English marked the English scripts.

- (b) Biology HG and English HG (3 papers).

- (2) Yes.

- (a) (aa) (i) 72
(ii) 38
(bb) (i) 101
(ii) 38

- (b) According to the Internal Moderator for Biology he took the following factors into consideration:

- The length of the question paper.
- Quality of the question paper—difficulty of the questions.
- Candidate's logic, reasoning and knowledge of the topic in question.

- (3) Yes.

The following reasons were furnished:

- The length of the question paper.
- Quality of the question paper—difficulty of the questions.
- Candidate's logic, reasoning and knowledge of the topic in question.

- (4) Yes.

- (a) 171.

- (b) 4.27% (approximately 5 marks).

- (5) Yes.

- (a) Mr J A Du Toit—Chief Director, Department of Budgetary and Auxiliary Services.

- (b) The Ministers' Council discussed the report at length at a meeting held on 28 July 1987. After discussion the matter was considered to be closed and the explanation of the Internal Moderator in respect of Biology was noted.

SPOKESMEN for chambers of commerce in Durban and Maritzburg have expressed satisfaction over the calm in the black areas brought about by police reinforcements.

However, they were concerned about the effect the unrest and stay-aways had had on the manufacturing sector.

The director of the Natal Chamber of Industry, Mr John Pohl, said although exact statistics were not available, a day's loss of production in factories in Natal cost more than R100 million.

Crisis

The Maritzburg Chamber of Commerce said the city had lost more than R500 000 because of the one day stayaway last week.


Meanwhile, medical staff at King Edward Hospital in Durban are still trying to clear the backlog of patients that arose after last week's crisis when emergency and planned surgery had to be stopped.

Patients requiring surgery were sent to other hospitals because an influx of gunshot wound

Stayaway cost Natal more than R100-m

Sowetan 18/4/90

98



victims of the Natal violence exhausted the intensive care unit, the theatres and the already overworked staff to their limits.

The hospital's superintendent, Dr Justin Morfopoulos, said yesterday that although emergency and planned surgery were again being undertaken, the situation had not returned to normal.

The facilities were inadequate and there was

not enough staff to handle the increasing daily intake of patients.

The name of the soldier killed in an ambush in the unrest-plagued area of Mpumalanga near Maritzburg has been made known.

He was Rifleman Stoney van Wyk (25), of the Cape Regiment.

He was a member of the permanent force. - Sapa.

TPA to probe deaths of 23 babies

An urgent inquiry is to be launched into allegations that more than 20 premature babies died as a result of the recent strike at Ga-Rankuwa Hospital.

A doctor at the hospital, who did not want to be named, claimed 29 of 50 premature babies in a single ward died from neglect while nurses and hospital workers withheld their services in protest at alleged unfair labour practices.

The hospital last night confirmed the

Star 19/4/90
deaths of at least 23 babies. (98) (152)

Transvaal Administrator Mr Danie Hough last night said he had decided to appoint a commission of inquiry into the strike at the hospital. (107)

TPA liaison services deputy director Mr Jan van Wyk said reports about the babies dying because of the strike were being viewed as unconfirmed. — Pretoria Correspondent.

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Urgent probe ordered of 'baby deaths'

THE alleged deaths of more than 20 babies during the strike at Ga-Rankuwa Hospital near Pretoria last week would be urgently investigated, a Transvaal Provincial Administration spokesman said yesterday.

Newspaper reports yesterday quoted a "distraught" intensive care unit doctor who last Thursday allegedly told colleagues of 23 babies who died during the eight-day strike, which ended last Wednesday.

TANIA LEVY

The TPA said the truth of details in the reports should be determined at all costs. Consequently, the inquiry into the alleged deaths could take a long time.

TPA Hospital Services planning chief director Sampie Cronje and liaison director Jan van Wyk visited the hospital yesterday, but were unavailable for comment in the afternoon.

Probe into 23 'strike' deaths

Sowetan 19/4/90

110
98

AN urgent inquiry is to be launched into allegations that 23 premature babies had died as a result of the strike at Garankuwa Hospital.

The investigation will be headed by the executive director of the Transvaal Provincial Administration's health services branch, Dr Hennie van Wyk.

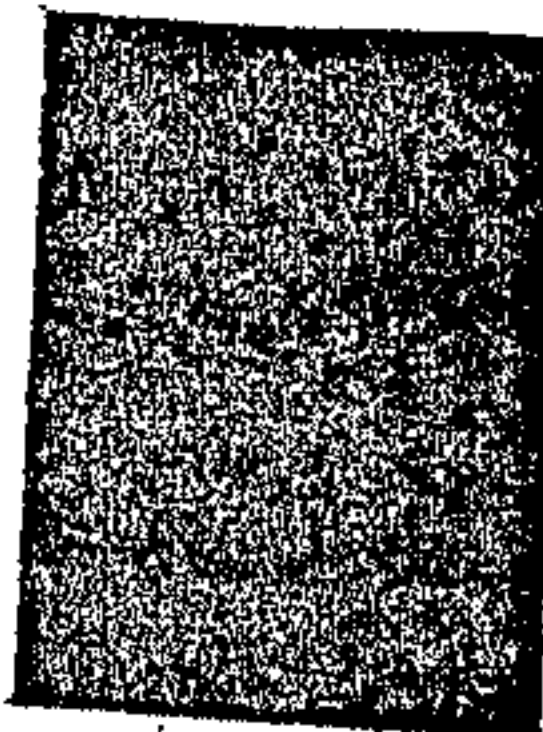
However, a doctor at the hospital, who did not want to be named, said 29 of 50 premature babies being kept in a single ward had died from neglect as nurses and hospital workers withheld their services in protest against "corruption" and "unfair labour practices".

Premature babies

Deputy director, liaison services, for the TPA, Mr Jan van Wyk, said reports in connection with the deaths of the premature babies were still being regarded as "unconfirmed".

The TPA had received reports of 23 deaths in the ward and regarded these in a "very serious light".

Acting chief superintendent of the hospital, Dr Louis van Heerden, had no comment other than that the matter "was extremely sensitive". - *Sowetan Correspondent.*



100 Johannesburg Hospital workers mount protest

Staff Reporters

About 100 singing and toy-toting workers yesterday staged a peaceful demonstration outside the front entrance of the Johannesburg Hospital to highlight grievances.

They held aloft placards reading: "Mr Vlok — Teargas is no answer to workers", "Stop privatisation", "We demand a living wage", and "Not 10 percent increase".

Reaction

A spokesman for the protesters said the workers representing 13 Transvaal Provincial Administration hospitals were reacting to the latest 10 percent salary increase.

Yesterday's turn-out was the second in their campaign, following the protest by 1 200 health workers at Baragwanath Hospital on April 6.

A general assistant said they were going to demonstrate outside the hospital every lunch time until their demands were met.

"We have been making the same reasonable demands for a long time, but the hospital authorities do not seem at all concerned. This is the only peaceful way we can be protest because striking endangers the lives of innocent patients," she said.

Last month lists of grievances were presented to authorities in the Witwatersrand region.

They include a minimum wage of R1 100 and a guaranteed minimum across-the-board increase of R400 a month for all workers.

"Our present salary of R227 is not only a starvation wage but far below the consumer price index," said the spokesman.

Workers are also demanding the abolition of segregated health services.

The workers were also particularly concerned about the pro-

posed increases in hospital-subsidised transport fares which are set to jump from R6 a month to R27.

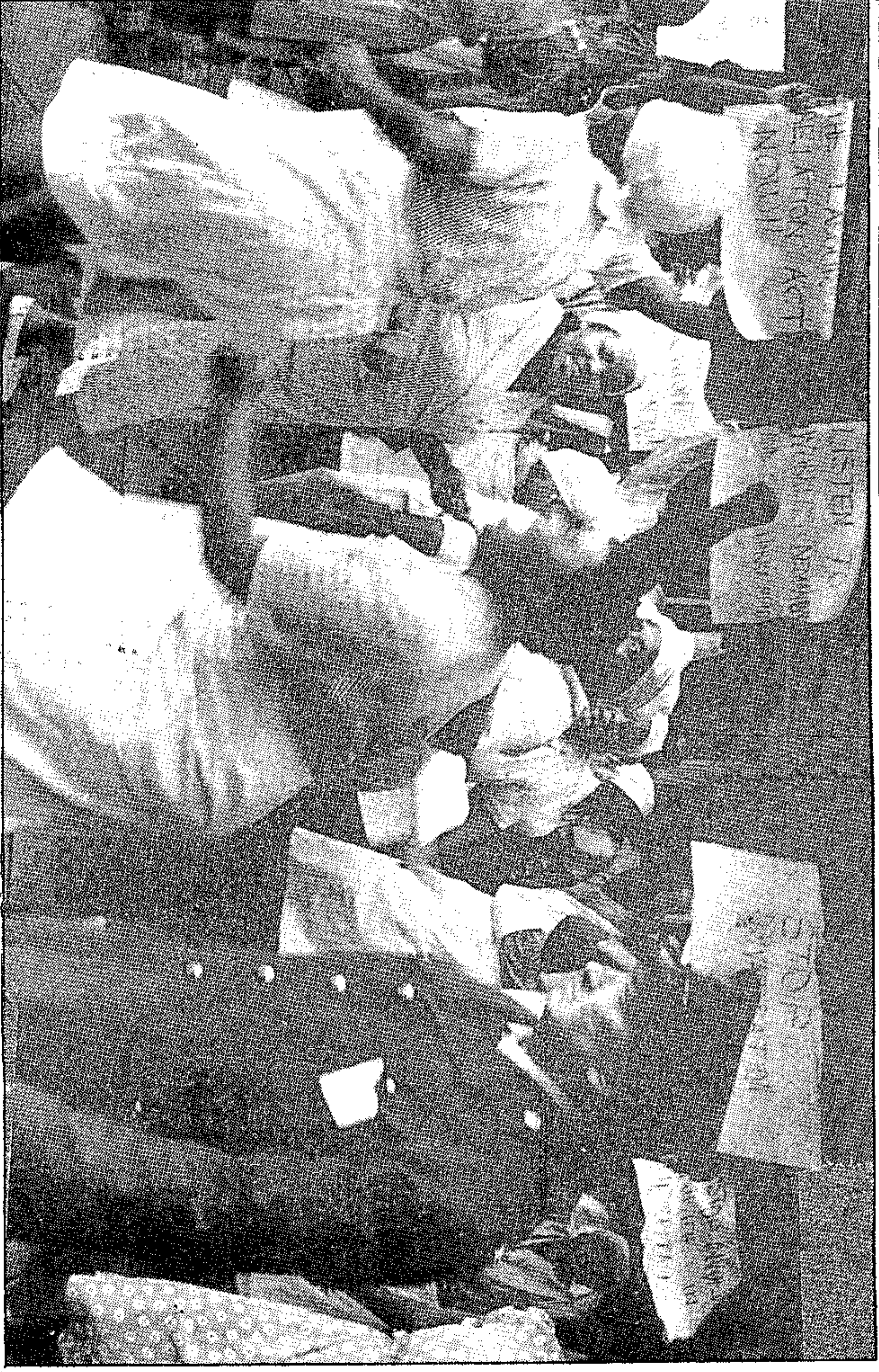
Acting Hospital superintendent Dr Trevor Frankish said the hospital had been subsidising transport "extremely heavily" and some workers had only been paying R3,75 a month for transport from the bus station to work and back.

Progress

"The highest rate will be R27 but we are still negotiating the fares," he said.

Dr Frankish said the hospital administration held regular meetings with Nehawu officials and believed they were making progress.

"We are addressing all issues concerning the hospital directly and referring those out of our jurisdiction to the highest possible level where they are receiving immediate attention," he said.



Hospital workers singing and dancing outside the Johannesburg Hospital's main entrance yesterday in a demonstration against their working conditions and wages. Picture by Jacob Rylkiff.

Code 22 (Matriculants)

Percentage	Number	Amount
100%	21	R24 983,79
90%	0	0.00
80%	0	0.00

Code 23 (Lower than matric)

Percentage	Number	Amount
100%	11	R11 179,44
90%	0	0.00
80%	0	0.00
Total		R109 948,65

Military pensions

209. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether her Department administers the payment of military pensions to persons injured whilst in military service; if so, (a) what number of persons receiving military pensions falls into each specified category of payment and (b) what total amount was paid out to persons falling into each such category;

(2) whether these categories of payment are based on the educational qualifications of the pensioners concerned; if so,

(3) whether her Department has been involved in discussions regarding the abolition of the educational categorisation of military pensioners; if not, why not; if so, what was the outcome of the discussions? B490E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes,
- (a) persons with;
- a university degree or equivalent 337
 - matric or equivalent 964
 - lower than matric 6 555
- protected cases (previous dispensation) 84
- (b) information regarding each category is not readily available. An amount of R3 985 338,28 was paid out in January 1990 in respect of all military pensioners, including widows and other dependants,
- (2) yes, except for the 84 protected cases,

Vereeniging
Voortrekker (Potgietersrus)
Waterval Boven

Orange Free State:
Bethlehem Prov Hospital

Jagersfontein
Sasolburg
Voortrekker (Kroonstad)
Zastron

Cape Province:
Port Elizabeth

Volks Hospital (Cape Town)
Walvis Bay
William Slater

Natal:
Hillcrest
Greys
Greytown

— Administration: House of Delegates

none,

— Administration: House of Representatives

Lentegeur Hospital
Mitchells Plain Hospital
Dental and Oral Hospital of the University of the Western Cape,

(c) provincial administrations:

Subsidised Hospitals: Cape Province

Booth Cape Town
Maitland Cottage
Sarah Fox (Athlone)
Uniondale
Moorreesburg
Clanwilliam
Laingsburg
Vosburg
Brandvlei
Williston
Hopetown
Richmond
Kenhardt
Warrenton (Prov)
Harmonie Kimberley
Olifantshoek Nursing Home
Stella
Lady Grey
Aliwal-North
Indwe
Komga
Martjie Venter (Mem)

Molteno
Adelaide
Aberdeen
Willowmore
St Monica's (Cape Town)
St Joseph's Philippi
Villiersdorp
De Doorns
Radie Koize
Fraserburg
Prince Albert
Murraysburg
Loeriesfontein
Carnavon
Britstown
Keimoes
Pofadder
Jan Kemp
Helen Bishop (Kimberley)
Bray
Piet Plessis
Jamestown
Dordrecht Memorial
Maclear
Stutterheim
Sterkstroom
Newhaven (East London)
Kirkwood
Jansenville
Kareedouw

Provincial Hospitals: Cape Province

South Peninsula Hosp Group
Somerset
Groote Schuur (Oat Ward)
Peninsula Mat (Groote Schuur)
Redcross
Conradie
Karl Bremmer
Somerset West
Caledon
Bredasdorp
Knysna
Mosselbaai
Oudtshoorn
Worcester
Robertson Prov
Malmesbury
Vredenburg
Citrusdal
Springbok (Dr Van Niekerk)
Beaufort West Prov
Calvinia (Voortrekker)
Prieska (Bill Pickard)
Colesberg Prov

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Upington (Gordonia)
 Douglas (Hester Malan)
 Hartswater
 Kuruman
 Vryburg Prov
 Aliwal Prov
 Steynsburg Prov
 Elliot
 Queenstown
 King William's Town (Grey)
 Fort Beaufort
 Middelburg Cape
 Somerset East
 Humansdorp
 Dora Nginza (PE)
 Day Hospital Org
 Mowbray Mat (Groote Schuur)
 Woodstock
 Avalon
 False Bay
 Tygerberg
 Stellenbosch
 Paarl
 Hermanus
 Swellendam
 George
 Riversdale
 Ladismith Prov
 Ceres Prov
 Montagu
 Porterville Prov
 Westfleur
 Vredendal
 Garies
 Victoria West
 Sutherland
 De Aar (Central Karoo)
 Noupport
 Kakamas
 Barkly West
 Kimberley
 Postmasburg
 Reivilo Prov
 Burgersdorp Prov
 Barkly East
 Cathcart
 Frere
 Grahamstown (Settlers & Port Alfred)
 Bedford
 Cradock
 Graaff-Reinet (Midlands)
 Livingstone None European
 Uitenhage

Subsidised Hospitals: Transvaal

Coligny
 Pongola (SA First Aid)
 Alldays (Mat)
 Thabazimbi Mine
 Derdepoort Mission
 Alexandra Health Centre
 Ottosdal Nursing Home
 Messina
 Ellistras Clinic
 Suid-Afrikaanse Maternity Home
 St Vincent
 Zuid-Afrikaans
Provincial Hospitals: Transvaal
 Kalie de Haas (Potchefstroom)
 J D Verster Prov
 Schweizer Reneke Prov
 Paul Kruger Memorial Prov
 Klerksdorp Prov (Tsepong)
 Bethal Prov
 Volksrust Prov (Amajuba)
 Ermelo Prov
 Witbank Prov
 Rob Ferreira
 Sabie
 Pietersburg
 H F Verwoerd
 Laudium Prov
 Hillbrow
 Natalspruit
 Tembisa
 Dr A G Visser
 Mamelodi
 Nic Bodenstein Prov
 Christina Prov
 Zeerust
 Standerton Prov
 Carolina Prov
 Piet Retief Prov
 Middelburg Prov
 Barberton
 Lydenburg
 Phalaborwa
 Kalafong Prov
 Baragwanath
 Johannesburg
 Boksburg Benoni
 Nigel
 Coronation

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Subsidised Hospitals: Natal

Phoenix
 St Mary's Mission (Marianhill)
 Both's Hill (Don McKenzie)
 Siloah
 St Aidan's Mission
 Zuid Afrikaans
 McCord Zulu
 Mountain View
 St Mary's Mission (Melmoth)
 Dayanand Garden Home for the Aged.

Universitas
 Smithfield

(d) none.

Trauma units

224. Mr M J ELLIS asked the Minister of National Health and Population Development:

(1) (a) How many (i) State and (ii) private trauma units are there in each province and (b) where are they situated in each case;

(2) whether there are any plans to establish further trauma units in South Africa; if so, what is the anticipated cost of each? B552E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1)(a)(i) and (ii) and (b)

	Number of Trauma Units		Situation
	State	Private	
OFS	20 Out patient div's where emergency cases are treated	Unknown - no record	Throughout the province
Cape	147 Out patient div's where emergency cases are treated	Unknown - no record	Throughout the province
Transvaal	- 1 Specific unit - Trauma patients admitted to all general hospitals	Unknown - no record	- Johannesburg Hospital - Throughout the province
Natal	None. Trauma patients admitted to all general hospitals	None	Not applicable

(2) yes,

	No plans
OFS	Yes, cost unknown
Cape	No plans
Transvaal	- King Edward VIII ± 1991/92, estimate: R800 000 - New Durban Academic Hospital ± 1998, estimate: R2 000 000
Natal	

Hospitals: strikes/stayaways

237. Miss M SMUTS asked the Minister of National Health and Population Development:

- (1) Whether there have been any strikes or stayaways at Cape provincial hospitals in 1990; is so, (a) when and (b) in what way were services disrupted;
- (2) (a) what was the lowest paid grade of employee involved in these strikes or stayaways and (b) what (i) is the salary and (ii) are the working hours of these employees;
- (3) (a) what is the longest period served by a temporary staff member at such hospitals and (b) for what benefits were these workers ineligible as a result of their temporary status;
- (4) what action has been taken by the Government to end these strikes or stayaways?

B607E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes,
 - (a) 5 to 21 March 1990,
 - (b) services were scaled down and in certain cases only emergency services functioned;
- (2) (a) General Assistant I,
 - (b) (i) are remunerated according to the salary scale R2 685 x 228 - 3 369 x 312 - 4 617 x 399 - 5 415 per annum plus R540 per annum area allowance,
 - (ii) 44 hours per week;
- (3) (a) 45 years.
- (b) none. Section 7 of the Public Service Act, 1984 (Act III of 1984) determines the various classifications of persons in the public service. For each division or group a specific set of conditions of service are prescribed. Some of the conditions of service that may differ between groups are leave provisions, pensions and requirements for the termination of services. These aspects are dealt with by the Minister for Administra-

tion and Economic Co-ordination.

The temporary staff concerned were eligible for all benefits due to them in terms of their conditions of appointment, the Public Service Act, 1984 and the regulations framed in terms thereof as well as the Act on the Temporary Employees Pension Fund, 1979 (Act 75 of 1979);

- (4) all channels of communication were used to resolve the problem, namely:

— Channels of communication were kept open between Management of the hospitals concerned and representatives of the striking workers.

— A retired magistrate Mr Charles van Zyl was appointed by the Cape Provincial Administration to hear the grievances of the striking workers who were invited to approach him freely in this regard.

— The Administrator of the Cape Provincial Administration, by means of the Press invited striking workers to approach him personally in respect of their grievances.

— The Administrator send personal letters to officials of the Health Workers Union inviting them to approach him in respect of their grievances.

— Discussions were held between representatives of the hospital workers and senior officials of the Cape Provincial Administration at which grievances were heard in full and replied to in order to reach agreements which were reasonable and fair to both parties.

237(4) Medical waste
247. Mr M J ELLIS asked the Minister of National Health and Population Development:

- (1) What system is currently used by hospitals falling under the control of the provincial administrations to dispose of medical waste;
- (2) whether consideration is being given to changing this system; if not, why not; if so, what are the relevant details?

B637E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Depending on the hazaridousness of the specific type of medical waste, these wastes are disposed of by incineration, through a solid waste removal service or into the sewer system after disinfection thereof if necessary;
- (2) no, the existing system is sufficient however, a watchful eye is still kept on potential hazardous practises.

Own Affairs: Private schools: subsidies

68. Mr A E DE WET asked the Minister of Education and Culture:

- (1) Whether any private schools in (a) the Transvaal, (b) Natal, (c) the Cape Province and (d) the Orange Free State (i) applied for and (ii) were granted a subsidy for private schools in 1989 in terms of the Private Schools Act (House of Assembly), No 104 of 1986; if so, which schools in each case;

- (2) whether any registered private schools did not apply for this subsidy in 1989; if so, which schools?

B615E

The MINISTER OF EDUCATION AND CULTURE:

- (1)(a), (b), (c), and (d)(i) Yes.

TRANSVAAL

- Assumption Convent (Germiston)
Assumption Convent (Pretoria)
Auckland Park Preparatory School
Bellavista School
Beth Jacob Girls' High School
Boys' Town School
Brescia House Ursuline Convent
Broadlands School
Capital Tutorial
Carmel Primary School
Carmel High School
Christian Brothers' College (Boksburg)
Christian Brothers' College (Pretoria)
Christian Brothers' College (Springs)
Christian Community College
Convent of our Lady of Mercy Dominican School

Convent of the Holy Family
Crosroads

Damelin College High School

De La Salle Holy Cross College *Hemscord* 23/4/90

Deutsche Schule (Johannesburg)

Deutsche Schule (Pretoria)

Dominican Convent

Eden College (Johannesburg)

Eden Christian School (Warmbad)

Flamboyant School

Gereformeerde Laerskool "Dirk Postma"

Gereformeerde Laerskool "Johannes Calvyn"

Glenoaks School

Grantley Private School

Hillel School

Holy Rosary Convent

Iona Convent

Japari School

King David Primary School

King David School (Linksfield)

King David (Victory Park)

Kingsmead College

Kroondal Deutsche Schule

La Salle College

Loreto Convent (Skinner Street)

Loreto Convent (Queenswood)

Marist Brothers' College (Marian College)

Maryvale College

Mc Auley House School

Menora Primary School Gienhazel

Michael Mount Waldorf School

Modern Methods Business College

Our Lady of Mercy School

Paterson Park School

Presda Laer

Pretoria Chinese School

Pretoria Preparatory School

Pridwin Preparatory School

Redhill School

Roedean School (S.A.)

Sacred Heart College

Saheti School

Sancta Maria Junior Convent

Sedaven High School

Sedaven Primary School

Selly Park Convent

Sha-Arei Torah Primary School

St Andrew's School

St Benedict's School

St Catherine's Dominican Convent

St Catherine's School (Florida)

St Columba's Primary School

St Conrad's

St David's Marist Brothers College

~~XXXXXXXXXX~~
 Hospitals: strikes/stayaways

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- (1) Whether there have been any strikes or stayaways at Cape provincial hospitals in 1990; is so, (a) when and (b) in what way were services disrupted;
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- (3) (a) what is the longest period served by a temporary staff member at such hospitals and (b) for what benefits were these workers ineligible as a result of their temporary status;
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B607E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

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- (b) (i) are remunerated according to the salary scale R2 685 x 228 - 3 369 x 312 - 4 617 x 399 - 5 415 per annum plus R540 per annum area allowance,
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- (3) (a) 45 years,
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 - A retired magistrate Mr Charles van Zyl was appointed by the Cape Provincial Administration to hear the grievances of the striking workers who were invited to approach him freely in this regard.

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23/4/90 Medical waste Hansard

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- (2) whether consideration is being given to changing this system; if not, why not; if so, what are the relevant details?

B637E

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Own Affairs: Hansard 23/4/90

Private schools: subsidies

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- (2) whether any registered private schools did not apply for this subsidy in 1989; if so, which schools? B615E

The MINISTER OF EDUCATION AND CULTURE:

- (1)(a), (b), (c), and (d)(i) Yes,

TRANSSVAAL

- Assumption Convent (Germiston)
 Assumption Convent (Pretoria)
 Auckland Park Preparatory School
 Bellavista School
 Beth Jacob Girls' High School
 Boys' Town School
 Brescia House Ursuline Convent
 Broadlands School
 Capital Tutorial
 Carmel Primary School
 Carmel High School
 Christian Brothers' College (Boksburg)
 Christian Brothers' College (Pretoria)
 Christian Brothers' College (Springs)
 Christian Community College
 Convent of our Lady of Mercy Dominican School

Convent of the Holy Family

- Crossroads
 Damselin College High School
 De La Salle Holy Cross College, Hansard 23/4/90
 Deutsche Schule (Johannesburg)
 Deutsche Schule (Pretoria)
 Dominican Convent
 Eden College (Johannesburg)
 Eden Christian School (Warmbad)
 Flamboyant School
 Gereformeerde Laerskool "Dirk Postma"
 Gereformeerde Laerskool "Johannes Calvyn"
 Glenoaks School
 Grantley Private School
 Hillel School
 Holy Rosary Convent
 Iona Convent
 Japari School
 King David Primary School
 King David School (Linksfield)
 King David (Victory Park)
 Kingsmead College
 Kroondal Deutsche Schule
 La Salle College
 Loreto Convent (Skinner Street)
 Loreto Convent (Queenswood)
 Marist Brothers' College (Marian College)
 Maryvale College
 Mc Auley House School
 Menora Primary School Glenhazel
 Michael Mount Waldorf School
 Modern Methods Business College
 Our Lady of Mercy School
 Paterson Park School
 Presda Laer
 Pretoria Chinese School
 Pretoria Preparatory School
 Pridwin Preparatory School
 Redhill School
 Roedebeek School (S.A.)
 Sacred Heart College
 Saheti School
 Sancta Maria Junior Convent
 Sedaven High School
 Sedaven Primary School
 Selly Park Convent
 Sha-Arei Torah Primary School
 St Andrew's School
 St Benedict's School
 St Catherine's Dominican Convent
 St Catherine's School (Florida)
 St Columba's Primary School
 St Conrad's
 St David's Marist Brothers College

The hearing will be held at the ANC embassy, and this could cause some embarrassment for ANC members expected to accompany Coetzee.

arrived in London on Thursday for the hearing, which could last two weeks.

Primary health care 'falling by the wayside'

TANIA LEVY

CLINIC hours have been changed to protect health workers whose lives have been threatened in the unrest-racked Maritzburg region.

And attendance at clinics has dropped by about 25% in the past two months as violence in the area intensified.

Maritzburg Medical Officer of Health Iain Walters said people had become so concerned with sheer survival that primary health care such as immunisation and family planning had fallen by the wayside.

He said attendance had also dropped at the only clinic in the area that treated sexually transmitted diseases.

Walters said some of his staff had lost their homes in the unrest and several had received death threats, as had black health inspectors.

At refugee centres in the region volunteer health workers have provided primary health care to people who have fled their homes.

Walters said Maritzburg's usually whites-only Grey's Hospital had had to admit many injured UDF supporters who refused to be treated at KwaZulu-administered Edendale Hospital,

which they see as an Inkatha stronghold. Northland Hospital's trauma unit has also been flooded with victims of the violence.

Natal Provincial Administration comment was unavailable at time of going to press.

□ Sapa reports from Pretoria that Canada will provide \$200 000 in emergency assistance to victims of Natal violence according to an announcement last week by Secretary of State for External Affairs Joe Clark and External Relations and International Development Minister Monique Landry.

A statement from the Canadian embassy in Pretoria said the contribution is to be halved between the International Committee of the Red Cross (ICRC) and the SA Council of Churches (SACC).

The ICRC and the Maritzburg Council of Churches, on behalf of the SACC, will manage the distribution of the money, which will be in the form of food, blankets and other emergency provisions to those forced to flee their homes.

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Health workers seek talks on pay deal

By DAVID YUTAR, Labour Reporter

THE Health Workers' Union, responsible for last month's hospital strike, will continue to press for a meeting with the Commission for Administration to discuss a new wage package.

The union said there was general dissatisfaction with the increases and several other aspects of the package.

The strikers were demanding, among other things, a minimum wage of R1 500 a month.

In terms of the latest wage offer the lowest paid general assistants will get R515 a month (including the general 10 percent increase for public servants), where previously they received R260.

Grade III (the highest paid) general assistants will now receive R651 a month instead of the previous R584.

This week, after meetings in response to the announcement, the union sent a letter urgently requesting a meeting with the commission to discuss the package.

The union says that the commission has since replied that it was not "financially possible" to improve the package at this stage and turned down the request.

Last month the union agreed to call off the 16-day hospital strike after the commission undertook to announce salary increases for hospital workers by April 16.

The union warned that the strike

could be resumed if the increases were not to its satisfaction.

The union says there is also dissatisfaction with terms of the long-service benefits announced, which require 20 years' unbroken service and which they say are payable at the sole discretion of the management.

A further source of complaint is the exclusion of certain categories of workers such as pharmaceutical assistants and clerical staff who are to get no increases over and above the general 10 percent public service increment.

The union says it will again request a meeting with the commission but that at this stage no strike action is being contemplated.

100 Johannesburg Hospital workers mount protest

Staff Reporters

About 100 singing and toying workers yesterday staged a peaceful demonstration outside the front entrance of the Johannesburg Hospital to highlight grievances.

They held aloft placards reading: "Mr Vlok - Teargas is no answer to workers", "Stop privatisation", "We demand a living wage", and "Not 10 percent increase".

Reaction

A spokesman for the protesting 13 Transvaal Provincial Administration hospitals were reacting to the latest 10 percent salary increase.

Yesterday's turn-out was the second in their campaign, following the protest by 1 200 health workers at Baragwanath Hospital on April 6.

A general assistant said they were going to demonstrate outside the hospital every lunch time until their demands were met.

"We have been making the same reasonable demands for a long time, but the hospital authorities do not seem at all concerned. This is the only peaceful way we can protest because striking endangers the lives of innocent patients," she said.

Last month lists of grievances were presented to authorities in the Witwatersrand region.

They include a minimum wage of R1 100 and a guaranteed minimum across-the-board increase of R400 a month for all workers.

"Our present salary of R227 is not only a starvation wage but far below the consumer price index," said the spokesman.

Workers are also demanding the abolition of segregated health services.

The workers were also particularly concerned about the pro-

posed increases in hospital-subsidised transport fares which are set to jump from R6 a month to R27.

Acting Hospital superintendent Dr Trevor Frankish said the hospital had been subsidising transport "extremely heavily" and some workers had only been paying R3,75 a month for transport from the bus station to work and back.

Progress

"The highest rate will be R27 but we are still negotiating the fares," he said.

Dr Frankish said the hospital administration held regular meetings with Nehawu officials and believed they were making progress.

"We are addressing all issues concerning the hospital directly and referring those out of our jurisdiction to the highest possible level where they are receiving immediate attention," he said.



Hospital workers singing and dancing outside the Johannesburg Hospital's main entrance yesterday in a demonstration against their working conditions and wages. ● Picture by Jacob Rykliff.

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Hansard 23|4|70

Hospitals: unrest victims

12. Mr K CHETTY asked the Minister of National Health and Population Development:

Whether her Department keeps records of the number of unrest victims treated at hospitals under her control; if not, why not; if so,

(a) how many such victims were treated in each province during the latest specified period of 12 months for which figures are available and (b) what was the total cost to the State? 98

D81E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No, the Department of National Health and Population Development and the four provincial administrations do not keep records of unrest related victims treated in hospitals under their control.

It is not administratively possible or managerially necessary to identify and record unrest related patient contacts.

SATS: Indian train drivers

17. Mr K CHETTY asked the Minister of Mineral and Energy Affairs and Public Enterprises: Hansard 23|4|70

(1) Whether, since the reply to Question No 2 on 22 May 1986, any Indians have been employed as train drivers in the South African Transport Services; if not, why not; if so, how many;

(2) how many Indian assistant/pupil train drivers (a) were trained by the Transport Services, (b) qualified as train drivers and (c) resigned before qualifying during the latest specified period of five years for which figures are available;

(3) whether he will make a statement on the matter? D115E

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

(1) No. Applicants who comply with the requirements are initially employed as train driver's assistants. Once they have successfully completed the training course they are appointed as pupil train drivers. After having served for four years as pupil train drivers, and it is deemed that they have gained enough practical experience, they are considered for appointment as train drivers. No Indian has as yet completed four years service as pupil train driver.

(2) (a) 98

(b) 0

(c) 54

(3) No.

Hansard

TUESDAY, 24 APRIL 1990

HOUSE OF ASSEMBLY

that. The President's Council did, as a matter of fact, report on every holiday individually.

By way of a press release on 13 October 1989 I confirmed that after careful consideration of the President's Council's report, the Cabinet had decided that as far as the holidays on our calendar were concerned the status quo should be preserved.

Days of remembrance are a subject that can engender a great deal of emotion, not only in a specific population group, but in all the groups. It is completely irresponsible to use this matter to stir up emotions, and as far as possible this issue should be kept out of the political arena. The same considerations also apply to national symbols. The Republic of South Africa has internationally renowned symbols which are accepted as the State's national symbols. I really cannot see what could be achieved by the appointment of a commission of enquiry at this stage. I realise that criticism could be levelled at certain holidays and also at certain symbols. They have, however, served a proud purpose over many decades. We must therefore proceed, without let or hindrance, to treat them with the necessary respect and empathy, as in the past.

I should like to focus on one of these symbols. Afrikaans, my mother tongue, which had its origins in my constituency, Paarl. It is the pride of all Afrikaans-speaking individuals, just as English is the pride of all English-speaking individuals. May our Afrikaans language remain intact for as long as South Africa exists.

*Mr H D K VAN DER MERWE: Mr Chairman, the hon the Minister of Home Affairs' reply is as unsatisfactory as that given by the hon the State President on Sunday evening in his television interview. [Interjections.] The hon the Minister's allies who, as a matter of innermost conviction, the hon the Minister also wants to incorporate in the new South Africa, have already expressed their thoughts on these matters. The hon the Chairman of the Ministers' Council in the House of Representatives said, according to *Die Volksblad* of 15 July 1989:

Die Volkslied en die landsvlag is simbole van diefstal, verontregting en verdrukking. Daarom is dit noodsaaklik dat dit vervang word.

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Commission: national holidays/symbols

1. Mr H D K VAN DER MERWE asked the Minister of Home Affairs:

(1) Whether he is considering recommending that a commission be appointed to give consideration to national holidays and national symbols; if not, why not; if so, what are the relevant details;

(2) whether he will make a statement on the matter? B836E.INT

*The MINISTER OF HOME AFFAIRS: Mr Chairman, in no way is the appointment of a commission of enquiry into national holidays and national symbols being considered by the Government at this stage. The answer to the first portion of the hon member's question is therefore no. The rest falls away.

No country's holidays and symbols are immutable, but changing them is a very serious matter. It affects a people and what that people holds most dear. Changes can only be made if they prove useful and would have a positive effect on the Republic as a whole.

The interests of lesser groups can only be sacrificed in the most exceptional of cases, if this is in the broader interests of the country or the broader national interest. Any investigation at this early stage in the constitutional process would be jumping the gun.

The report of the President's Council on its investigation into the number of public holidays on the calendar was tabled in Parliament as recently as 15 September 1987. The report confirms, *inter alia*, that public holidays are a matter that should be approached with great circumspection owing to the nature of the composition of our population. I want to emphasise

Justice Goldstone.

Turning to police action at Robertson on April 11, Vlok said the police investigation had just been completed. A case dossier had been submitted to the attorney-gener-

... as they came by returning to the hall, were trampled by those trying to escape the tear gas inside, he said.

The LP welcomed the announcement that police action was being investigated.

Hospital worker earns R270

BARRY STREEK

CAPE TOWN — The lowest paid workers involved in last month's strike in Cape Peninsula hospitals earned less than R224 a month and an area allowance of R46 a month, National Health Minister Dr Rina Venter said yesterday.

She also said the longest period served by a temporary staff member at these hospitals was "45 years".

Venter, who was replying to a question tabled in the House of Assembly by Dene Smuts (DP Groote Schuur), said the strike took place between March 5 and March 21.

Services were scaled down and in certain cases only emergency services functioned.

The lowest paid grade of employees in-

... involved in these strikes or stayaways started at R2 685 a year and went to a maximum of R5 415 a year (R451 a month) with a R540 a year area allowance.

The temporary workers were not ineligible for any benefits as a result of their temporary status — they were eligible for all benefits due to them in terms of their conditions of appointment, the Public Service Act, regulations issued in terms of this law, and the law on the Temporary Employees Pension Fund.

Venter added that all channels of communication were used to solve the problems and end the strike.

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Hospital worker 45 years a 'temp'

CRF
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24/4/90
(98)

THE lowest-paid workers involved in last month's strike in Cape Peninsula hospitals earned less than R224 a month plus R46 area allowance, the Minister of National Health, Dr Rina Venter, said yesterday.

The longest period served by a temporary staff member was 45 years.

Dr Venter, replying to a question in the House of Assembly by Ms Dene Smuts (DP, Groote Schuur), said that during the strike from March 5 to 21 services were scaled down and in certain cases only emergency services functioned.

The lowest-paid grade of employees involved started at R2 685 a year and went to up a maximum of R5 415 (R451 a month) plus R540 a year area allowance.

Temporary workers were eligible for benefits due in their conditions of appointment, the Public Service Act and its regulations, and the Temporary Employees Pension Fund.

Dr Venter added that all channels of communication were used to solve the problems and end the strike.

3 tested for Aids virus

THREE members of staff at Natal provincial hospitals have been directly exposed to the Aids virus during the course of their work and are receiving preventive treatment costing R5 400 a month.

It was confirmed yesterday that a medical technician and a doctor at King Edward VIII Hospi-

SOWETAN
Correspondent

tal in Durban and another person "involved with medical work" at RK Khan Hospital in Chatsworth were being treated with AZT.

Natal's executive committee member in charge of health, Mr Val Volker said yesterday: "We have to realise that these people could become infected with the HIV virus and the province will do everything in its power to prevent this happening."

Sowetan 24/4/90
Cost

He said it cost about R1 800 a course a month to administer AZT and the course took "a while".

"There is no golden pot at the end of the rain-

bow and this money just has to come out of our provincial budget for health," he said. 98

The chief medical superintendent at King Edward VIII Hospital, Dr Justin Morfopoulos, said a doctor accidentally pricked himself with a needle which had been used on an HIV-infected person. The medical technician injured himself while working with infected tissue from an infected patient.

"These staff members have already been tested for HIV infection and they have been found to be negative, but treatment is being administered.

"They will be re-tested at a later stage and are under constant observation," said Morfopoulos.

- (2) whether there are currently any vacancies at (a) primary and (b) high schools as a result of such resignations; if so, how many in each subject area in each case?
B674E

The MINISTER OF EDUCATION AND CULTURE:

- (1) (a) (i) 461
(ii) 1 044
(b) (i) 7,72
(ii) 11,73
(c) loss of 667,
(d) acceptance of non-teaching posts better salaries and working conditions personal reasons further study;

- (2) (a) no,
(b) yes,

Afrikaans First Language 2
Business Economy 1
Biology 3
Electrician 3
English First Language 3
Home Economics 1
Instrumental Music 4
Physical Education 2
Physical Science 6
Accountancy 1
Technical Drawing 5

Typing
Guidance
Mathematics

* in the normal course of events these posts are filled by qualified teachers who are not appropriately trained in these subjects. They are, however, assisted by means of in-service training, distance training, etc. in order to provide adequate tuition in the subject.

State Revenue account: capital expenditure on universities

104. Mr J H MOMBORG asked the Minister of Education and Culture:

What was the total capital expenditure from the State Revenue Account on universities under the control of his Department in the 1989-90 financial year?

Hansard 25/4/90 B678E

The MINISTER OF EDUCATION AND CULTURE:

The total capital expenditure was R12 429 901,21 consisting of an amount of R9 859 901,21 in respect of the University of Pretoria for the extensions at the Faculty of Veterinary Science and an amount of R2 580 000 in respect of the University of Cape Town for its Medical School at the Groote Schuur Hospital. These figures do not include the subsidies in respect of interest and capital redemption on State and private loans.

HOUSE OF REPRESENTATIVES

community health centre at Eersterus; if not why not;

- (4) whether she will make a statement on the matter? C80E

QUESTIONS

† Indicates translated version.

For oral reply: 11

General Affairs:

Eersterus: health services

*1. Mr P R E DA GAMA asked the Minister of National Health and Population Development:

- (1) Whether her Department (a) renders and (b) intends to take over any health services at Eersterus; if not, why not; if so, what health services in each case;

- (2) whether her Department intends to hand over any health services to the Administration: House of Representatives; if not, why not; if so, what health services;

- (3) whether her Department will contribute financially to the building of a new com-

† The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) No;

(b) no, the City Council of Pretoria supplies preventative health services which include child health for the age group 0-5 years, immunisation, treatment of contagious and communicable diseases, pre- and post natal services, family planning, treatment of malnutrition diseases as well as an environmental health control service. The Administration: House of Representatives is responsible for curative services and the treatment of the elderly;

- (2) falls away;

- (3) yes, if such a request is received from the health authority concerned;

- (4) no.

ster
26/1/90

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Service for dead babies

A memorial service for 23 babies who died during a 14-day strike by health workers at Ga-Rankuwa Hospital will be held on Saturday.

The service will be at the Medical University of Southern Africa at 2 pm, a spokesman for the Medunsa Students' Representative Council said yesterday.

The service will be held jointly by the Ga-Rankuwa Doctors' Club, the National Education, Health and Allied Workers' Union, the Ga-Rankuwa and Medunsa workers' committees and the South African National Sports Congress.

Twenty-three babies died at the hospital, allegedly due to neglect following the strike by health workers, doctors and nurses.

The Transvaal Provincial Administration is to appoint a commission of inquiry into the deaths. — Sapa.

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Hospitals: integrated wards

118. Mr M J ELLIS asked the Minister of National Health and Population Development:

- (1) Whether any wards in hospitals administered by the State are integrated; if so, how many in each specified hospital; if not; why not;
- (2) whether her Department intends to de-segregate wards in State hospitals; if not; why not; if so, when;
- (3) whether any studies have been carried out into the cost implications of desegregating wards in State hospitals; if not, why not; if so, (a) when, (b) by whom and (c) what were the findings;
- (4) whether any wards in State hospitals are underutilised; if so, (a) in which specified hospitals and (b) to what extent;
- (5) whether any wards in State hospitals are overcrowded; if so, (a) in which specified hospitals and (b) to what extent?

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The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes,

— Transvaal:

Johannesburg Hospital, five wards;
H F Verwoerd Hospital, Pretoria, one ward;
Boksburg-Benoni Hospital, one ward;
Pietersburg Hospital, one ward;
Klerksdorp Hospital, one ward;
Rob Ferreira Hospital, Nelspruit, one ward.

— Cape Province:

In the Cape Province intensive care and high care units are integrated as

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occupancy of less than sixty per cent for the 1988/89 financial year:

Transvaal:		Average percentage bed occupancy*		Occupancy	
Hospital	Average percentage bed occupancy*	White Wards	Non-White Wards	White Wards	Non-White Wards
Amajuba Memorial (Volksrust)	45,5% (W)	Sebokeng	10,3% (I)		
Barberton	46,8% (W)	Far East Rand (Black), Springs	4,8% (I)		
Bethal	32,0% (I)	Westfort (Pretoria)	15,3% (I)		
	48,3% (B)	Witbank	59,5% (B)		
	37,9% (W)	Witrand (Potchefstroom)	56,2% (W)		
	59,5% (B)	Zeerust	38,1% (B)		
	4,1% (I)		47,1% (W)		
	2,4% (C)		39,5% (I)		
Boksburg-Benoni	28,6% (I)				
Carolina	43,3% (W)				
Christiana	35,9% (W)				
Dr A G Visser (Heidelberg)	28,1% (I)				
Ellistras	47,4% (W)				
Ermelo	51,3% (W)				
F H Odendaal (Nylstroom)	50,6% (B)				
J D Verster (Koster)	46,1% (W)				
Laudium	30,2% (I)				
Lenasia**	2,2% (I)				
Klerksdorp	57,1% (W)				
	53,7% (I)				
	51,2% (W)				
Lydenburg	25,3% (C)				
Middelburg	20,2% (I)				
Nigel	47,1% (W)				
	47,7% (C)				
	58,3% (B)				
	56,9% (W)				
	58,9% (B)				
Nic Bodenstein	15,0% (I)				
Leratong (Krugersdorp)	40,3% (I)				
Paul Kruger Memorial (Rustenburg)	57,2% (W)				
Pietersburg	23,1% (I)				
Piet Retief	53,7% (W)				
	41,0% (W)				
Rietfontein	32,3% (I)				
	36,2% (I)				
	16,6% (I)				
Rob Ferreira (Nelspruit)	49,6% (W)				
Sabile	43,6% (W)				
	58,8% (B)				
Schweizer-Reneke	32,1% (W)				
	0,6% (I)				
Standerton	38,0% (C)				
	50,1% (W)				

Cape Province:

Hospital

% occupancy

Beaufort West	54,90
Bredasdorp	57,43
Caledon	52,90
Garies	45,34
Karl Bremer (Bellville)	48,96
Ladismith	39,99
Malmesbury	54,87
Porterville	46,69
City (Green Point)	43,16
Eaton Rehabilitation	49,73
Lady Michaelis	43,79
Princess Alice	54,71
Volks, Oranjezicht	38,64
Avalon	39,04
Prieska	27,98
Victoria West	42,26

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Hospital	% occupancy
Cradock	55,21
Graaff-Reinet	49,08
King William's Town	51,60
Middelburg	55,42
Provincial, Port Elizabeth	55,72
Steynsburg	53,74
Walvis Bay	55,41
<i>Natal:</i>	
<i>Hospital</i>	
Ixopo (White)	27
Dundee (all races)	30
Escourt (White and Indian)	30
Kokstad (White and Coloured)	14
Empangeni (all races)	57c
Eshowe (White)	24
Greytown (White)	32
Greytown Provincial	45
Ladysmith (White)	54
Newcastle (all races)	50
Port Shepstone (White)	50
Harding (White)	2
Matatiele (White and Coloured)	8
Utrecht (all races)	54
Vryheid (White)	37
Wentworth (all races)	59

(5) Yes, certain hospitals are over crowded (a) and (b) Statistical information for hospitals is based on the number of approved beds and not for individual wards. The following hospitals reflect on average percentage bed occupancy in excess of ninety per cent for the 1988/89 financial year:

Hospital	% occupancy
J D Verster (Koster)	147,8% (B)
Natalspruit (Albertyn)	99,6% (B)
Nic Bodenstein (Wolmaranstad)	97,6% (C)
Paul Kruger Memorial (Rustenburg)	121,5% (B)
Rob Ferreira (Nelspruit)	93,4% (B)
Sabie	146,8% (C)
Schweizer-Reneke	97,1% (B)
Far East Rand (Springs)	98,8% (B)
Weskoppies (Pretoria)	137,8% (B)
<i>Orange Free State:</i>	
<i>Hospital</i>	
Phekolong, Bethlehem	143,29%
Boitumelo, Kroonstad	101,85%
Welkom (Non-White ward)	187,76%
Zastron (Non-White ward)	115,2%
<i>Cape Province:</i>	
<i>Hospital</i>	
Kakamas	92,33
Retiilo	94,48
Bedford	105,41
Livingstone, Port Elizabeth	93,81
Oudshoorn	93,20
Ceres	101,90
Conradie, Pinelands	90,19
Somerset West	109,58
Vredendal	93,31
Red Cross Hospital	104,73
<i>Natal:</i>	
<i>Hospital</i>	
Brunntville CHC	16
Ixopo (Non-White)	160
Kokstad (Non-White)	170
King Edward (all races)	1 913
Ladysmith (Non-White)	512

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THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Patient (Private patients excluded)/Doctor (Full time doctors only) and	(b) Patient (Private patients included)/Nurse (All nurses) ratio as on 31 December 1989 at each specified hospital falling under the control of the provincial administrations?
<i>Natal Provincial Administration</i>	
<i>Hospital</i>	
Addington	13,48
Charnwood	53,77
Dundee	35,11
East Griqualand and Usher Memorial	27,50
Eshowe	37,64
Estcourt	37,87
G J Crooks	35,67
Grey's	9,46
Greytown	42,85
Hillcrest	98,00
King Edward VIII	14,83
Ladysmith	33,84
Empangeni	10,50
Newcastle	15,80
Northdale	20,13
Port Shepstone	37,41
R K Khan	22,44
Stanger	42,23
Taylor Bequest	28,75
Utrecht	29,00
Vryheid	31,87
Wentworth	9,11
Christ the King	55,25
St Andrews	44,75
Midlands	
King George V	
Emnauas	
Not available at present	
<i>Osindisweni</i>	
<i>Murchison</i>	
<i>St Appollonaris</i>	
<i>Orange Free State</i>	
Universitas/National Pelonomi/	2,63
Oranje	72,00
Voorrekkker/	15,97
Boitumelo	1,13
Bethlehem/	0,57

(a) No. of Patients per doctor	(b) No. of Patients per nurse
Phekolong	*25,39
Odenaalsrus	1,23
Sasolburg	0,50
Virginia	1,29
Welkom	17,36
Bothaville	1,06
Cloccolan	2,52
Ficksburg	1,75
Frankfort	1,14
Harrismith	1,02
Heilbron	1,52
Hopestown	1,77
Jagersfontein	1,46
Ladybrand	0,53
Parys	1,11
Reitz	1,25
Senekal	2,26
Smithfield	1,16
Vrede	1,16
Winburg	1,14
Zastron	1,64

* = Doctors serve group of hospital.
— = No full time doctors employed.

(a)	(b)
<i>Cape Provincial Administration</i>	
Barkly West	1,19
Colesberg	1,33
De Aar	72,00
Douglas	0,98
Hartswater	1,39
Kakamas	1,95
Kimberley	0,95
Kuruman	8,00
Noupoort	1,31
Postmasburg	0,89
Prieska	1,34
Retiilo	0,86
Uppington	1,37
Vryburg	120,00
Aliwal North	1,18
Barkly East	0,97
Bedford	1,18
Burgersdorp	1,22
Burgersdorp	1,56
Cathcart	1,56
Cradock	0,87
Dora Ngizwa	97,00
Elliot	0,96
Fort Beaufort	6,14
Graaff-Reinet	1,42
Grahamstown	1,00
Humansdorp	0,60
King William's Town	0,98
Livingstone	6,71
	0,38
	6,86
	0,77

HOUSE OF ASSEMBLY



Mr Botha

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DP laud honest health minister

Political Correspondent
THE Democratic Party yesterday praised Dr Rina Venter's stand that primary health care should be a priority in the new South Africa.

The DP's health spokesman, Mr Mike Ellis, said Dr Venter's statement that the cabinet's 1980 health plans had proved to be "just a vision" and had come to very little had to be applauded.

"It is only when we have honesty like this from a cabinet minister — an admission in a way that the government's health policies have failed — that we can start to build a new health care system for this country."

However, Dr Venter should not underplay the importance of teaching hospitals in South Africa, Mr Ellis said.

Health care in this country would have collapsed "years ago" but for the pioneering work done at Groote Schuur, King Edward VIII and Baragwanath.

Mr Harry Schwarz (DP Yeoville) called for an investigation into hospital needs to ensure health was not jeopardised by lack of money.

"One cannot afford to create a situation where medical care is taken out of the reach of ordinary people." — Sapa

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Hospital protests

JOHANNESBURG. — Johannesburg's three largest provincial hospitals — Baragwanath, Johannesburg and Hillbrow — have been hit by protest action.

All three institutions are experiencing shortages of clean linen and medicine as a result of protest action by general assistants over working conditions and segregated residences.

Baragwanath is able to continue with only emergency cases and some of its highly specialised services.

● Meanwhile, nurses at Mdantsane's Cecilia Makiwane Hospital went on strike yesterday in support of demands for more pay and better working conditions, closing the giant Ciskei hospital. — Sapa

ROUND



Striking domestic staff at the Johannesburg Hospital pictured this week during protest action outside the hospital premises.

Beset with labour unrest and severe staff shortages, provincial hospitals received a further blow this month when minimal increases were tabled for health services this year.

Transvaal presented its budget knowing it would have to ask for more money this year; Natal has already prepared motivation for additional funds barely three weeks after the provincial budget sittings and the Cape foresees a shortfall.

Belts are being tightened in an effort to provide an adequate service within budgetary restraints.

According to Dr GS Watermeyer, chief director of health services in the Cape, "it would be impossible to provide the same level or extent of health services as exists at present within the budgetary constraints of this financial year.

"The purchase of additional equipment, the commissioning of some 20 community health centres and basically all new building schemes have been postponed until such time as funds can be made available.

"Funds have only been provided to purchase, in a limited fashion, essential replacements of outdated and irreparable equipment."

Hospitals suffer on limited budgets

Belts are being tightened in provincial hospitals in order to provide adequate services within budgetary constraints. **CLAIRE ROBERTSON** of The Star's Pretoria Bureau reports.

An early victim of the 1,4 percent increase is the final phase of the extension to Groote Schuur Hospital as the province struggles with a R1,6 billion budget.

In the Transvaal, health MEC Mr Fanie Ferreira told the budget meeting bluntly that obsolete and expensive equipment would simply not be replaced. Anger at this situation has led to resignations at HF Verwoerd in Pretoria, where a lack of adequate cardio-thoracic equipment was cited.

In Natal, chief-director of health Dr Charles Roper said: "Purchase of the latest technology and medical equipment had to unfortunately be postponed. All essential equipment has, however, been provided."

Natal's budget of R777 million is 4,25 percent more than

last year's actual expenditure.

"The question of whether the State can continue to provide medical services to all and sundry at the present levels of sophistication will have to be addressed by the powers that be," said Dr Roper.

He said stricter control measures relating to stores and prescribing had already been introduced, and the province would cope unless the unrest escalated. This "could have serious implications at certain hospitals," he said.

"It is, however, believed that this matter is being addressed at central government level.

"The main problem with budgetary constraints is therefore not the discontinuation of services, but rather the inability to address the need to expand curative and particularly

primary health-care services, in order to meet an ever increasing level of demand."

Dr Roper said no specific planned projects were "actually being shelved because of lack of funds". However, it was announced this month that plans for the new teaching hospital planned for Durban had been put on ice.

In the Free State, the recent closure of 170 beds at two hospitals was said to be partially due to the resignations of eight doctors because of a lack of funds to buy new equipment.

The Free State health budget was increased by 1 percent to R434 million.

The Transvaal budget was increased by 0,8 percent to R1,9 billion, following a year in which the province had to cope with a shortfall of R242 million.

The budgeted amount was only half of what was needed to meet minimum needs, according to MP for Langlaagte Dr J J Vilonel.

He suggested a redistribution of funds to meet health needs.

Mr Brian Goodall (MP for Edenvale) said hospitals should be open to all races in order to use resources efficiently.

Chaos at Bara as staff 'work mornings only'

By Julienne du Toit

Bodies are piling up in the Baragwanath Hospital mortuary, medicine may soon be unavailable and security guards are now dishing up food as a result of general assistant staff demonstrations which have also affected Hillbrow Hospital and Johannesburg Hospital.

The lunchtime demonstrations started at Baragwanath two weeks ago and appear to have affected Baragwanath more than the other two large hospitals. Workers are carrying out their tasks only in the mornings, and are involved in union negotiations in the afternoon.

A National Education, Health and Allied Workers Union (Nehawu) official said that the demonstrations are set to spill over to other major hospitals in the Witwatersrand next week, but said any protest action in working hours was initiated by the workers and not the union.

He said workers were protesting for a wage increase of more than 10 percent — many earn a minimum monthly salary of R223 which they want in

creased to R1 100 — shorter working hours and permanent employee status, as many workers of 10 years standing were still classed as temporary staff.

A spokesman for Dr Chris van den Heever, chief medical superintendent at the hospital said medicine may not be available to patients in three days, as pharmaceutical department workers have not pre-packed the medicine.

Another problem is the slow rate of processing forms for the release of bodies to funeral undertakers.

The protests have led to a general lowering in the standard of services, said the spokesman.

Dr J Norman-Smith of Hillbrow Hospital said the hospital was coping — cleaning or kitchen staff were present from 11 am each day since Tuesday.

Dr T Frankish, Acting Chief Superintendent at Johannesburg Hospital said the demonstrations there started on April 20, but were restricted to lunchtimes only, and services to patients had not been disrupted.

● In a report in The Star on Tuesday April 24, due to a misunderstanding, it was incorrectly stated that

Dr Frankish had said that the hospital administration had held regular meetings with Nehawu officials. In fact, Dr Frankish said they had regular meetings with "representatives of the hospital workers and that local issues were being addressed locally and that other issues were being addressed at higher levels". The Star regrets the error.

● See Page 15.

85 DAY, Friday, April 27 1990

Hospital go-slow continues

MATTHEW CURTIN

A THREE-DAY go-slow at three major Johannesburg hospitals continued yesterday with the National Education Health and Allied Workers Union (Nehawu) claiming over 3 000 workers had joined the rottest for a basic minimum wage of R1 100 a month.

Hospital sources said there were no more than 1 000 non-medical workers involved. 3/27/90

Nehawu members at Johannesburg General, Hillbrow and Baragwanath were demanding an average wage increase of 100%, and as much as 500% for the lowest paid staff.

Union spokesman Neal Thobegane said the Transvaal Provincial Administration (TPA) had offered

a minimum of 10%.

Hospital Services spokesman Jan Loubser confirmed there had been peaceful placard demonstrations. Executive director Hennie van Wyk was engaged in negotiations with Nehawu and the TPA could not comment on the progress of talks.

Johannesburg acting chief superintendant Dr Tom Frankish said the peaceful demonstration of had not affected hospital services. But a Baragwanath hospital spokesman and Hillbrow acting chief superintendant Jack Norman-Smith said the go-slow was having an effect.

● See Page 9

What hospitals think

Hospital superintendents and managers hold sharply divided views on privatisation and a national health system. Some diehards remain as racist as ever.

These were the findings of a survey by Pim Goldby Management Consultants on the challenges facing SA hospitals. The survey was conducted late last year and the results were released last week. The questionnaire was sent to the top people in more than 700 hospitals in the private and public sectors. About 30% replied. Some respondents defied the ban on taking part in surveys that some provincial administrations maintain.

The survey pointed out wide discrepancies in hospital occupancy. No less than 13% reported an occupancy rate of more than 100%, which meant that some patients were sleeping on the floor. In Natal, 28% reported an overflow of patients. Moreover, the survey was compiled before the height of the current violence. On the other hand, 10% of the hospitals surveyed reported occupancy rates of less than 50%, well under the 60% break-even point in the private sector.

"Don't sell Bara"

The survey results included a series of comments and privatisation proved to be a most divisive issue. Predictably, 75% of private sector hospital chiefs felt that privatisation would lead to a cheaper and more efficient health care system, though a surprisingly high 23% disagreed.

In the provincial sector, the strongest opposition came from superintendents of hospitals with more than 700 beds — those chaotic public institutions such as Baragwanath in Soweto and King Edward in Durban that could benefit the most from private sector discipline. Of these, 53% felt privatisation would not lead to a less expensive and more efficient system.

"Frankly, it's difficult to imagine anyone wanting to buy Baragwanath," says Pim Goldby's Greg Candy. "But it could certainly be commercialised and certain services could be contracted to the private sector."

Comments reflect the public/private polarisation: "A system of national health is the only fair system," says the head of a state

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hospital in a large city. A manager from the private sector states: "Privatisation would give better management in terms of control, innovations, asset utilisation, cost savings and high standards." But another private administrator says "privatisation of health care should be preceded by the establishment of national health insurance for the whole country."

Racism is still firmly rooted at many hospitals; a diehard proportion of administrators oppose nonracialism, though desegregating hospitals is the most obvious way to rationalise. Fully 17% believe that it would have a detrimental affect on their services and 21% felt that it would actually hurt finances, even though it would obviously increase occupancy rates in white hospitals.

The good news is that a majority of the public sector chiefs, 51%, agree that desegregation would have a positive effect on their finances. One head of a hospital in a medium-size city says: "Duplication of services — separate black, white and Asian/coloured hospitals — costs three times as much. Furthermore, nurses have become stereotyped and do not learn cross-cultural nursing."

'All SA's academic hospitals hit by debilitating malaise'

THE report on the hospitals crisis published in the latest edition of the SA Medical Journal was, according to its Groote Schuur authors, written after the recent simultaneous resignation of their counterparts at Pretoria University.

It is not by coincidence that the report follows other signals of the plight of academic hospitals — the recent strike by non-medical hospital workers in the western Cape — and announcements of reductions in the annual provincial health budgets, in spite of the dire need for additional funding.

Unaware

As the authors — Groote Schuur cardiothoracic unit head Prof John Odell and cardiology unit head Prof Pat Commerford — say: "Pretoria is not alone in its difficulties, which are symptomatic of a wider malaise affecting all our academic hospitals."

"The authorities responsible for funding these hospitals seem to be unaware that they cannot have their cake and eat it; that they cannot proudly claim that SA's health facilities are

among the best in the world, while at the same time denying the necessary finance to maintain these high standards."

The report focuses largely on the deficiency of facilities in Groote Schuur Hospital's heart unit. It expresses concern at the widespread belief that cardiology and cardiothoracic surgery are highly sophisticated and too expensive for the SA health care system when the reality is that at least 25% of all deaths are primarily cardiovascular, while heart disease remains a highly important cause of disability in all South Africans.

Odell and Commerford say equipment at Groote Schuur — the hospital responsible for the first heart transplant — has deteriorated to the bare minimum acceptable state and that any further deterioration will lead to a loss of irreplaceable clinical skills.

Estimates are that the hospital would need an additional R2,5m to bring cardiology and cardiothoracic units alone to satisfactory standards. Doctors admit this request is impractical in current economic and political conditions.

A report by two academic doctors on the plight of hospitals has lifted the veil of silence authorities have tended to draw over the crisis threatening the SA health system, writes **LESLEY LAMBERT** from Cape Town.

But, Odell says, there is one really pressing need: for a new heart/lung machine, at a cost of R213 000. Of the two the unit has, one is no longer functioning properly and, unless replaced, will result in a 50% reduction in open heart surgery.

The report states that apart from periodic maintenance and occasional replacement of malfunctioning equipment, minimal investment has been made in sophisticated modern investigation equipment.

Instead, existing equipment has been allowed to deteriorate and replacements have been deferred on the understanding that deficiencies would be rectified during the move to the new hospital building.

Essential items of equipment "condemned" several

years ago have not been replaced and are in daily use and, in occasional instances, patient safety has been compromised by faulty equipment.

The authors say the situation is serious and prospects for improvement are poor. Cardiology and Cardiothoracic Surgery will be among the last departments to move to the new hospital and, given the current shortage of funds, it is unlikely they will be provided with the sort of equipment needed for the units to function efficiently.

Another major problem is staff. Medical, nursing and technological staff have become increasingly dissatisfied and disillusioned at being denied the opportunity and the reward of offering their patients optimal care using up-to-date equipment.

The report says privatisation becomes increasingly attractive to staff expected to fight protracted bureaucratic battles, which

may last several years, simply to replace an obsolete piece of equipment or to obtain access to a new form of technology that will improve their diagnostic or therapeutic abilities. This carries with it the threat of increased health and hospital costs for the man-in-the-street.

Provincial

Odell has had discussions with Groote Schuur superintendent Dr Jocelyn Kane-Berman and CPA Director of Hospital Services Dr George Watermeyer, who have expressed sympathy and promised assistance within their limits.

But, he is aware that funding problems cannot be solved at a provincial level and unless government allocates additional funds, conditions will continue to deteriorate to the point where other academic doctors may decide to follow their Pretoria University colleagues.

Hospital go-slow crisis

JOHANNESBURG — In its first official confirmation of the disruption of medical services in the wake of a go-slow by hospital staff, the Transvaal Provincial Administration on Friday revealed that two hospitals, Baragwanath and Hillbrow, have been severely affected.

Several hundred general assistants, such as cleaners, porters and some clerical staff, have been on a go-slow since Thursday last week demanding higher wages, recognition of their union and better employment conditions.

In a statement issued to Sapa, the MEC charged with health services, Mr Fanie Ferreira, revealed dispensary supplies at Baragwanath hospital would be exhausted within the next three days.

In the laundry section, circumstances had taken on such proportions that babies were being born on unmade mattresses, there were no napkins or clothing for newly-born babies, and mothers had no maternity jackets.

Food, he continued, was still being prepared, but was not being served, while clean-

ing delivery and transport services had been severely curtailed. No porter services were in operation at the casualty, x-ray, theatre and wards departments, while theatres were dealing only with emergencies.

At Hillbrow hospital, only emergency operations were being undertaken, only casualties were being handled, patients were being discharged earlier than they should be, and the out-patients department was functioning only in the afternoons.

Despite the situation, Mr Ferreira made it clear the TPA did not see its way clear to meeting the demands of the protesters.

"I wish to point out that certain demands are being made in the (workers') memoranda on the Province in respect of which it has no exclusive powers of decision-making; for example the recognition of the union, the desegregation of hospitals, privatisation and salary demands," said Mr Ferreira.

He went on to say that it was clear hospitals in the country had become the targets "of certain groups/bodies for the furthering of their political aspirations". — Sapa.

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28/4/96

Strike: Medicine to run out at Reef hospital?

JOHANNESBURG. — Medicines are running out at the Reef's Baragwanath Hospital because workers who pre-pack the medicines are on strike and patients might soon be referred to private chemists, a hospital spokesman said yesterday.

The large hospital is just one of at least two hit by a go-slow protest from workers demanding better wages and employment conditions.

There are mountains of unwashed linen, said the spokesman, and mothers are forced to give birth on bare mattresses.

"Patients are feeling the brunt," she said. "It's worse on them than on the government."

National Education Health and Allied Workers Union organising secretary Mr Monde Nditshwa said workers had been forced into their action because of government inaction.

"Basically we are demonstrating because the department (of Health) failed to respond to our grievances," he said.

Nehawu is calling for "a living wage" of R1 100 per month — R850 up on present minimum pay.

Meanwhile, a spokesman for Hillbrow Hospital said although that institution had also been affected by the union action, it was "coping".

A spokeswoman for the Reef's mammoth Johannesburg Hospital yesterday confirmed "a small demonstration with placards" had been going on every day since last Friday — "but just during lunchtime". — Sapa

FIRST World medicine is staring the Third World in the face — and blinking.

Concerned South Africans no longer say "health" without adding "crisis". Budgets are being cut as more and more people stream into the cities to use the shrinking facilities. Frustrated doctors, nurses and health workers, trained at the taxpayers' expense, are emigrating, leaving the profession or going on strike because of long hours, difficult working conditions and inadequate pay.

Some hospital wards are closed because of lack of staff, others because of a lack of patients of the right colour. Yet at hospitals such as Baragwanath, patients lie on the floor because there are not enough beds.

Prestige units such as Groote Schuur's world-famous cardio-thoracic unit — where the world's first heart transplant was performed — are threatened with closure because of a lack of money to buy basic essential equipment.

At the same time, South Africa has more magnetic resonance imaging machines — the latest thing in body scanners which sell for R7 million each — than there are in Britain, a country with double the population. However, all South Africa's MRIs are in private hospitals.

WHILE the government bemoans a shortage of money, it has created a health service consisting of 14 different departments, with 14 ministers, deputy ministers and directors-general.

Professor Walter Loenig of Natal University commented: "If the devil himself had been set the task of evolving a health structure so complex in nature that it would confound the minds of the most skilled health administrators, he would not have come up with anything, quite as bizarre as we have managed to create."

e crippled health services are becoming more and more strident as increasingly fluid politics raise expectations.

- Can we afford to run what in effect are two separate health services, the public and the private?
- Can we afford the departure of trained personnel from the profession and the country because of poor salaries and working conditions?
- Can we afford to provide hideously expensive surgery, such as heart transplants, when the same money could pay for thousands of children to be immunised against tuberculosis or measles?
- Can we afford expensive research?
- Can an increasingly Third World country afford First World standards?

THESE are no easy answers to any of these questions, there is no quick fix. Solutions will have to be found by addressing the entire politico-socio-economic situation in South Africa — the health crisis is merely a symptom of a general malaise affecting the country, much of it the result of years of rigid apartheid rule.

This week the Minister of Health in the House of Assembly, Dr Rina Venter, spoke of the importance of increasing spending on primary health care, that is out-patient clinics, day hospitals, immunisation facilities, general practitioners, health visitors and illness prevention efforts.

Primary health care also includes good nutrition, adequate and clean water, sanitation, decent

The problems in hospitals have become familiar: white wards stand empty, black wards are overcrowded and tight budgets all round mean staff have no choice but to make do with often obsolete equipment. The health crisis is merely a symptom of the malaise affecting the country, much of it the result of apartheid. The chief question is: can an increasingly Third World country afford First World standards? Weekend Argus Reporters VIVIEN HORLER and ANDREA WEISS try to find the answer.

HOSPITALS CRISIS

Diagnosis: Apartheid

But there's no quick fix



As long as facilities are not prepared to share, there will be deprived communities



Dr Rina Venter

administrative — and unequal distribution of workload, inequalities in services and an inevitable increase in costs."

Namda spokesman Dr Stanley Levenstein said: "There has been a lamentable neglect of health needs as shown, for example, in the low-budget allocations in favour of such priorities as defence expenditure and the wasteful fragmentation and inefficiency of 14 departments of health."

"This has resulted in the demoralisation of health workers at all levels in hospitals and other settings, with the result that many services have come to a virtual standstill."

DR Levenstein said the most important cause of ill health was socio-political and was rooted in poverty, in poor living and working conditions and in overcrowding. The situation could be improved only if the government "musters the political will to address the root causes of the problem in a meaningful and effective way".

Dr George Watermeyer, executive director of hospital and health services in the Cape, said: "In the light of the financial situation, we are really having to look again at our total priorities. In the first place, we are not just responsible for hospital care."

"Primary health care is the most important priority. There are facilities that need to be developed. But cheek by jowl with that, of course, is the need to maintain our hospital services."

He said Groote Schuur's difficulties, including a shortage of equipment, were mainly to do with the hospital's moving to a new building and "the place still needs to be run in — it is functioning pretty well."

"I think it is fair to say it is a management problem. The thing that concerns me is that the perception is engendered in the minds of many that there is a crisis. The service continues as normal. There is no real danger to the public at this stage."

"I DON'T really know that there is a running down of services. The question one needs to answer is: are we dealing with equipment failure, overstressed personnel and the whole situation of an inadequate care service?"

"The answer to all those is no. We are really looking at a health service which is being stretched, which is being asked to re-examine its priorities."

He conceded that "perhaps we haven't over the years spent sufficient time and effort developing primary health care and that we have spent rather too much time at developing hospital facilities. Having said that, I want to point out that in a geographical area you need an appropriate mix of services."

HOWEVER, the academic hospitals were being over-stretched by patients, many of whom could go elsewhere, such as the day hospitals.

"Academic hospitals are centres of excellence where the care and the training of medical students, specialists, nurses and everybody else can be equated to the best in the world."

"People are working hard, the service load is enormous, we don't have large sums of money now to buy on a broad scale what we would want to purchase to develop a new service."

"Of course that results in frustration and anxiety. At the same time I must admit I am very proud of the service and facilities we are providing. It's perhaps not the same easy system of operation as a developed country."

Although top doctors agree with many of Dr Venter's remarks, they also have reservations. Said Professor Jahn Odell, head of Groote

gamated into one. This saves money, avoids unnecessary duplication and allows for standards to be maintained, retained and even improved. "There are two dental facilities adjacent to

present health care system." Retreating his association's call for a unitary health system, he added: "The present problems experienced in academic medicine clearly illus-

hospital. ... according to the chairman of the South African Academy of Family Practice/Primary Care, only about five percent of all public health spending goes into primary care.

ONLY about 10 percent of private medical aid money goes to the general practitioner. Most medical aids will not pay for contraceptives, for example, or for a flu jab, yet they will pay confinement costs or for doctor's visits when a woman becomes pregnant or a member comes down with flu.

Dr Venter told a medical seminar at the University of Stellenbosch this week: "As long as each medical faculty insists on offering all services — all forms of transplant surgery, in vitro fertilisation and so on — itself, there will not be funds for the eradication of tuberculosis.

"As long as all medical faculties want immediately to buy all the newest equipment and are not prepared to make agreements to share equipment with other faculties or even the private sector, there will continue to be communities in South Africa that are deprived of basic health services."

SHE said if the emphasis in the health services could not be shifted from a preference for the excellent, highly advanced and specialised services to basic, community oriented health services, the resulting patient overload in hospitals would mean not enough money to maintain sophisticated academic medicine.

years to filter down and to deal with patients now — and 25 percent of the population is affected by some form of cardio-vascular disease.

"THE equipment I need is absolutely basic, nothing fancy or sophisticated, and as essential to me as a stethoscope is to a general practitioner.

"I cannot do heart surgery without a heart-lung machine, a machine that takes over the function of the heart and lungs while we work on them. We have two such machines, one that works and one that has been condemned.

"We use both, although the condemned one doesn't work as efficiently as it should. The dilemma facing us is therefore do we put a patient on a four-month waiting list for surgery and hope he won't die in the meantime, or do we use an inefficient machine now?

"I am familiar with the argument that queries the expense of operations such as heart transplants, but 80 percent of the population doesn't have access to private medical care and someone has to treat these patients."

DR J P van Niekerk, dean of the medical school at the University of Cape Town, also backed some of Dr Venter's ideas.

"There is certainly room for some rationalisation. For example, four institutions training pharmacists in the Western Cape have been amal-

vice instead of the fragmented available money properly.

"IN addition, we need to develop a relationship between the public and the private sector — the amount of money spent in the private sector is out of proportion to that spent in the public sector.

"South Africa cannot afford unbridled facilities in the private sector as this diminishes what can be provided in a teaching hospital. For instance, the increase in private intensive care units in Cape Town has meant the closure of ICU (intensive care unit) beds at Groote Schuur because of a shortage of trained staff.

"The services the private sector can provide must be made part of the general health service equation and become part of total health planning."

The fragmented health services also came in for criticism from the Medical Association of South Africa, the largest association of doctors, and from the National Medical and Dental Association (Namda), a smaller, more left-wing grouping.

DR Hendrik Hanekom, secretary-general designate of the Medical Association of South Africa, said this week: "In Masa's opinion the fragmentation of health services is one of the most important detrimental influences on the



Many patients at Baragwanath have to sleep on the floor.

“If the devil himself had been set the task of evolving a health structure so complex in nature that it would confound the minds of the most skilled health administrators, he would not have come up with anything quite as bizarre as we have managed to create.”

Great Train Robber Silenced forever

recovers from more than three years
in Lebanon. *Cape Times 28/4/90*

Nurses back to work

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EAST LONDON. — Nurses returned to work at Mdantsane's Cecilia Makiwane Hospital yesterday after going on strike on Wednesday in support of demands for better pay and working conditions. This was confirmed by Ciskei's Minister of Health, Dr Henk Kayser.

Reports by Staff Reporter, Own Correspondent, Sapa-Reuter/AP and UPI

Patients suffer

98

PATIENTS at Baragwanath Hospital are being affected by the strike by employees, who refuse to work after 12 noon every day.

A hospital spokeswoman said medicines were unavailable as workers who packed them were on strike.

He said patients might have to be referred to private chemists if medicines were not available

soon.

There was also no clean linen and women in the maternity wards were forced to give birth on bare mattresses.

Hospital secretary Mr Fred van Niekerk said management had met the workers' demands for higher pay and shorter working hours. The issue over temporary employment was still being discussed.



Star 30/4/90 (98)

NEWS

Warning of medical collapse

Thousands of South Africans are being deprived of medical treatment as chaos — even collapse — threatens the country's health services.

This has emerged from a series of urgent meetings last week between leading officials and organisations.

Doctors and medical aid societies have warned the Government to act before it is too late.

"Health care is suffering terminal illness, and the man in the street is caught in the death throes," warn some respected medical authorities.

Thousands of people are being

turned away at State health institutions, or are on long waiting lists, or receiving inadequate treatment and medication.

Members of medical aid schemes can turn to private health services. But even these patients may soon no longer be able to afford it.

One of the meetings last week, between the head of Representative Association of Medical Schemes (RAMS), Mr Rob Speedie, and the Minister of Health, Dr Rina Venter, dealt with the dilemma facing the private health care sector and medical aid societies.

There is a difference of at least 56 percent between what many doctors charge in terms of the Medical Association of South Africa (Masa) tariff recommendations, and what medical aid schemes will pay out in terms of what is legally stipulated by RAMS — called the "scale of benefits".

Patients whose medical schemes pay only 80 percent of expenses must bear as much as 76 percent of costs.

The chief surgeon at Addington Hospital in Durban, a member of the Masa federal council, Dr Ed Barker, said: "The cost of

medical health care has escalated beyond the ability of the country to pay for it."

After a meeting in Johannesburg last week, top doctors issued a fresh ultimatum to Dr Venter to get "her house in order before it is too late".

They say that State health services are now almost collapsing, and cannot offer a suitable alternative for people who have paid taxes all their lives.

Dr Venter indicated that the situation was receiving urgent attention and major changes were in the pipeline.

Sophisticated burns unit to open at Bara

By Carina le Grange

The most sophisticated burns unit in the world is to be built at Baragwanath Hospital — thanks to a R3 million donation by a private company.

The unit will be open to all races.

A senior surgeon at Baragwanath and a University of the Witwatersrand lecturer, Dr Dimitri Dimitriades, will head the unit.

"I found almost 40 percent of

burn deaths were potentially avoidable. Because of a lack of a burns unit, these patients were treated in an ordinary surgical ward. They became infected very easily and died of septicaemia. I strongly believe 40 percent of those who died would have survived if we had a burns unit," he said, after a study was conducted at the hospital.

Dr Dimitriades said he consequently approached the private sector for contributions towards

building the specialised unit and Johnson and Johnson donated R3 million.

"To the best of my knowledge this is the largest single contribution to any medical institution by private enterprise," he said.

Malbak, Smith and Nephew, Roche and Wits Rag also gave substantial sums, while a number of smaller amounts were received from other companies. These donations will be used to buy equipment in the unit.

The unit is expected to be completed in November this year, and will include 20 high care beds, an operating theatre, and a research laboratory.

Last year, 450 adults and 300 children were admitted to Baragwanath with severe burns. Dr Dimitriades said that as a result of South Africa's particular socio-economic factors, which included open hearth fires inside homes, a high number of burns cases existed.

Baragwanath Hospital strikers to draw up response to TPA

By Carina le Grange

The crisis facing Baragwanath Hospital began on March 6 when members of the National Education, Health and Allied Workers' Union (Nehawu) presented the chief superintendent, Dr Chris van den Heever, with a memorandum containing a list of demands.

He was asked to channel the memorandum to the "authorities".

Nehawu demands included:

- A living wage of at least R1 100 with an additional R400 across the board increase for all.
- Recognition of Nehawu.
- The immediate opening of all health facilities to all races.
- The cessation of own and general affairs.
- The abandonment of privatisation, especially with regard to health care.

Dr van den Heever said he had passed the memorandum on to his superiors.

The reply from the Transvaal Provincial Administration (TPA) came on April 27 and was read out to the assembled workers after it was handed to Nehawu officials.

A union official, Mr Patrick Sibeko, said workers would draw up a response to the TPA letter today.

Dr van den Heever said resolving the strike was not in his hands and that he believed the situation was of "great concern" to the authorities.

He said there had been "fairly large-scale intimidation" of nurses. Some were forced to lock themselves in their wards. If nurses joined the strike, he warned, the hospital would be immediately incapacitated. Nehawu denied that nurses were being intimidated.

Peaceful

Hospital authorities said the strike had been peaceful, but a Soweto police spokesman said last night that an illegal gathering of about 300 people was dispersed with teargas yesterday morning from bus stops outside the hospital.

Later in the day, the hospital issued an urgent announcement through "black" radio stations, warning prospective visitors they would be barred from visiting because the hospital could not cope with the usual up-to-20 000 visitors.

Hospital work stoppages spread

8/21 11/5/90 98

Staff Reporters

Disruptions in Rand hospital services yesterday spread to Leratong and Paardekraal hospitals on the West Rand because of dissatisfaction over the 10 percent wage increase.

Medical superintendent of Leratong and Paardekraal, Dr Pauline van Wyk, said workers stopped work at 10 am when they received their salaries, but there was no serious disruption of services.

A Transvaal Provincial Administration spokesman said they were currently talking with the hospital workers' liaison committee.

Disillusioned

A worker at Leratong told The Star yesterday that the hospital was "deserted" by workers who were disillusioned by higher deductions in their paypackets after a 10 percent increase. She said they were worse off than before the increase.

Baragwanath Hospital was yesterday still hard hit by the demonstrations, with loads of dirty washing piling up, a shortage of medicines and a delay in the release of bodies to undertakers.

Hillbrow Hospital was experiencing similar problems, and by 11 am the strike had resumed.

Dr J Norman-Smith said general as-

sistants, clerical staff, porters and sections of the physiotherapy and radiology department worked from 7am to 11am only.

Patients' lives however, were not in danger, he said.

Baragwanath spokesman, Mrs Annette Clear, said there were presently "very good relations between hospital management and the workers' committee" and that a number of workers voluntarily turned up on Saturday — not a working day — to tackle about 75 percent of the backlog in dirty linen.

She said demonstrations had been peaceful.

Workers are demanding a wage increase of more than 10 percent. Many earn a minimum monthly salary of R223 and they are demanding an increase to R1 100, as well as shorter hours and permanent employee status.

Mrs Clear said that from April 18 to 25, the medicine packing department lost 1 152 man hours, while the kitchen department lost 7 020 man hours from April 10 to 26.

She said the medicine situation was not critical.

Acting chief superintendent of Johannesburg Hospital, Dr T Frankish, was not available for comment. On Friday he said the demonstrations at the hospital were restricted to lunch hours and did not disrupt patient services.

to deal with the people. identify

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40 000 kg mountain of dirty washing piles up

Staff Reporter

Sta 1/5/90

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Until a few weeks ago, 237 workers in the laundry division at Baragwanath Hospital washed 80 000 items of dirty linen a day.

When they went on a go-slow which developed into a full-scale strike yesterday, the mountains of washing to be done amounted to 40 000 kg. It served as silent witness to the seemingly mundane activities which keep the world — and hospitals — turning.

With colleagues refusing to operate automatic tablet counters in the pharmacy, porters refusing to transport patients and kitchen staff who hid pots before locking the kitchen against "scabs", non-

medical staff showed their power. They can and they will, they say, continue with the strike which threatens to close the hospital.

"It is up to the authorities to meet our demands and stop the hospital from closing," said union shop steward Mrs Gladys Mlangeni yesterday when asked about the fate of the patients.

In the maternity section there were no sheets for mothers who had given birth. There were no vests or nappies for new-born babies.

Baragwanath also delivers clean linen to 11 Soweto clinics and Leratong Hospital on the West Rand.

Yesterday reporters saw car-

penters repairing a kitchen door. Matrons and sisters had forced the locked door open to get into the kitchen. With the help of volunteers, they yesterday gave about 2 500 patients and medical staff their first meal in 24 hours.

"It's tough," a sister said. "We are not employed for this but the patients are starving."

"The salaries are terrible, they (the strikers) need to complain. But I question the method, their direction. But we feel for them," another matron said.

In the pharmacy, chief pharmacist Mr Henry Booyzen was assisted by colleagues who had given up their public holiday to pack medicine.

Handwritten scribbles and markings at the bottom of the page.

Donations for ailing Groote Schuur flow in

CAPE TOWN — Donations of R223 000 have poured in to Groote Schuur hospital since Friday, when a public appeal for funds for the hospital's ailing cardiac unit was launched.

Of that amount, R100 000 was donated by Pick 'n Pay Stores, who have launched an appeal for R1 million, a second R100 000 was donated by a company which wishes to remain anonymous at present, and R23 000 had been donated by the public, Groote Schuur fund-raiser Mrs Pixi Gillow said yesterday.

The appeal was launched after it was reported that the cancer and heart units, as well as other sections, were struggling to provide adequate treatment due to obsolete equipment and other shortages. — Sapa.

Hospital fees go up in the Cape

CPA Tariffs 2/5/98 (98)

Staff Reporter

HOSPITAL fees throughout the Cape rose generally by between 20% and 29% from yesterday — to “keep in step” with fees charged by the private sector, Administrator Mr Kobus Meiring said.

The increase was a first step towards “creating a uniform hospital fees structure for all health authorities”, he said, apparently in reference to the 14 departments into which health services in South Africa are split.

Mr Meiring also said that yesterday's increase formed part of a three-year phasing-in process in which all hospital fees would be “brought in line with medical fund scales of benefit or other market-related tariffs”.

An official at the fees desk at Groote Schuur Hospital yesterday said the maximum daily tariff for private patients was now R55, while it had previously been R46.

“Patients with no income, who used to be charged R2, will now

be charged R3,” he said. “That is the bottom of the scale. After that, we charge fees in accordance with salary and number of dependents.”

A patient with an income of R1 000 a month and three dependents, for example, would now pay R14 rather than R12 a day, he said.

Mr Meiring said basic ward tariffs for full-paying private patients for theatre services and for hospitalisation (in general and private wards as well as intensive- and high-care wards) were being adjusted according to the medical fund scale of benefits.

These had been increased by between 20% and 29% at the beginning of this year, he said.

“The indicated maximum tariff will be decreased on a sliding scale according to the income tax due by the person responsible for the account.”

Tariffs were thus directly related to “the income status of the patient or his guardian”. At the bottom of the scale a nominal tar-

iff of R3 or R4 would be charged per in-patient day or out-patient visit.

A health policy researcher who may not be named said yesterday that one of the dangers in raising health tariffs was that if they were set too high, patients would be discouraged from seeking treatment until they were in an advanced stage of illness.

Mr Meiring said that more market-related tariffs would be charged from this month for the provision of medicines, pathological services and artificial aids.

“It is still the CPA's point of view that no person should suffer financial privation because of having to pay a hospital account,” Mr Meiring said.

Deserving application for relief would be considered sympathetically. However, because many patients neglected to pay accounts without good reason, the Hospital and Health Services Branch would require full particulars about applicants' financial circumstances.

98-712B 2/5/90

Full strike creates crisis at Baragwanath Hospital

JOHANNESBURG. — Soweto's Baragwanath Hospital faces a crisis after hundreds of non-medical staff came out on full strike yesterday following days of go-slows and intermittent work stoppages.

Members of the security forces were expected to be called in to assist in running the hospital, said Dr Chris van der Heever, the medical superintendent.

Soweto clinics served by Baragwanath may be forced to close as a result of the strike at the hospital.

Baragwanath's public relations officer, Mrs Annette Clear, told journalists yesterday that the clinics were also experiencing severe shortages of medicine and linen.

The hospital had been forced to suspend visiting hours to prevent further chaos, she said.

About 1 000 patients had been discharged in an attempt to keep essential services running.

The situation in the maternity section was chaotic and senior nursing staff expressed fears of infections breaking out.

Mothers and their newly born babies in the labour ward were lying naked on beds without any linen.

Doctors in the casualty section said they were not able to cope.

The surgical ward was reported to be dealing only with emergency operations.

The radiography department said they were handling emergency cases only.

On Monday night neither staff nor patients were fed. The kitchen was mysteriously locked. Management suspected that striking workers were responsible, Dr Van der Heever said.

JOHANNESBURG. — The situation at the giant Johannesburg Hospital, hit last week by stoppages of general assistants, is operating normally, the medical superintendent, Dr Clive Wills, said yesterday.

The assistants were back at the hospital and were working normally while staff representatives and management continued to discuss their grievances over wages and working conditions.

Dr Wills said it was not opportune to discuss progress made in negotiations with the general assistants until the talks were concluded and agreements reached. — Sapa

The closure had affected about 2 500 patients and about 500 staff members, he said.

About 500 workers are on strike demanding higher wages, the recognition of their union, Nehawu, and an end to temporary status for workers, said Nehawu local chairman Mr Patrick Sibeko.

Nehawu is demanding R1 100 a month minimum wage as well as a R400 across-the-board increase.

"The grievances of non-medical staff affect all of us," said one nursing assistant.

A nurse, Mrs J E Moloi, showed her April payslip. After 15 years' service she netted R362,93.

A porter employed at Baragwanath since 1974 said she earned R420 a month, and a housekeeper with 19 years' service was paid R426,00.

Staff have been told to lock themselves into wards following charges of intimidation from striking workers.

The situation has remained peaceful, but there were fears the strike could escalate into violence. — Sapa

Bara may close due to strike

WILSON ZWANE 98

THE giant Baragwanath Hospital and some of its 11 Soweto clinics could be forced to close because of deteriorating services, caused by a strike by the hospital's non-medical staff.

Chief medical superintendent Chris van den Heever said yesterday: "There are fears that the hospital may close down if the nursing staff can be intimidated out of the wards." 510am 2/15/90

The hospital's general, non-medical staff started a series of industrial actions about three weeks ago in an attempt to have wage and working conditions grievances attended to.

According to National Education, Health and Allied Workers' Union (Nehawu) organiser Neal Thobejane what had been a go-slow strike became a full strike on Monday due to unhappiness over the size of general assistants' salary increases.

About 1 500 general assistants — non-medical staff such as drivers, porters, medication packers, kitchen and laundry workers — were not working yesterday.

Salaries for grade one general assistants have been increased from R2 685 to R5 016 a year; grade two general assistants' salaries from R3 141 to R5 814, and grade three salaries from R3 681 to R6 612.

Health services director-general Hennie van Wyk and MEC for hospitals Fanie Ferreira are due to visit Baragwanath today to evaluate the situation.

Van den Heever said the hospital had, by yesterday, discharged more than 100 patients prematurely and were only dealing with emergency cases.

"We won't be able to run the hospital for long under the present circumstances," Van den Heever said.

Soweto community health services superintendent Dr George Louw said some of the clinics would also have to close down.

Yesterday the nursing staff was helping with kitchen and laundry duties.

According to chief pharmacist Henry Booyzen volunteers from Soweto had begun packing the medication.

"Medication production dropped by 60% and we'll have to work extended hours to catch up," Booyzen said.

Thobejane warned yesterday that if "no positive response" was received from government in a week or two, Nehawu would not be able to "restrain" the workers.

□ Sapa reports from Cape Town that Groote Schuur Hospital fund-raiser Pixi Gillow said yesterday that donations of R223 000 had poured in since Friday, when a public appeal for funds for the hospital's ailing cardiac unit was launched.

Of that amount, R100 000 was donated by Pick 'n Pay Stores, which has launched an appeal for R1m. A second R100 000 was donated by a company which wishes to remain anonymous at present, and R23 000 had been donated by the public.

She added she had a "critical list" of units within the hospital which urgently needed more than R4m.

B10 Aug 21 57 90

98



Patients taking the sun at Baragwanath Hospital are surrounded by bags of dirty washing.

Picture by: ROBERT BOTHA

'Hospitals badly need equipment'

PRETORIA — Lack of vital modern equipment in public hospitals because of inadequate state funding had become a national problem, Medical Association of SA (Masa) practice and education committee chairman Ralph Kirsch said yesterday.

Over the years, spending on essential equipment had fallen steadily behind. A major problem was the distribution of funds, the cake was getting smaller and the need for funds greater, he said.

By comparison, spending on modern hospital equipment in the private sector was "astronomical".

On new equipment, Kirsch said "from the time we satisfy the authorities this is needed, it takes up to 20 months before bureaucratic procedures are completed". In the meantime, equipment could increase in price by 100%.

DP finance spokesman Harry Schwarz said in Pretoria yesterday that the need for

GERALD REILLY

supplementary funds to prevent a further deterioration in health and hospital services had become urgent.

In addition, a programme aimed at greater efficiency and more effective use of funds without prejudicing the quality of services was essential. Health and hospital structures needed total revision.

LESLEY LAMBERT reports from Cape Town that hospital fees in the Cape Province were to be increased from yesterday in line with the medical fund scales of benefits which were increased by between 20% and 29% in January.

Cape Administrator Kobus Meiring announced on Monday that the increases would apply to basic ward tariffs for full-paying private patients for hospitalisation in general and private, intensive and high care wards and theatre services.

Baragwanath hospital may close



Patients, fed on Monday for the first time in 24 hours, sit among laundry bags waiting for food.

The Argus Correspondent

JOHANNESBURG. — Soweto's Baragwanath Hospital, the largest in Africa, may be forced to close unless the crippling strike by 1 500 non-medical workers is resolved today, says chief superintendent Dr Chris van den Heever.

Dr Van Den Heever described the possible closure of the hospital as "a disaster" and said deaths would result.

Up to 1 000 patients have been discharged prematurely and only emergency cases are being admitted. While no deaths have occurred yet because of the strike which developed from a go-slow, there are fears of infectious diseases developing. According to Dr Van Den Heever, a shutdown would undoubtedly result in deaths.

DEPRIVED OF BASICS

Patients have been deprived of such basics as food.

At midday on Monday the remaining 2 065 patients in the hospital were fed their first meal in almost 24 hours after voluntary workers forced open a locked kitchen.

In the maternity section some mothers are being discharged within hours of giving birth on unmade beds because of no clean linen.

Meanwhile, top hospital and provincial officials were locked in an hours-long meeting yesterday to discuss the crisis, which spread to other Reef hospitals at Hillbrow, Leratong, Paardekraal, Boksburg-Benoni and Natalspruit.

The strike is restricted to non-medical workers but allegations of intimidation of nurses have re-

sulted in nurses locking themselves into wards in some cases.

A health expert said he feared the initial go-slow strike, which developed into a full strike yesterday, might spread to the Vaal Triangle, Pretoria and then become countrywide as it was union-based. Health services would be paralysed.

Strikers, belonging to the National Education, Health and Allied Workers' Union (Nehawu), demonstrating inside hospital grounds on Monday, said they intended to continue their action until their demands were met.

Among their demands are higher salaries, permanent workers' status, union recognition, immediate integrated health care for all, an end to privatisation and the abolition of general and own affairs departments.

The MEC in charge of hospital affairs, Mr Fanie Ferreira, and the executive director of health services, Dr Hennie van Wyk, will visit Baragwanath today to evaluate the situation.

The assistant director of provincial liaison services, Mr Jan Loubser, said "requests have already been sent through to the relevant authorities" regarding the crisis.

It is understood that contact has been made with the Red Cross, which may offer aid to Baragwanath.

The dilemma facing the hospital was that workers' demands concern "broad political and socio-economic issues" which could not even be addressed by the province, Dr Van den Heever said.

He said some matters were constitutional and would need change on the highest level.

Seriously ill will be treated, ^{Argus} 2/5/90 Hough assures

98

The Argus Correspondent

PRETORIA. — All dangerously-ill patients at the Baragwanath Hospital will receive medical care, the Administrator of the Transvaal, Mr Danie Hough, said in a statement today.

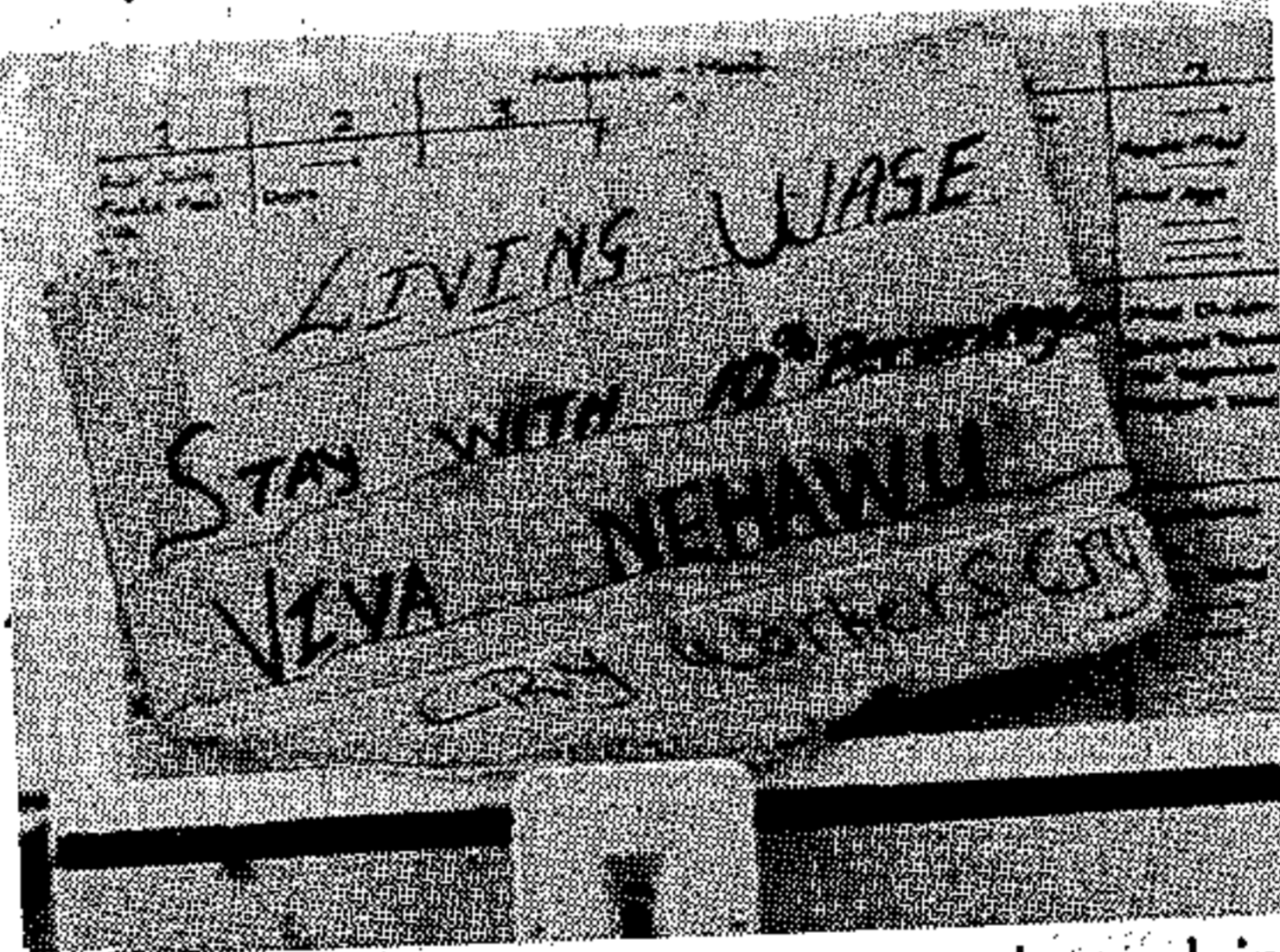
He said it was necessary to discharge certain patients following disruptions caused by striking hospital workers, but that only those "out of danger" had been allowed to return home.

However, the strikers were still hampering the treatment of patients who remained at the hospital.

"The State is doing everything in its power to ensure that patients who really need medical care receive the necessary treatment and will endeavour to carry out its responsibilities in this regard at all costs," said Mr Hough.

Measures already taken to normalise services included the recommissioning of the laundry, the restoration of food supplies to patients and staff, and the packaging and distribution of medical supplies.

He appealed to those on strike to co-operate to restore normal services for patients and the community.



BARAGWANATH STRIKE: A placard in the kitchen of strike-hit Baragwanath Hospital in Soweto.

Strike: Bara set to close

Sowetan 2/5/90

98 (A) (B)

BARAGWANATH Hospital may be closed within days if the strike by about 1 200 non-medical staff continues, the hospital's chief superintendent, Dr Chris van den Heever, warned yesterday.

The executive director of Health Services in the Transvaal, Dr Hennie van Wyk, and Mr Fanie Ferreira, MEC in

By PHANGISILE
MTSHALI

charge of health services, will visit the hospital today.

Said Van den Heever: "The situation is very serious, particularly because medical and nursing staff are intimidated by strikers."

Patients

"Yesterday we turned away patients from as far as Zambia, discharged about 150 patients before time and attended only emergency

cases.

"Today we may close down the smaller of Soweto's 11 clinics and its only a matter of days before we close the hospital.

"Availability of medicine, clean linen and food will determine when we will close.

Van den Heever was commenting on a "go slow" that started three weeks ago and developed into a full-blown strike yesterday.

The striking staff includes porters, clerks, laundry, kitchen

● To page 2



A laundry worker at Baragwanath Hospital, Mr Henry Kleinmans, holds some of the dirty and blood-stained linen that has been piling up at the hospital as a result of the strike by non-medical staff. Some new born babies and their mothers lay naked on their beds because there was no clean linen in the maternity section.

Health crisis looms as SA tries to adjust to new demands

By Vivien Horler and Andrea Weiss

First World medicine is staring the Third World in the face — and blinking.

Concerned South Africans no longer say "health" without adding "crisis". Budgets are being cut as more and more people stream into the cities to use the shrinking facilities.

Frustrated doctors, nurses and health workers, trained at the taxpayers' expense, are emigrating, leaving the profession or going on strike because of long hours, difficult working conditions and inadequate pay.

Some hospital wards are closed because of lack of staff, others because of a lack of patients of the right colour.

But at hospitals such as Baragwanath, patients lie on the floor because there are not enough beds.

Prestige units such as Groote Schuur's world-famous cardio-thoracic unit — where the world's first heart transplant was performed — are threatened with closure because of a lack of money to buy basic essential equipment.

At the same time South Africa has more magnetic resonance imaging machines — body scanners which sell for R7 million each — than there are in Britain, a country with double the population. But all South Africa's MRIs are in private hospitals.

Not enough beds

And while the Government bemoans a shortage of money, it has created a health service consisting of 14 different departments.

Professor Walter Looming of Natal University commented: "If the devil himself had been set the task of evolving a health structure so complex in nature that it would confound the minds of the most skilled health administrators, he would not have come up with anything quite as bizarre as we have managed to create."

The questions being asked about the country's crippled health services are becoming more and more strident.

Can we afford to run what in effect are two separate health services, the public and the private?

Can we afford the departure of trained personnel from both the profession and the country?

Can we afford to provide hideously expensive surgery, such as heart transplants, when the same money could pay for thousands of children to be immunised against tuberculosis or measles?

Can we afford expensive research?

Can we afford Third World country standards?

There are no easy answers, no quick fix. Solutions will have to be found by addressing the entire politico-economic situation. The current health crisis is merely a symptom of a general malaise affecting the country, much of it the result of years of apartheid rule.

University of Stellenbosch: "As long as each medical faculty insists on offering all services — all forms of transplant surgery, in vitro fertilisation and so on — there will not be funds to eradicate tuberculosis."

"As long as all medical faculties want to immediately buy all the newest equipment and are not prepared to make agreements to share ... there will continue to be communities in South Africa that are deprived of basic health services."

She said if the emphasis in the health services could not be shifted from a preference for the highly advanced to basic, community-oriented health services, the resulting patient overload in hospitals would mean not enough money to maintain sophisticated academic medicine.

While top doctors agree with Dr Venter, they have some reservations.

Professor John Odell, head of Groote Schuur's cardio-thoracic unit, "She's right in a way to put the emphasis on preventive medicine ... but the results of this policy will take 20 years to filter down the line, and in the meantime we have to deal with patients now — and 25 percent of the population is affected by some form of cardio-vascular disease."

"The equipment I need is absolutely basic, nothing fancy or sophisticated, and as essential to me as a stethoscope is to a general practitioner."

"I'm familiar with the argument that queries the expense of operations such as heart transplants, but 80 percent of the population doesn't have access to private medical care, and someone has to treat them."

Dr J P van Niekerk, dean of the medical school at the University of Cape Town, also backed some of Dr Venter's ideas.

First and Third Worlds collide

"There is certainly room for some rationalisation. For example four institutions training pharmacists in the Western Cape have now been amalgamated into one."

"We also need to provide a unitary health service instead of the fragmented service we have if we're going to use the available money properly."

"And we need to develop a relationship between the public and the private sector — the amount of money spent in the private sector is out of proportion to that spent in the public sector."

"South Africa cannot afford unbridled facilities in the private sector as this diminishes what can be provided in a teaching

health needs as shown for example in the low budget allocations in favour of priorities such as defence expenditure, and the wasteful fragmentation and inefficiency of 14 departments of health."

"This has resulted in the demoralisation of health workers at all levels in hospitals and other settings with the result that many services have come to a virtual standstill."

Dr Levenstein said the most important cause of ill-health in South Africa was socio-political, rooted in poverty, poor living and working conditions and over-crowding. The situation could only be improved if the Government "musters the political will to address the root causes of the problem in a meaningful and effective way."

In the face of this barrage of criticism, what do the authorities say?

Dr George Watermeyer, executive director of hospital and health services in the Cape, said in an interview: "In the light of the financial situation, we are really having to relook at our total priorities. In the first place, we are not just responsible for hospital care."

"Primary health care is the most important priority. There are facilities that need to be developed. But with that of course is the need to maintain our hospital services."

He said Groote Schuur's present difficulties, including a shortage of equipment, were mainly to do with the fact that it was moving to a new building and "the place still needs to be run in. It is functioning pretty well."

He added: "I think it is fair to say it is a management problem. The thing that concerns me is that the perception is engendered in the minds of many that there is a crisis. The service continues as normal. There is no real danger to the public at this stage."

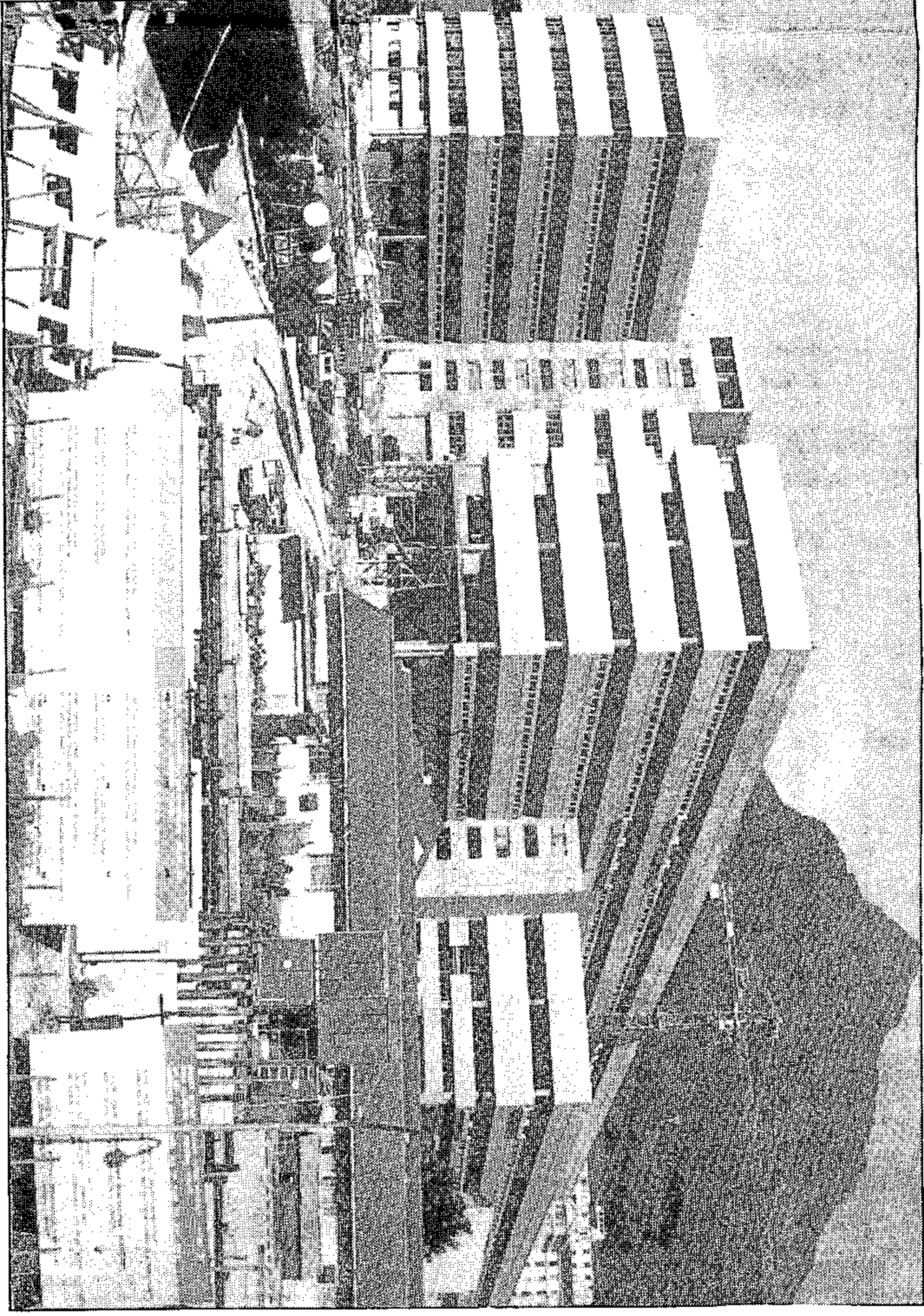
"I don't really know that there is a running down of services. The question one needs to answer is are we dealing with equipment failure, overstressed personnel, are we dealing with the whole situation of an inadequate care service?"

"The answer to all those is no. We are really looking at a health service which is being stretched, which is being asked to re-examine its priorities."

He conceded that "perhaps we haven't over the years spent sufficient time and effort developing primary health care and that we have spent rather too much time at developing hospital facilities. Having said that I want to point out that in a geographical area you need an appropriate mix of services."

Not ashamed

But the academic hospitals were being over-stretched by patients who could often go elsewhere, such as the day hospitals.



Groote Schuur undergoing extensions recently. It is a showpiece of medical excellence but symbolises South Africa's health crisis.

Last week the Minister of Health in the House of Assembly, Dr Rina Venter, spoke of the importance of increasing spending on primary health care — out-patient clinics, day hospitals, immunisation facilities, general practitioners, health visitors and illness prevention efforts.

Primary health care also includes good nutrition, adequate and clean water, sanitation, decent housing, education, birth control and healthy lifestyles.

A good system of primary health care will help prevent people needing expensive treatment in hospital. Yet according to Dr Joseph Levenstein, chairman of the South African Academy of Family Practice/Private Care, only five percent of public health spending goes into primary care.

And only about 10 percent of private medical aid money goes to the general practitioner. Most medical aids will not pay for contraceptives for example, or for a flu jab, yet will cheerfully pay confinement costs or when a member comes down with flu.

hospital. "The services the private sector can provide must be made part of the general health service equation and become part of total health planning."

The fragmented health services also came in for criticism from both the Medical Association of South Africa and from the National Medical and Dental Association.

Dr Hendrik Hanekom, secretary-general designate of the Medical Association, said: "In Masa's opinion the fragmentation of health services is one of the most important detrimental influences on the present health care system."

"The present problems experienced in academic medicine clearly illustrate the results of the duplication and even tripling of services — professional, technical and administrative — and unequal distribution of workload, inequalities in services and an inevitable increase in costs."

Namda spokesman Dr Stanley Levenstein said: "There has been a lamentable neglect of

"Academic hospitals are centres of excellence where the care and the training of medical students, specialists, nurses and everybody else can be equated to the best in the world."

"I believe that our teaching hospitals are equal, have been and remain equal to those overseas."

I don't believe that we have anything to be ashamed of or anything to be afraid of in that regard. It is again part of the negative perception being created.

"People are working hard, the service load is enormous, we don't have large sums of money now to purchase on a broad scale what we would want to purchase to develop a new service."

"And of course that results in frustration and anxiety. But at the same time I must admit I am very proud of the service and facilities we are providing. It's perhaps not the same easy system of operation, perhaps there is a degree of overload, but they are still damn good."

'Many will die' if hospital forced to close

Workers threatened by strikers at Bara

Star 2/5/90

98



Hospital strikers carry an ANC flag on which is written "Bara".

By Carina le Grange

Strikers at Baragwanath Hospital — which may be forced to close down soon — were preventing people from approaching the casualty section early today and were threatening nursing assistants, said chief superintendent Dr Chris van den Heever.

This followed his warning last night that Baragwanath, the largest hospital in Africa, may have to close its doors unless the crippling strike by 1 500 non-medical workers is resolved today.

Dr van den Heever said it would be a disaster if the hospital closed. "Many people will die".

He said that, normally, 1 400 emergencies were treated at the hospital each weekend.

Up to 1 000 patients had been discharged prematurely and only emergency cases are being admitted. While deaths have not yet occurred because of the strike, which developed from an initial go-slow, there is fear of infectious diseases developing.

No food

Patients have been deprived of basics, including food. At midday yesterday the remaining 2 065 patients in the hospital had their first meal in almost 24 hours after voluntary workers forced open a locked kitchen to prepare the meal. They were given supper last night and breakfast this morning.

In the maternity section some mothers are being discharged within hours of giving birth.

Top hospital and provincial officials were locked in an hours-long meeting to discuss the crisis which has also spread to other Reef hospitals such as Hillbrow, Leratong, Paardekraal, Boksburg-Benoni and Natalspruit.

As at Baragwanath, Hillbrow is also treating emergency cases only.

The strike is restricted to non-medical workers but allegations of intimidation of nurses have resulted in nurses locking themselves into wards in some cases.

A health expert said yesterday he feared the strike may spread to the Vaal Triangle and Pretoria and then become countrywide since it is union-based. Health services would be completely paralysed.

Strikers, belonging to the National Education, Health and Allied Workers' Union (Nehawu), demonstrating inside hospital grounds yesterday, told The Star they intended to continue their action.

Among their demands are higher salaries, permanent workers' status, union recognition, immediate integrated health care for all, an end to privatisation and the abolition of the present general and own affairs departments.

The MEC in charge of hospital affairs, Mr Fanie Ferreira, and the executive director of health services, Dr Hennie van Wyk, will ar-

rive at Baragwanath early today to evaluate the situation in loco.

The assistant director of the TPA liaison services, Mr Jan Loubscher, said requests had been sent to the "relevant authorities" regarding the crisis. They were expected to respond soon.

It is understood that contact has been made with the Red Cross, which may offer aid to the stricken hospital.

The dilemma facing the hospital is that workers' demands concern "broad political and socio-economic issues" which can possibly not even be addressed by the province, Dr van den Heever said.

He said some matters were constitutional and would need change at the highest level.

"Those are things about which President de Klerk and the African National Congress are meeting today," Dr van den Heever said.

"All the demands the hospital could meet were settled some time ago."

Baragwanath serves between 4 million and 6 million people. Dr van den Heever said: "We can carry on only a few days more." If it depended on him, he added, the security forces would not be called in "although that decision could be made elsewhere".

The superintendent in charge of community health, Dr George Louw, sketched a horrifying scenario if chronically ill patients were deprived of medication distributed by the clinics.

"About 30 percent of the 1.5 million people we see annually are chronically ill with diseases such as hypertension and diabetes.

"If they can't get medicine, the implications are strokes and heart failure. Patients in diabetic comas would flood the hospital," he said.

● See Page 8.



A mammoth task . . . two nurses with the mountains of dirty linen piling up at Baragwanath.

© Pictures by David Sandison.

Taximen to meet ³³²

Efforts are being made to form a single taxi association in Katlehong on the East Rand, where feuding between rival taxi groups has led to bloody fighting.

The president of the South African Black Taxi Association (Sabta), Mr James Ngcoya, said that a meeting to launch a new taxi association in Katlehong would be held at the D H Williams Hall tomorrow.

Taxi operations in Katlehong were suspended by Sabta during the taxi war to avoid further violence.

Residents have called for the formation of one taxi association to defuse tension.

Tomorrow's meeting, which starts at 10 am, will enable taxi permit holders to launch a new association and elect office bearers. — East Rand Bureau.

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SELF-SUFFICIENT: A normally wheelchair-bound Baragwanath Hospital patient takes to crutches to find food.

Pay grievance led to strike at Baragwanath (98)

The Argus Correspondent ^{ARCUS 3/5/90}
JOHANNESBURG. — Pay, specifically the 10 percent wage increase for public servants, was the main factor which triggered the Baragwanath Hospital strike.

Hundreds of strikers, many wearing ANC T-shirts and badges, collected outside the hospital administration building to await the outcome of talks between union shop stewards and officials of the Transvaal Provincial Administration.

BELOW INFLATION RATE

A Baragwanath paramedic and member of the National Education Health and Allied Workers' Union, who asked not to be named, said worker anger centred on the 10 percent pay rise which was far below the inflation rate.

Militancy had been fuelled by a recent conference in Natal on the nursing crisis which had called for 60 percent increases for nurses, he said.

A messenger and union shop steward said some non-medical staff earned R250 a month. He said the temporary status of many employees, some with 20 years' service, was another "burning grievance".

End in sight to strike at Baragwanath

JOHANNESBURG. — The strike at Baragwanath Hospital in Soweto looks set to end today after union representatives and the Transvaal Provincial Administration agreed yesterday afternoon to begin negotiations.

National Education, Health and Allied Workers' Union representatives described the agreement with the TPA as a major breakthrough in their bid to win union recognition and have their grievances addressed.

Nehawu and the TPA agreed to start negotiations "on the highest level" on the basis of Nehawu's demands and "other variables" raised by the TPA, as soon as possible, it was announced in a joint communique.

"We have established mutual trust and understanding today," said Mr Fanie Ferreira, the MEC concerned with health services in the Transvaal, who led the TPA delegation.

A decision on whether to end the strike will be taken at a mass meeting of non-medical workers this morning at Baragwanath Hospital.

Nehawu has agreed to report back to the TPA and hospital management by noon.

Non-medical workers are also on strike at the Johannesburg and Hillbrow hospitals, and there are reports of go-slows and demonstrations at Leratong, Paardekraal, Boksburg-Benoni and Natalspruit. — Sapa and Own Correspondent

Bara strike forces patients to leave

Sowetan 3/5/90

182
97 98

BARAGWANATH Hospital stood almost empty yesterday after hundreds of patients were prematurely discharged due to a strike by 2 750 non-medical workers.

In spite of assurances by Transvaal Provincial Administration officials that the hospital will not close, hundreds of patients turned away when they were greeted by a notice at the entrance of the hospital saying patients should go to other hospitals as Baragwanath was closed.

Mr Danie Hough, Ad-

By PHANGISILE
MTSHALI

ministrator of the Transvaal, said the TPA had the situation under control.

Resources

It was able to utilise resources from other branches, he said.

Meanwhile, emergency cases only are being treated at the Hillbrow Hospital in Johannesburg, which has been affected by protest action by non-medical staff since last week.

Superintendent, Dr Norman Smith, said the staff were only working until 11am each day before beginning their protest action.

He said the biggest problems facing the hospital were food, linen and general hygiene.

Strikers representatives belonging to the National Education and Health Workers Union (Nehawu), led by Mr Meshack Maila, met TPA officials led by Mr S E L Feirreira, MEC in charge

● To page 2

Bara almost empty

Sowetan 3/5/90

From Page 1

of Health Services, for about three hours at Baragwanath Hospital yesterday and agreed to continue talking to each other in a bid end the strike.

The strike may end today after Nehawu officials have reported back to their members.

A spokesman said Nehawu would try to persuade members to return to work.

Dirty linen continued to pile up along corridors at the hospital and the usually overcrowded wards were empty.

A doctor expressed fears that unhygienic conditions may result in a spread of infection.

Patients, the hardest-hit victims in the dispute, seemed resigned to their fate.

"There is nothing we can do if the workers want to fight for their rights," a patient said.

"We only hope that the doctors will treat us as soon as they can and discharge us. We have no where else to go."

Nehawu national organiser, Mr Monde Mditywa said it was unfortunate that patients were caught in a cross-fire.

● Picture on page 8.

Hillbrow Hospital threatened

By Carina le Grange

The crisis that brought Baragwanath Hospital to a virtual standstill yesterday has spread to Hillbrow Hospital, which is threatened with closure after nurses joined the strike by non-medical workers.

Only emergency cases were being admitted and a Transvaal Provincial Administration spokesman yesterday said the hospital was being operated by a skeleton staff.

The superintendent, Dr J Nach, said the possibility could not be ruled out that the hospital would close unless conditions improved.

At Baragwanath the situation remained critical in spite of a three-hour meeting yesterday between top TPA officials and representatives of striking workers.

A spokesman for Baragwanath said early today the strike of non-medical workers continued. There was no change from yesterday, when the situation was described as "critical" and the hospital was closed for a few hours.

TPA spokesman Mr Jan Loub-scher said it was believed that

workers at Boksburg-Benoni, Natalspruit, Leratong, Paardekraal and Coronationville hospitals were also still on strike, but he was unable to confirm this.

About 1 000 non-medical staff are on a go-slow at Johannesburg Hospital, where a group of workers marched down corridors last night.

Mr van Wyk said what had started as a go-slow by general workers had become a full-blown strike.

"Patient care at the hospital is still normal, but laundry and cleaning services have been completely disrupted. Hospital administration staff are working in the kitchens."

Meeting

At the Baragwanath meeting yesterday an agreement was reached that negotiations "on the highest level" between the TPA and union officials would start soon.

However, the outcome of the meeting, described as a breakthrough, between the MEC for health services, Mr Fanie Ferreira, and the National Education, Health and Allied Workers' Union would mean an end to the strike only if

workers accepted the agreement.

A mass meeting is scheduled for non-medical workers at Baragwanath this morning.

The outcome is expected to affect similar strikes at other hospitals.

The seriousness with which the authorities view the situation was reflected by the presence at Baragwanath yesterday of the Administrator of the Transvaal, Mr Danie Hough.

There was chaos at the hospital yesterday morning when the administration declared the massive complex "in a critical situation and effectively closed".

Less than an hour later, Mr Hough announced the situation was effectively normal and the hospital was open. Mr Hough said the closure was "apparently a misunderstanding".

Mr Hough said no patients whose lives were in danger had been among the 1 000 discharged to ease the crisis.

He admitted, however, the situation was normal only because of the work of volunteers.

● See Page 17.

Bara — taking a look at the other side of the coin

Star 3/5/90 (98)

The Star visited Baragwanath Hospital yesterday, where the strike by non-medical workers has led to the closing of medical facilities. MICHAEL SHAFIQ spoke to patients and strikers. ALF KUMALO took the pictures.

He is old and grey and toothless. He was turned away at the outpatients section of Baragwanath Hospital yesterday because they could not attend to him. He has a heart condition and badly swollen legs and as he shuffled across the bridge that spans the old Potchefstroom road outside the hospital, he stopped several times to rest.

Arriving at the hospital, he had passed hand-printed signs at the security offices at the entrance to outpatients which read: "All patients to be referred to other hospitals. HOSPITAL CLOSED."

Mr Albert Mathenjwa, who is over 70 but uncertain of his age, cannot read. But his case sharply focuses attention on the hardship the strike has caused for many patients who require ongoing treatment at Africa's largest hospital.

The old man, a typical "keha" with grizzled grey hair and beard, was told to return on Friday, "when they say things may be better", he said in a voice no louder than a whisper. He was not complaining; only a little bewildered.

He has children who will look after him at his home in Phiri township. "But I am very tired and I don't feel well," he said in the same paper voice.

Mr Mathenjwa's case represents one side of the coin of the frightening dilemma that has brought Baragwanath to this. The month-long strike has brought the giant hospital to its knees.

His own people — fighting for what they believe are just and simple demands — could be said to be partly the cause of Mr Mathenjwa's misfortune.

Reasonable case

It would be wrong to see the strike — an initial go-slow only turned into a full-blown strike on May Day — as the work of "agitators". During a day of mingling with a crowd of close to a thousand which choked the premises, one gained the impression of reasonable, caring people.

They know about people like Mr Mathenjwa. But they have their own problems.

The strikers, all non-medical personnel so far, are members of the National Education, Health and Allied Workers' Union (Nehawu). Their demands include:

- A living wage of at least R1 100 with an additional R400 across the board increase for all.
- Recognition of Nehawu.
- Immediate integrated health care for all.
- The abolition of general and own affairs hospitals.

An end to privatisation, especially with regard to health care.

This is the other side of the coin. Rifa Muzangwe (55), has been with the hospi-



Strikers (from left): Mrs Gladys Mlangeni, Mrs Lillian Mkuuyisa and Ms Rifa Muzangwe ... with low wages and non-recognition of their union, they have their own problems.

tal for eight years. She hails from Diepkloof and her take home pay is about R500. She has six children between five and 18 years of age, and she is the family's sole breadwinner. She has no husband. She also looks after her 73-year-old mother, and all the children still attend school.

Daily meals consist of mealie-pap and cabbage.

"We have meat once a week on Sundays," she says. Milk is not part of the family's daily diet. Sugar and tea are also luxuries, she says.

"My mother is supposed to have a regular diet of milk, vegetables and eggs. I give her a boiled egg once a fortnight as a special treat."

Monday was pay day. She hasn't a cent left. "I have to keep borrowing to keep going," she says.

Lillian Mkuuyisa (36), has been with the hospital for nine years. Her pay packet is R405, but she was sick last month and was on half-pay for 34 days. Her pay cheque was R118.33. She doesn't understand why.

Mrs Mkuuyisa, from Emdeni South, says she is entitled to sick leave — "surely". But the office gave her no explanation.

Mrs Mkuuyisa — her husband is a carpenter — has five children, all of schoolgoing age.

Mrs Gladys Mlangeni (52), is a member of the strikers' committee. She says she would love to go back to work.

She is an ambulance driver and this week took home R764 after deductions. The chief aim of the strike, she says, is recognition of Nehawu.

"As soon as they do that," she said confidently, "we will return to work. We will get on with it while they do the talking."

Strikers looked tired and discouraged as day wore on

On a wide concrete bridge across the old Potchefstroom road, overlooking the Baragwanath Hospital, business goes on as usual. Well, for most people, anyway.

Crowds usually throng the bridge, coming and going from the hospital's side gate where all patients, except ambulance cases, are admitted.

Very few went through the gates yesterday. There was no point. The hospital, which normally caters for more than 3 000 patients a day was, to all intents and purposes, closed.

A total of 1 000 cases had been discharged prematurely and only emergencies were admitted.

On the wall outside is an advertising board which proudly proclaims: "OUR BABIES ON THE ROAD TO HEALTH" — unless the strike is resolved soon this could well turn out to be a classic piece of ironic misinformation as children urgently in need of medical attention find the gates of the hospital closed to them.

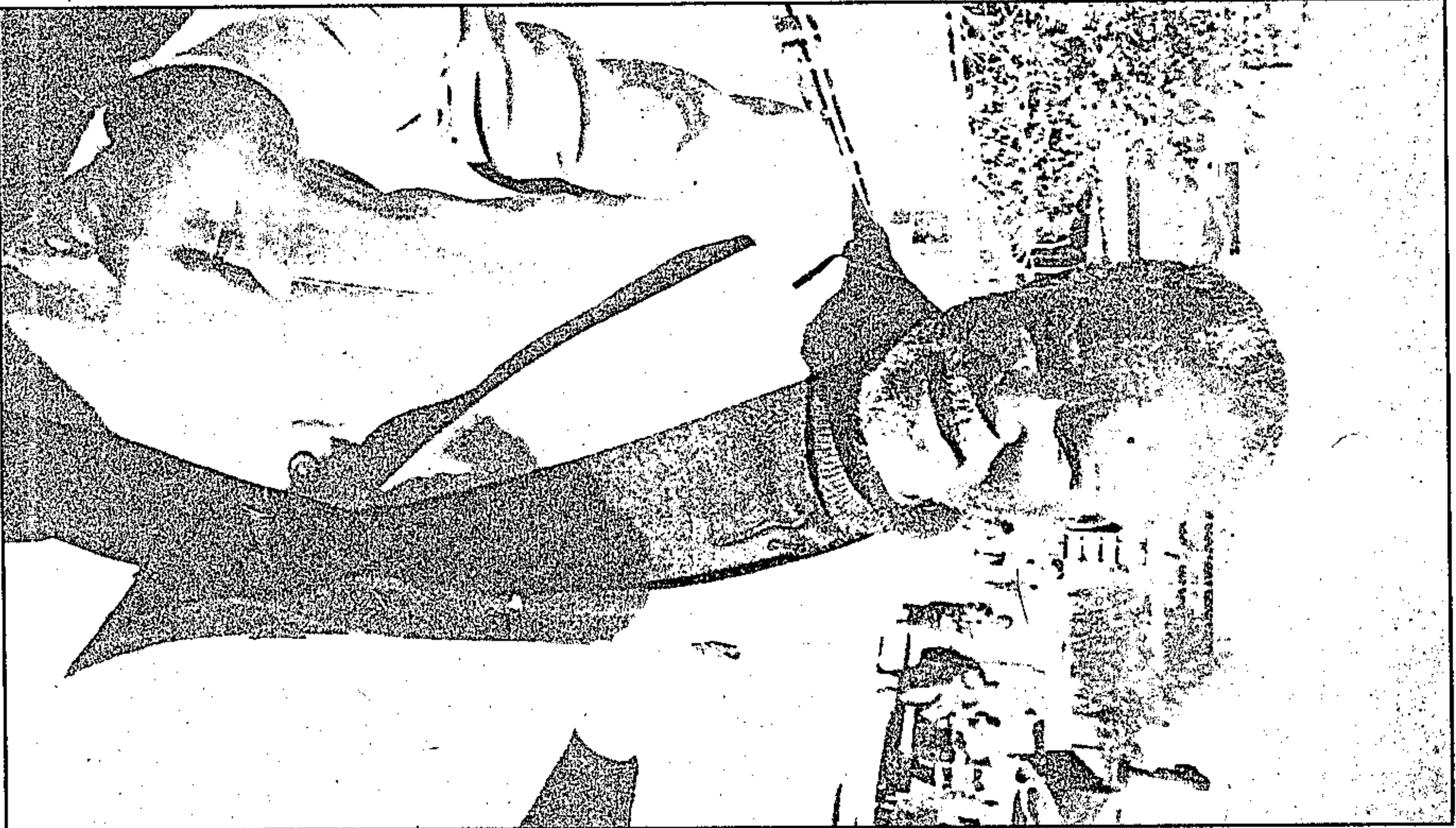
There were times yesterday when the sprawling premises, choked with strikers, resembled a fairground as ululating protesters marched up and down. "Come and give an answer to our demands," they chanted.

A huge banner in ANC colours carried at the head of the dancing procession proclaimed: "NEHAWU — An injury to one is an injury to all!"

But there was a grimmer side which began to show as the day wore on. The strikers looked tired, depressed and discouraged. Some sprawled on the laws of the administration building, sleeping. They looked as if they had given up.

"I want to work, but what can I do," said one man, a cleaner, glancing about to make sure he wasn't overheard. "It is wrong. We deserve better pay — but even bad pay is better than none."

He puffed nervously on a cigarette. Then squashed it out and went back to sleep.



When you are old and ill and medical care is not readily available, life can be extremely hard. Mr Albert Mathenjwa, after calling in vain at Bara, slowly makes his way home.

Postponed talks mean continuation of Transvaal hospital crisis

THE crisis in Transvaal hospitals continued yesterday as striking Baragwanath non-medical workers due to have been held back on discussions with President Nelson Mandela, National Health and Population Development Minister Dr Rita Venker and a union delegation in Cape Town.

But Sapa reports that a spokesman for the minister's office said discussions were postponed to this morning after the Johannesburg delegation missed its plane. The talks would deal with the situation at strike-hit hospitals and general health policy.

The strike crisis has spread to four other hospitals in the Witwatersrand/Pretoria region, bringing the total number of workers on strike to more than 8 000. Our Political Staff met De Klerk separately yesterday in a bid to resolve the Baragwanath crisis. Both agreed on the urgent need for the situation to return to normal as soon as possible that Mandela "would interest himself" in the situation at Baragwanath.

6/24/4/190

Pret Wilken, of the Transvaal Provincial Administration (TPA) Directorate of Liaison Services, said last night "good progress was made" at discussions held yesterday between TPA officials and representatives of striking hospital workers in Johannesburg. Earlier another TPA spokesman, Jan Loubscher, confirmed the crisis had spread to Natalspruit Hospital in Kaitshong, Hillbrow and Johannesburg hospitals and H F Verwoerd Hospital in Pretoria.

WILSON ZWANE

National Health, Education and Allied Workers' Union spokesman Neal Thobane said 300 workers at Middelburg Hospital had also gone on strike yesterday, as well as non-medical workers at Lynnville Hospital in Witbank.

He said about 500 striking non-medical staff at the provincial hospital in Middelburg were dispersed by police striking batons and sjamboks yesterday. A police spokesman said the Pretoria public relations division would check on the report and comment later.

Loubscher said there were no strike actions, but general workers at Thembisa-Heidelberg and Pietersburg hospitals were "moaning about inadequate pay". Our Cape Town correspondent reports that a Health Workers' Union (HWU) or Peninsula would embark on a six-hour work stoppage today in solidarity with the Transvaal strikers.

The organiser said the stoppage would also be in protest against their own demands not being met by the state.

Health crisis as hospital strikes sweep the country

W/M 4/5 - 10/5/90

Weekly Mail Reporters

SOUTH AFRICA'S health service was plunged into a crisis yesterday as the strike by Baragwanath Hospital workers spread to at least 14 hospitals.

It is understood that African National Congress Deputy President Nelson Mandela yesterday helped to arrange an emergency meeting today between Health Minister Rina Venter and union officials representing the thousands of workers demanding higher pay and union recognition.

Earlier both Mandela and State President FW de Klerk discussed the Baragwanath crisis during a recess in the watershed talks between the government and the ANC in Cape Town.

Both agreed that the situation at the hospital was "detrimental to the interests of the public and that it is imperative that medical services to the public should as soon as possible return to normal", a statement from the president's office said.

It added that Mandela would "interest himself" in improving the situation at Baragwanath.

The strikes have hit hardest at the three main Johannesburg hospitals, Johannesburg, Baragwanath, and Hillbrow, and have now spread to



11 other institutions around the country, among them Coronationville, HF Verwoerd in Pretoria, Natalspruit in Katshehong, the Durban Nursing Clinic, Boksburg/Benoni Hospital, as well as hospitals in Witbank and Middelburg.

In Middelburg it was reported that clashes took place yesterday between striking workers and police.

Industrial action has also been reported at Paardekraal, Leratong and Sterkspruit hospitals. In many hospitals only emergency operations are being performed. Doctors report that patients may die if the strikes continue.

Today's emergency meeting in Cape Town will be attended by Venter, representatives of the National Education and Health Workers Union (Nehawu), and the Congress of South African Trade Unions (Cosatu).

Industrial action by health workers began as small pickets during tea breaks and lunch hours at various hospitals all over the country. When this proved futile, workers embarked on "go slows" to get the attention of the authorities. As a last resort, workers went on a full-blown strike at Baragwanath early this week.

Volunteers from medical organisations, rotary groups and ex-hospital staff have moved in to alleviate the health services crisis.

Bullish sentiment pushes up Clinic Holdings

5/10/90 4/15/90

ANALYSIS: STEPHEN RICHTER

CLINIC Holdings has been advancing to new yearly highs recently as investor sentiment towards the group turns increasingly bullish.

On April 30, Clinic Holdings' share price advanced by 10c to a new yearly high of 175c, on turnover of 162 400 shares. This easily exceeded the group's average monthly turnover of 140 000 shares for the past year.

Clinic is a major player in the private hospital industry and controls some very well known and widely recognised clinics and hospitals. These include Garden City Clinic, Park Lane Clinic and Milpark Hospital in Johannesburg,

Nedpark Clinic in Pretoria, Parklands Hospital in Durban and Cape Town-based City Park Hospital.

The strike activity at government-owned hospitals does not appear to be spreading to the private hospital sector. It is Clinic Holdings' policy to attempt to anticipate problems and maintain a good relationship with the staff.

The recent strength in Clinic shares as opposed to the relatively dull performance of the industrial sector would suggest that investors are beginning to recognise the long-term potential for private hospital groups such as Clinic.

Until the problems at government-controlled hospitals are sorted out, it can be assumed that the majority of patients would prefer to stay at a private hospital. It may be costly for many, but it is hard to justify risking one's own life when adequate health care is available from the private sector.

Clinic has recognised the shortage of adequately trained and qualified nursing staff who represent the backbone of patient care. In response to this problem, the group has created its own staff college to train nurses for the future. In addition, the group recruited staff from the UK and Europe to fill the gaps that exist on the local market.

The group has spent nearly R40m on sophisticated medical equipment during the past two financial years and Clinic has the capacity to spend a further R20m during the 12 months ended September 1990.

Among their acquisitions

is the group of Lithotripter machines which allow doctors to treat patients suffering from gallstones or ureteric stones. To keep up to date with the latest technology, Clinic is now installing a series of Candella-Lasertripsy machines in its Cape Town, Durban and Port Elizabeth facilities. Each new unit, which obviates the need for surgery through the use of laser technology to dissolve the stones, costs roughly R1m. Financial director Stan

larger indicates that future expenditure on this sophisticated equipment will depend on cash flow considerations. But it seems clear that the group is making a solid effort to keep in touch with the most recent overseas developments in medical equipment.

The directors expect earnings growth for the current financial year as well as for the future to exceed the inflation rate, and the first indication that this target can be reached will occur at the end of this month when interim earnings are released.

With adequate health care considered as one of life's necessities, and Clinic having the potential for earnings growth to outstrip the inflation rate in coming years, the share would appear to offer value at its current level.



Striking workers from Baragwanath Hospital dance through the streets of Soweto

Picture: JUSTIN SHOLK, Afrafix

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Patients walk the streets in pyjamas

By THANDEKA GQUBULE

PATIENTS discharged from Baragwanath Hospital this week roamed Soweto in their hospital pyjamas because striking non-medical staff had locked the clothing storage room.

Nurses and doctors had to break into the kitchen and cook their own food as the kitchen staff had bolted the doors and hidden the pots.

Medical staff also had to cook for the patients who, at the beginning of the strike, went without a meal.

Baragwanath, one of the biggest hospitals in the southern hemisphere, was this week virtually brought to a standstill by the strike which has lasted four days so far.

The strike has affected Baragwanath's 11 clinics in Soweto. Pharmacy staff have also refused to work.

The hospital, which caters for about

1,5-million Soweto residents, normally accommodates 3 000 patients.

But at 2pm yesterday there were only 1 935 patients. In three days the hospital had discharged more than 1 000 patients.

Yesterday, despite help from various volunteer groups, the situation continued to deteriorate.

Workers said thousands of rands worth of linen would have to be discarded because it had begun to rot.

There was a long queue of relatives and undertakers outside the mortuary. The hospital's public relations department refused journalists permission to inspect the morgues but said the situation was under control.

Hospital officials said there had

been no deaths due to the strike. However, they were concerned that the unwashed linen could lead to the spread of infections.

The most unusual sight at Baragwanath was that of the bare benches in the casualty ward.

Doctors usually describe working in the overcrowded ward as a nightmare. However, this week the hospital was only dealing with emergency cases.

Earlier this week, Soweto residents hoping to be treated at the hospital were greeted by a placard stating: "All patients to be referred to other hospitals. Hospital closed."

But most of Baragwanath's neighbouring hospitals have also been affected by the strike.

The notice was later removed.

Joint moves to end hospital strike crisis

The Argus Correspondent

JOHANNESBURG. — The government and the African National Congress are co-operating to end the hospital strike crisis which has crippled health services in the Transvaal.

As a result, the Minister of National Health, Dr Rina Venter, will meet the trade union federation Cosatu today in her Cape Town office to discuss the crisis.

A spokesman said the aim was to discuss the health situation at Baragwanath Hospital and the national health policy. However, the agenda was not fixed and the situation at other hospitals could also be discussed.

Last night the Minister for Administration and Economic Co-ordination, Dr Wim de Villiers, met a Cosatu delegation to discuss the crisis.

It was likely that the discussions focused on labour rights for health workers, sources indicated.

STOP WORK

Meanwhile, the situation at Baragwanath — where National Education, Health and Allied Workers' Union members were the first to stop work — deteriorated further yesterday as the strike entered its fourth day.

A spokesman for the Transvaal Provincial Administration said yesterday about 8 000 workers at nine hospitals were on strike. The worst hit were Baragwanath, Hillbrow, Johannesburg, Natalspruit and the H F Verwoerd Hospital in Pretoria.

President F W de Klerk confirmed in a statement last night that he and ANC vice-president Mr Nelson Mandela had discussed the problems of Baragwanath Hospital.

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STRIKE action crippling 12 Transvaal hospitals threatened to spill over into the Peninsula yesterday as Cape health workers called for a six-hour work stoppage today in solidarity with up-country workers.

In several developments in the strike, which spread to Eastern Transvaal and Free State hospitals yesterday:

● The Minister of Administration and Economic Co-ordination, Dr Wim de Villiers, met a Cosatu delegation last night in a bid to resolve the strike.

The Cosatu delegation was led by Mr Jay Naidoo, its general secretary.

● ANC vice-president Mr Nelson Mandela met President F W de Klerk separately yesterday to discuss the crisis at Soweto's Baragwanath Hospital.

It was arranged that Mr Mandela "would in-

Cape health workers set to join strike

Cape Times 4/5/90
Cape Times 4/5/90 (98) (10/11/90)

terest himself to the situation at the hospital", a Tuynhuys statement said.

● It was also announced that Mr Mandela will join this morning's talks between trade union leaders and Health Minister Dr Rina Venter in Cape Town.

According to a Health Workers' Union (HWU) spokesman in Cape Town, today's planned stoppage will also be in protest against their demands not being met by the state.

Earlier this year, hospital services at 15 Pen-

insula hospitals were crippled when nearly 6 000 workers went on strike for nearly three weeks, demanding a wage increase and the recognition of the HWU.

Strike action in the Transvaal has affected the Hillbrow Hospital, the Johannesburg Hospital and 10 other hospitals on the Reef.

The Hendrik Verwoerd Hospital in Pretoria and hospitals in the Eastern Transvaal and the Free State have also been affected.

The situation at Baragwanath Hospital deteriorated still further yes-

terday as the strike entered its fourth day:

● Patients were being admitted only in "extreme emergency cases";

● Laundry is at a standstill, and tons of soiled linen were beginning to rot, nurses said;

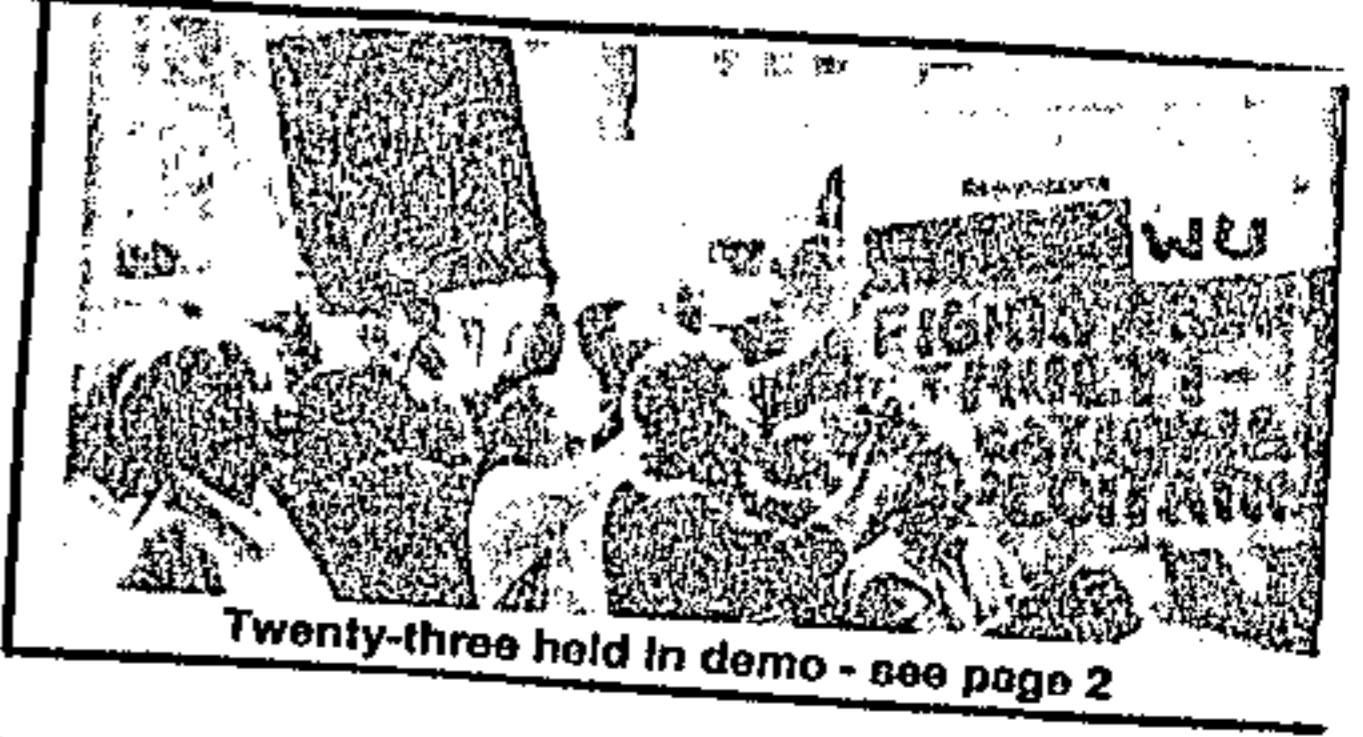
● Floors in wards have not been cleaned for days, refuse bins are overflowing and visiting undertakers at the mortuary described conditions as "filthy"; and

● Senior sisters in the post-Caesarian ward said they had been instructed by management to discharge mothers and their newly-born babies after five days, instead of sending them to another ward after the usual seven days.

According to Mrs Annette Clear, of the hospital's public relations department, there are 2 750 non-medical workers on strike at Baragwanath. — Sapa and Staff Reporter

Hospital strike grows

Sowetan 4/5/90



Twenty-three held in demo - see page 2

THE week-long Baragwanath Hospital strike yesterday spread to several other Transvaal hospitals.

By MOKGADI PELA and PHANGI MTSHALI

Workers Union members has spread to Hillbrow, Johannesburg General, HF Verwoerd and Natalspuit hospitals.

Natalspuit nurses are reported to have joined the strike.

According to a statement by the SA Nursing Council, the nurses' action is "endangering" patients' lives.

Striking non-medical workers at Baragwanath Hospital resolved to continue their action over the weekend even though their union met Minister of National Health and Population Development Dr Rina Venter and Minister of Administration and Privatisation Dr Wim de Villiers late yesterday.

ANC deputy president Mr Nelson Mandela also attended the meeting.

Mandela is reported to have held urgent discussions with President FW de Klerk over the strike.

Luncheon stoppages were reported at Krugersdorp's Paardekraal, Leratong, Sterkspruit hospitals and Boksburg-Benoni hospital.

Solidarity action at Witbank and Middelburg in the eastern Transvaal was also taking place, Nehawu spokesman Monde Nditswana said.

However, a Transvaal Provincial Administration spokesman said he did not know of the solidarity action.

Crisis

TPA assistant director liaison Mr Jan Loubser confirmed that the crisis at the five hospitals now involved about 8 000 workers.

"No lives are endangered although we are treating only emergency cases in all affected hospitals," he said.

"Volunteers and TPA workers from other departments have been called in for essential services."

Representatives from

To Page 2

Hospital strike

* From Page 1

the National Medical and Dental Association, South African Health Congress and other organisations have volunteered to provide emergency services.

In the past two days no operations had been done at all and only emergency operations had been done in the past 10 days.

* All operations at the Natalspuit Hospital have been cancelled. Only one matron remained in theatre and patients who had come for diabetic and

high blood pressure check-ups were turned away.

A Nehawu delegation last night held talks with the Minister of Administration, Dr Wim de Villiers, at his office in Cape Town.

Meanwhile, State President FW de Klerk and ANC deputy President Nelson Mandela said in a joint statement yesterday it was imperative that medical services at the hospital returned to normal as soon as possible.



Distraught relatives of Mrs Cellwe Ngobese, who was admitted to Baragwanath with a stroke and heart problems, take her home after failing to get hospital transport. Ngobese, from Dundee, Natal, had been in the hospital since March. Pic: LEN KUMALO

Cape health staff join hospital strike

By DAVID YUTAR
Labour Reporter

CAPE Health workers today started a six-hour work stoppage in solidarity with striking hospital workers at the Baragwanath and other Transvaal hospitals.

A spokesman for the Health Workers Union (HWU) said the stoppage, which started at 7am, would affect all those Peninsula hospitals at which its workers were employed.

WAGE ISSUES

These include the Grootte Schuur, Tygerberg, Somerset and Karl Bremer hospitals as well as several day hospitals under the control of the House of Representatives and others in "the so-called African townships", the spokesman said.

He indicated that the work stoppage had also been called to try to "force" the Commission For Administration (CFA) to meet the union to discuss the wage issues which prompted a 16-day strike by 6 000 workers at hospitals on the Peninsula in March.

● Baragwanath latest, page 10.

Growing concern over hospital intimidation

Govt, unions meet in bid to end crisis

Staff Reporters and Political Correspondent

Tense consultations were under way in Cape Town today between National Health Minister Dr Rina Venter and unions representing hospital workers to try to resolve the growing hospital strike.

The Minister for Administration and Economic Co-ordination, Dr Wim de Villiers, met union representatives until late last night.

The union delegation was led by Cosatu secretary-general Mr Jay Naidoo. It is understood the the National Education, Health and Allied Workers' Union (Nehawu) was also represented.

The situation at Baragwanath Hospital, where Nehawu members were the first to halt work — deteriorated further yesterday.

While a hospital spokesman said this morning that the situation was unchanged, there is growing concern over intimidation of voluntary workers.

A hospital source confirmed claims that a gas similar to tear-gas was sprayed in the kitchen while volunteers and nursing staff were cooking.

A Transvaal Provincial Administration (TPA) spokesman, Mr Jan Loubscher, said yesterday about 8 000 workers at nine hospitals were on strike. A TPA spokesman said today he believed the situation was unchanged.

Worst hit are the Baragwanath, Hillbrow, Johannesburg, Natalspruit and HF Verwoerd hospitals.

President de Klerk said in a statement last night that he and ANC deputy president Mr Nelson

Mandela had discussed the problems at Baragwanath and agreed it was imperative services return to normal as soon as possible.

"It was furthermore arranged that Mr Mandela would interest himself to improve the situation at the hospital. Arrangements are also being made for high-level talks on problems pertaining to health services. . . and specific policy aspects regarding labour organisations and unions."

A spokesman for Dr Venter said she would meet Cosatu representatives today in Cape Town. The meeting was scheduled for last night, but part of the Cosatu delegation apparently missed its Johannesburg flight.

At Baragwanath, senior nurses said patients were being discharged prematurely.

Not cleaned

Nurses said there was no laundry service and soiled linen has started to rot. Floors have not been cleaned for days.

Senior sisters in the post-caesarean ward said they had been instructed to discharge mothers and their newly born babies after five days.

"There could be burst abdomens, or wounds becoming septic," said one sister.

At 2 pm yesterday Baragwanath had 1 935 patients, compared to the usual 3 000, and was admitting only extreme emergencies.

The hospital is being kept going with the help of volunteers.

Baragwanath workers yesterday rejected an agreement between shop stewards and the MEC in charge of hospital services, Mr Fanie Ferreira.

Several hospitals have reported that staff have been intimidated. Nehawu officials have denied that its members are involved.

● At Hillbrow Hospital in Johannesburg, the situation worsened yesterday when most nurses joined the strike. Only emergency operations were being done.

"The hospital has, in effect, been closed. I know of at least four patients dangerously affected by the strike, and of others who will die if the situation continues," a doctor told The Star.

Authorities say no lives are in danger.

● At Natalspruit Hospital, workers continued to demand the dismissal of certain doctors. Surgical operations were cancelled and ambulances brought to a halt.

● Johannesburg Hospital is accepting emergency cases only.

● At Middelburg Hospital, the strike by non-medical staff entered its fifth day. Nurses described the situation as "terrible".

● At Sebokeng, Boksburg-Benoni, Paardekraal, Coronationville and Leratong hospitals, a TPA spokesman said workers were still on duty.

Representatives from the National Medical and Dental Association, the South African Health Workers' Congress and other organisations said they would provide emergency services during the dispute.

Democratic Party health spokesman Mr Mike Ellis said workers had genuine grievances because, despite salary increases, they had a take-home pay of little more than R400 a month.

But Mr Ellis said workers' efforts to make hospitals unworkable were unacceptable.

Star 4/5/90 (48) ~~48~~ ~~48~~

Cancer crisis at Groote Schuur

Cape Times 5/5/98

A CRISIS is developing at Groote Schuur Hospital which could endanger the lives of heart and cancer patients at the world-famous hospital — and R4,5 million is needed to replace equipment in the cancer unit alone.

The Cape Times reported yesterday that the cancer unit was turning away patients due to the computer-planning machine in the unit breaking down, and last week, heart unit head Professor John Odell warned that the unit — which had put Groote Schuur on the world map — will have to close unless the government replaces obsolete and malfunctioning equipment.

Groote Schuur chief medical superintendent Dr Jocelyn Kane-Berman said the situation at the cancer unit "was very worrying" and that R4,5m was urgently needed to replace equipment in the unit.

"It would cost R1,5m to alleviate the problems, but not to solve it," she said.

"However, it is not correct to say that the (cancer) department is closing down, it will continue to provide care for patients to the best of its ability at a reduced level," she said.

Yesterday, Cape Town's mayor-ess, Mrs Joanne Stern, warned that hundreds of cancer patients

Lives of heart, cancer patients in danger

may be prevented from receiving curative treatment if the computer-planning machine was not replaced.

She said the government had the responsibility to "get the health services right" and that she was throwing her "personal and mayoral weight" behind a drive by Groote Schuur DP MP Ms Dene Smuts to increase public awareness.

She also supported a petition calling for action by the government to halt the hospital funds crisis.

The cancer unit was literally at the point of not being able to offer basic radiation treatment and patients with breast cancer — which had a high success rate

if treated in the initial stages — were being turned away, she said.

Yesterday Cape administrator Mr Kobus Meiring said he was fully aware of circumstances at the cancer unit and that discussions had been held in his office with senior officers of the hospital and the cancer unit.

And in a recent editorial in the South African Medical Journal, the head of the Groote Schuur cardiology unit, Professor Pat Commersford, and the head of the cardiothoracic unit, Professor Odell, expressed their fears about the continued existence of their units.

No reply from National Health Minister Dr Rina Venter to a Cape Times inquiry was received yesterday.

● The cancer units at Port Elizabeth Provincial Hospital are functioning well and will not close down, according to the medical superintendent, Dr L Cilliers.

Dr Cilliers was responding to Ms Smuts's comment that Groote Schuur's satellite units in Port Elizabeth and East London's Frere Hospital would have to close down.

He said that unlike other places, the hospital had two cobalt units and not a linear accelerator. — Staff Reporter and Sapa

Meiring salary threat as health workers go slow

By PETER DENNEHY

THOUSANDS of health workers at 21 hospitals and health centres in the Peninsula stopped work for various periods yesterday morning in solidarity with their colleagues in the Transvaal, the Health Workers' Union said yesterday.

The Administrator of the Cape, Mr Kobus Meiring, strongly disapproved of the union's actions, which he described as "incomprehensible and completely unacceptable."

He threatened to stop workers' pay "if they don't want to work". Other disciplinary steps would also be taken, he added, and the union would "have to accept responsibility when action is taken against strikers".

A union official said he had received reports of "solidarity action" taking place at Groote Schuur, Tygerberg, Conradie, Somerset, Victoria, Karl Bremer, Woodstock and Valkenberg hospitals.

There had also been stoppages at the Brooklyn Chest Hospital, the Avellan Treatment Centre for alcoholism, the Peninsula Maternity Home "and ten day hospitals", the unionist said.

The action, in support of the Cosatu-affiliated National Health and Allied Workers' Union (Nehawu) in the Transvaal, had been due to take place between 7am and 2pm. At some of the institutions, however, the stoppages were brief.

A Groote Schuur Hospital spokes-

man said that about 100 general assistants had marched up and down outside the hospital, sang a few songs and displayed placards for about two hours before going back to work.

Mr Meiring explained in his statement that he had been upset because the CPA and HWU had been in touch with each other as recently as Wednesday this week, and then the CPA heard via the media of plans for a "go-slow strike".

The CPA wanted disputes resolved by discussion, not strikes and confrontation. The latest action must be seen as "rocking the boat", he added.

Meanwhile, in Pretoria the president of the SA Nursing Council, Professor W J Kotzé, "noted with utmost concern" that nurses were leaving their patients to participate in protest actions.

The council said it wanted every nurse to understand that "such behaviour is totally unacceptable and, if proven, will lead to disciplinary action by the council".

Where intimidation existed, the council said, "it should be met with firm, professional resolve to maintain patient care". Nurses were expected to take a firm stand that patient care for all was their first concern "at all times".

The council expressed pride in those nurses who "maintained the standards of their profession in these difficult times".



STRIKE TALKS... Minister of Health Dr Rina Venter (centre) in her office yesterday after she reached agreement on some points with the union delegation, from left, Nehawu national organiser Mr Monde Mditshwa, Dr Aslam Dasoo, Baragwanath shop steward Mr Meshak Maila and Cosatu general secretary Mr Jay Naidoo.

Picture: STEWART COLMAN

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Urgent talks on hospital crisis begin

CMT Times 5/5/90

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JOHANNESBURG - Urgent talks between the Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union on the growing hospital crisis began here yesterday evening and will continue this morning, Professor Wynand Pienaar, who is acting as negotiator, told Sapa last night.

According to Prof Pienaar, a senior consultant to a South African merchant bank, the two sides were unlikely to reach agreement on all Nehawu's demands by the end yesterday's session.

"There may be agreement on some issues, though," he said during a break in the negotiations.

Prof Pienaar has also made arrangements to use the venue this morning.

The TPA was represented by Dr Hennie van Wyk, the executive director of Hospital Services in the Transvaal, while Nehawu's team comprised 11 people.

The talks in Johannesburg were agreed upon at a meeting in Cape Town yesterday morning between the Minister of Health and National Welfare, Dr Rina Venter, and a Nehawu delegation, which included the general secretary of Cosatu, Mr Jay Naidoo.

PETER DENNEHY reports that a Nehawu delegation and Cosatu were involved in a flurry of activity yesterday, in a bid to end the crippling Transvaal hospital strike.

Members of the delegation and Dr Venter spent two hours in Cape Town yesterday morning hammering out an agreement in Dr Venter's office, dealing with general principles rather than the "concrete issues giving rise to the present crises", according to a joint statement issued.

Then the entire union delegation flew to Transvaal for the meeting late yesterday with the Transvaal Provincial Administrator, Mr Fanie Ferreira, and Dr Van Wyk to deal with the strike itself.

In Cape Town yesterday, Dr Venter assured the Nehawu delegation that there were no plans afoot to sell state hospitals.

"Should any privatisation issue regarding health services arise in the future, the government undertakes to ensure that consultations with affected workers will take place at the earliest possible opportunity," she said.

The meeting urged all parties concerned to address seriously the issues

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From page 1

Hospitals

CMT Times 5/5/90

that had given rise to the hospital crisis, "so that the situation can be normalised and workers can return to work".

Both parties agreed that the present crisis and broader issues of health policy "can only be resolved through proper consultation with representative organisations, and based on the principle of sound employer/employee relations".

They also agreed that a health system "that is both equitable and based on high-quality health care, with the accent on preventative rather than curative health", was essential.

Sapa reports further that a gloomy picture was painted of strike-torn hospitals by the Transvaal Provincial Administration yesterday morning, as nurses at some institutions joined the strike by non-medical workers and the Red Cross had to be called in.

"Everybody is toyi-toying at Hill-

brow hospital, including the nurses," the TPA Director of Liaison Services, Mr Piet Wilken, said in a statement issued from Baragwanath Hospital, where he is based. "The situation is worse than yesterday."

At Natalspruit Hospital on the East Rand, "80% of the nurses are not in the wards", Mr Wilken said.

The situation at Baragwanath Hospital is the same as on Thursday, according to Mr Wilken. Baragwanath was able to handle only "extreme emergency" cases on Thursday.

At the Johannesburg Hospital, all the non-medical staff are on strike. According to Mr Wilken, "although nurses are (being) intimidated, they are working. The situation is the same as yesterday".

In Pretoria at HF Verwoerd Hospital, "between 1 800 and 2 000 general assistants" are on strike.

The situation is normal at the Boksburg-Benoni, Paardekraal and Coronation Hospitals, Mr Wilken said.

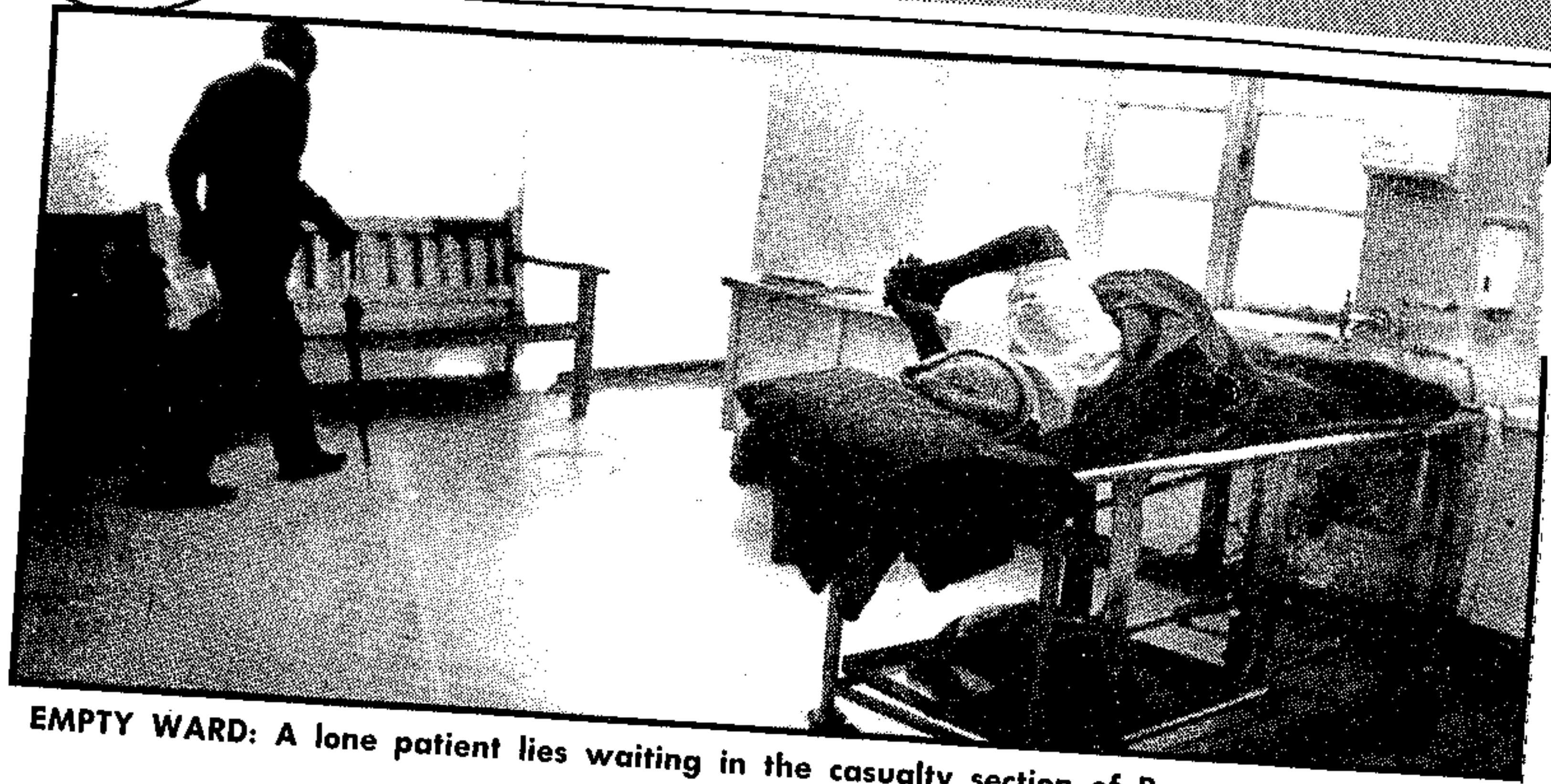
SATURDAY STAR MAY 5 1990

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EMERGENCY: This young girl was carried into Natalspruit Hospital by family members but she could become one of the hundreds of casualties being turned away because of the hospital strike. ● Photograph: Herbert Mabuza.

Health services in state of chaos for past 10 years, say research workers



EMPTY WARD: A lone patient lies waiting in the casualty section of Baragwanath Hospital. ● Photograph: Ken Oosterbroek.

Hospital crisis 'tip of iceberg'

STRIKING hospital workers this week brought the deterioration of South Africa's health services at provincial hospitals — notably that of the Baragwanath, Hillbrow and Johannesburg hospitals — into the spotlight.

The health workers' strike by more than 8 000 hospital staff, which has spread to at least 14 hospitals countrywide, is only the tip of the iceberg when it is taken into consideration that the country's health services have been floundering for the past decade, health policy researchers warned this week.

Battle

"What is needed today is a complete overhaul of the health care system in South Africa," argued the Centre for the Study of Health Policy, based at Wits University. The research group blames "apartheid medicine" for the appalling conditions at SA hospitals.

The strikers have had a year-long battle with the authorities to voice their grievances and to get their union — the National Education, Health and Allied Workers Union (Nehawu) — recognised, according to union spokesman Mr Monde Mditshwa.

He pointed out that six weeks ago, workers resorted to lunch-hour demonstrations to voice their grievances. They then went on a four-hour go-slow a fortnight ago. But the authorities continued to ignore the issue.

"The strike could have been avoided if the authorities had responded positively to the workers' demands at the

start," Mr Mditshwa said, adding that workers had resorted to striking only after all other avenues had failed.

The crisis facing Baragwanath Hospital began on March 6 when Nehawu members presented the chief superintendent, Dr Chris van den Heever, with a memorandum containing a list of demands.

He was asked to forward the memorandum to the authorities.

Nehawu demands included:

- A living wage of at least R1 100 with an additional R400 across-the-board increase for all.

- Recognition of Nehawu.

- The immediate opening of all health facilities to all races.

- The cessation of own and general affairs.

- The abandonment of privatisation, especially with regard to health care.

Dr van den Heever said he had passed the memorandum on to his superiors and was later visited at regular intervals by union leaders, who were waiting for a reply.

Meeting

The response from the authorities was that — in terms of the Public Service Act of 1984 — only staff associations, and not trade unions, could be recognised by the Commission of Administration and Co-ordination.

On March 28 Nehawu requested a meeting with Health Minister Dr Rina Venter to discuss demands. The union said there had been no "official" response to date.

Hospital crisis cuts deeper

NEWS

THE three-hour Cabinet-level meeting with hospital workers' union representatives failed yesterday to resolve the rapidly spreading hospital strike as higher-than-average weekend casualties inundated Baragwanath and Hillbrow hospitals last night.

In Soweto there is an average of 20 gunshot wounds over a weekend, apart from other emergencies which run into hundreds.

The outcome of yesterday's meeting between the National Education, Health and Allied Workers Union, Cosatu and Minister of Health Dr Rina Venter was that a meeting between Nehawu and the Transvaal Provincial Administration will follow shortly in an urgent attempt to resolve the crisis.

Statement

The two parties issued a joint statement after the meeting calling on everyone to help solve the difficulties.

It was also agreed that the issues giving rise to the present crisis would be dealt with at a meeting between Nehawu and the TPA which began last night.

Talks between the TPA's representative Dr Hennie van Wyk, the executive director of hospital services, and an 11-person Nehawu team began last night and are expected to continue today.

After the meeting with the Minister, Nehawu organiser Mr Monde Mditshwa said he believed the TPA meeting could lead to an end to the strike.

Minister, union seek a way out after talks fail

PAT DEVEREAUX

directorate liaison officer Mr P J Wilken said last night.

In Soweto, private doctors' consulting rooms were flooded with patients and the Red Cross was said to be taking on the task of caring for casualties.

Johannesburg Hospital acting chief superintendent Dr T M Frankish reported that many services had been drastically curtailed and only emergency services were being maintained.

At Natalspruit 95 per cent of staff did not report for work and the hospital was teetering on the brink of closure.

The situation was said

to be less critical at Pretoria's H F Verwoerd Hospital.

Other Transvaal hospitals said to be affected by the strike included Coronationville, Boksburg-Benoni, Sebokeng, Pietersburg and Lynville.

Three hundred strikers at Middelburg Hospital claimed they were attacked by policemen wielding batons and sjamboks when demonstrating this week.

Police denied any knowledge of the action.

Solidarity strike

In the Cape yesterday, more than 6 000 hospital workers at over 10 provincial hospitals took part in a "solidarity strike with Transvaal, Free State and Ciskei strikers" which lasted all morning.

Both major training hospitals in the Peninsula, Groote Schuur and Tygerberg, were affected. But the strikers returned to work by 2 pm, according to Nehawu.

The Natal Provincial Administration yesterday announced substantial increases to hospital workers to prevent the strike spreading.

● See PAGE 8.

Skeleton staff

However, by yesterday evening at least nine Transvaal hospitals were running on skeleton staff and having to turn away weekend casualties.

The Administrator of the Transvaal, Mr Danie Hough, urgently appealed to organisations and the general public to offer voluntary services to those hospitals which are being affected by the strikes.

He said the hospitals most affected by strike action were Baragwanath, Hillbrow, Johannesburg and Natalspruit.

"So far, Baragwanath and Hillbrow hospitals are admitting only emergency casualties; all others are being turned away," exhausted TPA

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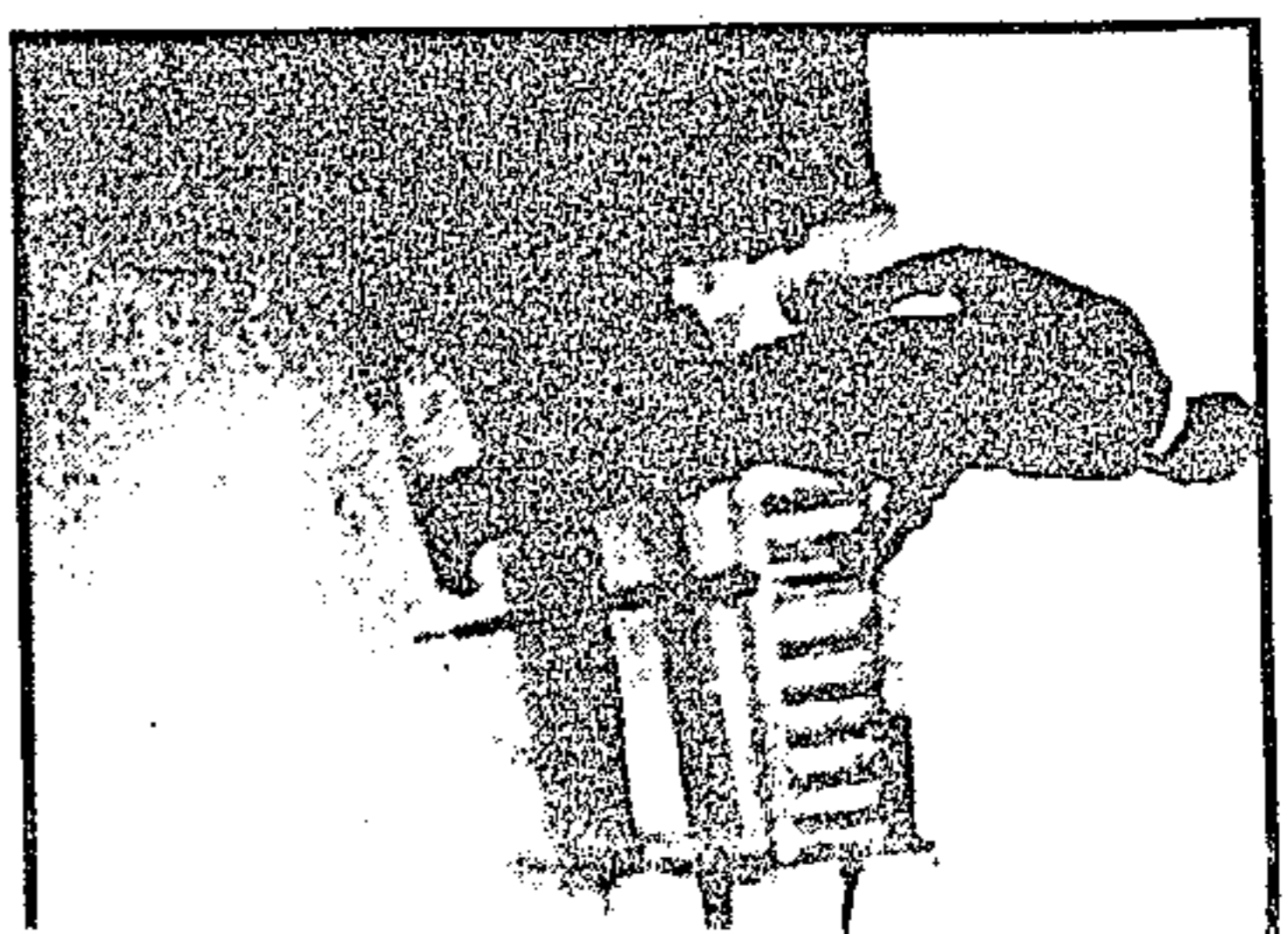
NEWS



EMERGENCY: This young girl was carried into Natalspruit Hospital by family members but she could become one of the hundreds of casualties being turned away because of the hospital strike.

● Photograph: Herbert Mabuza.

Health services in state of chaos for past 10 years, say research workers

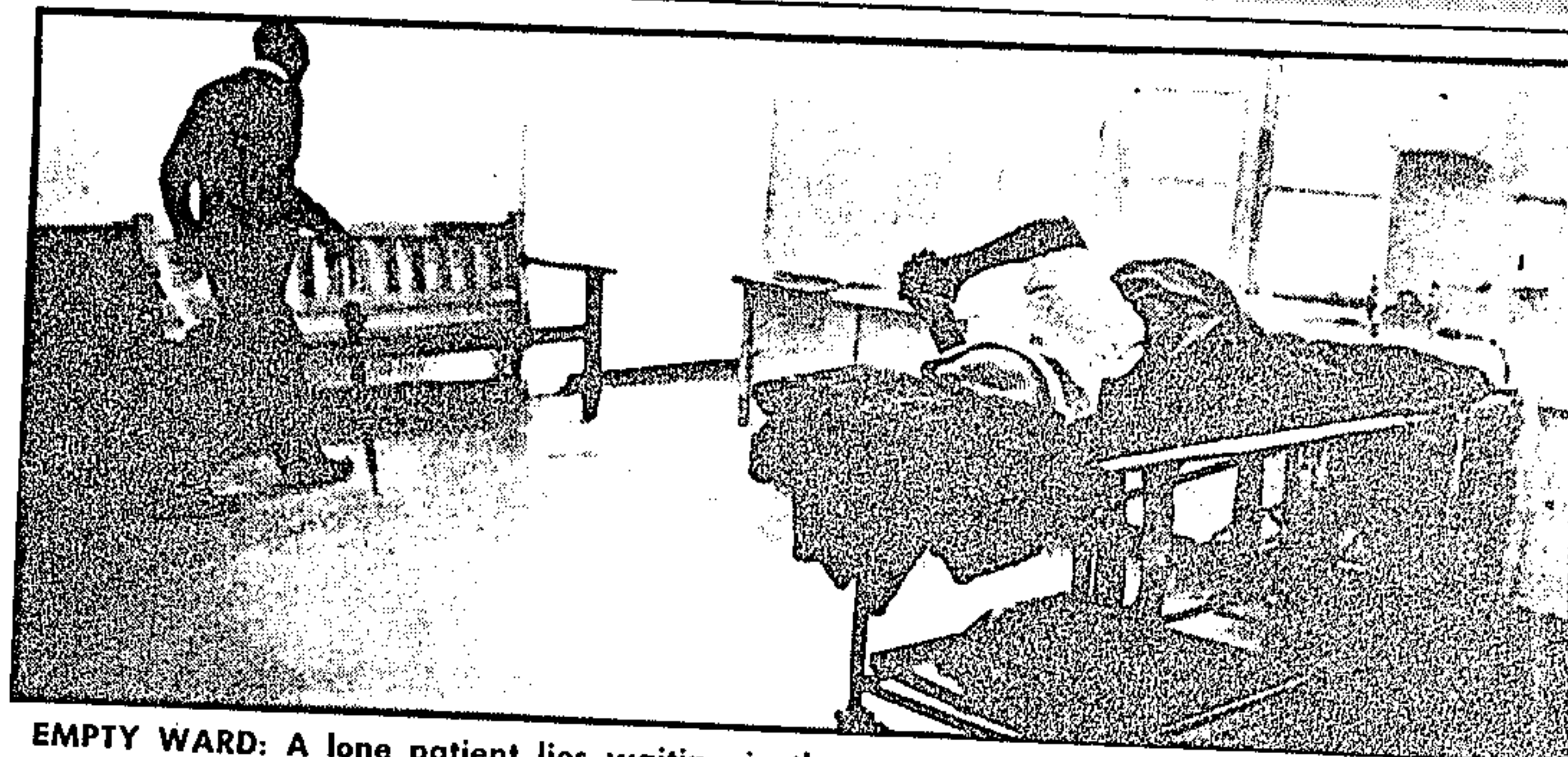


EMPTY WARD: A lone patient

Hospitals tip of i

STRIK

Health services in state of chaos for past 10 years, say research workers



EMPTY WARD: A lone patient lies waiting in the casualty section of Baragwanath Hospital. Photograph: Ken Oosterbroek.

Hospital crisis 'tip of iceberg'

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STRIKING hospital workers this week brought the deterioration of South Africa's health services at provincial hospitals — notably that of the Baragwanath, Hillbrow and Johannesburg hospitals — into the spotlight.

The health workers' strike by more than 8 000 hospital staff, which has spread to at least 14 hospitals countrywide, is only the tip of the iceberg when it is taken into consideration that the country's health services have been floundering for the past decade, health policy researchers warned this week.

Battle

"What is needed today is a complete overhaul of the health care system in South Africa," argued the Centre for the Study of Health Policy, based at Wits University. The research group blames "apartheid medicine" for the appalling conditions at SA hospitals.

The strikers have had a year-long battle with the authorities to voice their grievances and to get their union — the National Education, Health and Allied Workers Union (Nehawu) — recognised, according to union spokesman Mr Monde Mditshwa.

He pointed out that six weeks ago, workers resorted to lunch-hour demonstrations to voice their grievances. They then went on a four-hour go-slow a fortnight ago. But the authorities continued to ignore the issue.

"The strike could have been avoided if the authorities had responded positively to the workers' demands at the

PAT DEVEREAUX

start," Mr Mditshwa said, adding that workers had resorted to striking only after all other avenues had failed.

The crisis facing Baragwanath Hospital began on March 6 when Nehawu members presented the chief superintendent, Dr Chris van den Heever, with a memorandum containing a list of demands.

He was asked to forward the memorandum to the authorities.

Nehawu demands included:

- A living wage of at least R1 100 with an additional R400 across-the-board increase for all.
- Recognition of Nehawu.
- The immediate opening of all health facilities to all races.
- The cessation of own and general affairs.

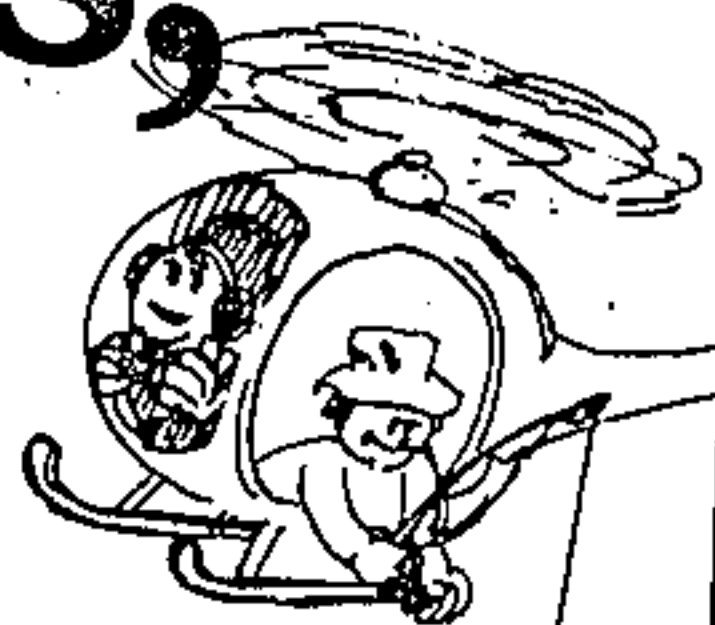
• The abandonment of privatisation, especially with regard to health care. Dr van den Heever said he had passed the memorandum on to his superiors and was later visited at regular intervals by union leaders, who were waiting for a reply.

Meeting

The response from the authorities was that — in terms of the Public Service Act of 1984 — only staff associations, and not trade unions, could be recognised by the Commission of Administration and Co-ordination.

On March 28 Nehawu requested a meeting with Health Minister Dr Rina Venter to discuss demands. The union said there had been no "official" response to date.

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Demands highlight main issues

A BROAD look at the striking Nehawu workers' basic demands provides a perspective on some of crucial aspects affecting the country's health care system:

● **Concerning wage demands and worker status:** The Transvaal Provincial Administration claims it has a cash crisis and is under severe financial strain because of Government measures to cut spending on health. Hospital workers, some of whom are paid only R224 a month and have served as hospital staff for decades, are recognised only as temporary workers and can be dismissed within 24 hours.

● **On recognition of Nehawu:** The authorities claim that in terms of the Public Service Act, they may only recognise and negotiate with associations.

● **The immediate opening of all health care facilities to all races:** No wards in State-administered hospitals are as yet integrated and there have so far been no moves by the Government to desegregate any wards in these hospitals. But the Government has conceded that while some wards in State hospitals (mainly white) are under-utilised, others (mainly black) are overcrowded.

Although wards in State hospitals are formally segregated, black patients are admitted to white hospitals if they require specialised treatment not available at black hospitals. They must then be accommodated in separate wards. However, sources at Cape Town's Groote Schuur, which is State administered, have indicated that wards at the hospital are mixed.

● **On the cessation of own and general affairs:** At present the health care system is being administered through the tricameral parliamentary system. As a result there is tremendous duplication of health care facilities, at great cost to the State and to local authorities.

● **The abandonment of privatisation, especially with regard to health care:** The Government's intention to privatise hospitals will have two dire consequences, argues the Centre for the Study of Health Policy.

Firstly, it will lead to a rapid escalation in the cost of hospital care, which may soon be beyond the reach of all but the very wealthy.

Secondly, it will lead to a rapid decline in the quantity and quality of care in the public sector, on which about 80 percent of South Africans depend for treatment.

The most common argument for

privatisation of hospitals is that privatising hospitals is more cost effective than a bureaucratic Government health service because there is a free market. A second angle is that the Government cannot afford health care for all, so those who can afford to should pay for their own health care. This would allow the Government to use its tax money to pay for health care for the poor.

But, it is argued, there is no free market in health care.

At present there are three major interest groups in the private health care market: the suppliers, the patients and those who pay on behalf of the patient — the medical aid societies. Not one of these has the will, the ability or the incentive to keep control of costs.

And contrary to the myth carefully cultivated by those in favour of privatisation, the private sector is not more efficient. About 45 percent of money spent on health care in SA already goes to the private sector. Yet that money provides care to less than 25 percent of the population.

The Centre for the Study of Health Policy suggests that: "Any proposed solution to the crisis in paying for health care must incorporate at least the following elements:

● It must aim at equality of access to health care.

● It must, therefore, ensure that the care of the sick, the poor and the elderly is subsidised.

● It must not exclude anyone on the grounds of their health risks, health status or ability to pay.

● It must have the power to negotiate with the providers of the health care — doctors, other health workers and hospitals — in order to modify those aspects of their behaviour that contribute to escalating costs. In other words, those who pay for health care must be in a position to ensure that they are paying for cost-effective care and that they are not subsidising extravagance.

The centre adds: "To our knowledge, these principles can only be achieved where health care is paid for:

● By the State out of tax revenues.

● By a compulsory health insurance system that pays for a comprehensive range of benefits, and in which all who are eligible by virtue of their income or employment will participate and that excludes no one on the grounds of their health status or age.

● Some combination of both the above."

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THE three-hour Cabinet-level meeting with hospital workers' union representatives failed yesterday to resolve the rapidly spreading hospital strike as higher-than-average weekend casualties inundated Baragwanath and Hillbrow hospitals last night.

In Soweto there is an average of 20 gunshot wounds over a weekend, apart from other emergencies which run into hundreds.

The outcome of yesterday's meeting between the National Education, Health and Allied Workers Union, Cosatu and Minister of Health Dr Rina Venter was that a meeting between Nehawu and the Transvaal Provincial Administration will follow shortly in an urgent attempt to resolve the crisis.

Statement

The two parties issued a joint statement after the meeting calling on everyone to help solve the difficulties.

It was also agreed that the issues giving rise to the present crisis would be dealt with at a meeting between Nehawu and the TPA which began last night.

Talks between the TPA's representative Dr Hennie van Wyk, the executive director of hospital services, and an 11-person Nehawu team began last night and are expected to continue today.

After the meeting with the Minister, Nehawu organiser Mr Monde Mditshwa said he believed the TPA meeting could lead to an end to the strike.

Minister, union seek a way out after talks fail

PAT DEVEREAUX

director liaison officer Mr P J Wilken said last night.

In Soweto, private doctors' consulting rooms were flooded with patients and the Red Cross was said to be taking on the task of caring for casualties.

Johannesburg Hospital acting chief superintendent Dr T M Frankish reported that many services had been drastically curtailed and only emergency services were being maintained.

At Natalspruit 95 per cent of staff did not report for work and the hospital was teetering on the brink of closure.

The situation was said

to be less critical at Pretoria's H F Verwoerd Hospital.

Other Transvaal hospitals said to be affected by the strike included Coronationville, Boksburg-Benoni, Sebokeng, Pietersburg and Lynville.

Three hundred strikers at Middelburg Hospital claimed they were attacked by policemen wielding batons and sjamboks when demonstrating this week.

Police denied any knowledge of the action.

Solidarity strike

In the Cape yesterday, more than 6 000 hospital workers at over 10 provincial hospitals took part in a "solidarity strike with Transvaal, Free State and Ciskei strikers" which lasted all morning.

Both major training hospitals in the Peninsula, Groote Schuur and Tygerberg, were affected. But the strikers returned to work by 2 pm, according to Nehawu.

The Natal Provincial Administration yesterday announced substantial increases to hospital workers to prevent the strike spreading.

● See PAGE 8.

Hospital crisis cuts deeper

NEWS

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Continued chaos at strike-hit hospitals

By MARK STANSFIELD

CHAOS prevailed at several hospitals countrywide this weekend as the general workers' strike continued.

Meanwhile, talks between the Transvaal Provincial Administration and the National Education, Health and Allied Workers Union aimed at ending the strike were adjourned late yesterday with only the issue of wage demands outstanding, Nehawu national organiser Monde Mditshwa said.

The union is demanding a minimum salary of R1 100 a month and an across-the-board R400 increase.

"We have reached agreement on the rest," Mr Mditshwa said, referring to Nehawu's demands for TPA recognition, an end to temporary status for all workers and an end to racial discrimination within health institutions, among others.

"The strike will continue until the wage demand is finalised."

Hospital spokesmen predicted the tally of deaths due to the weekend's usual assaults and accidents would be higher than normal as crippled casualty wards try to cope with reduced staff.

The Administrator of the Transvaal, Mr Danie Hough, urgently appealed to organisations and the public to offer their voluntary services to hospitals affected by the strike.

These include Baragwanath, Johannesburg, Hillbrow, Nelspruit, H.F. Verwoerd, 10 unnamed provincial hospitals in the Cape and several in the Free State and Ciskei.

Yesterday afternoon, nurses at several hospitals in the Transvaal, the Free State, Ciskei and Cape joined the general hospital workers' strike, aggravating the situation, said Dr Hennie van Wyk, the Transvaal's executive director of hospitals.

Negotiators from Nehawu and the Government were still on the negotiating table late yesterday.

Threatened

The Government's chief negotiator, Professor Wynand Pienaar, said late yesterday the talks about wage demands would continue. He declined to reveal any details.

Several hospital matrons who donned aprons at Baragwanath Hospital this week so patients could be fed reported they had been threatened with death by strikers.

Spokesmen for Baragwanath, Nelspruit and Hillbrow hospitals expressed similar experiences.

Thousands of patients — reckoned not to be in need of urgent medical attention — have been turned away from hospital doors in the past week as loyal staff battle to serve those considered "in dire need" of medical attention.

Fears have been expressed that South Africa's health services could collapse as the strike continues.

● See: Scent of Sickness, Page 13.

The SCENNT of SICKNESS

BARA BECOMES A DISEASE TIME-BOMB AS LAUNDRY AND TRASH PILE UP

THE southern hemisphere's biggest hospital, the 4 000-bed Baragwanath in Soweto, is sitting on a disease time-bomb.

A stinking, festering 40-ton mountain of week-old soiled laundry is the cause of concern. The pile, containing blood and puss-stained blankets, sheets and clothing, is being mounded daily.

The smell in the laundry section was overpowering at the end of this week. Fears have been expressed that the pile has become the breeding ground for infectious diseases.

The Baragwanath laundry is usually manned by about 240 people. Those 240 have joined the general workers' strike for higher wages and better working conditions.

Last week, Baragwanath was a hospital under siege, and conditions worsened as the strike went into its second week.

Another cause for concern is the garbage steadily piling up at strategic points — some close to hospital wards. Piles have found these dumps a perfect breeding ground.

The crippled hospital is on its knees, struggling to treat the sick and the lame. Thousands of ill patients are being turned away. Those too sick to vacate their beds remain. Those able to be discharged — some mothers recuperating from Caesarian births were tossed out after five days — are asked to leave the premises.

In the casualty section — usually one of the busiest — doctors have been instructed to treat only "dire" cases.

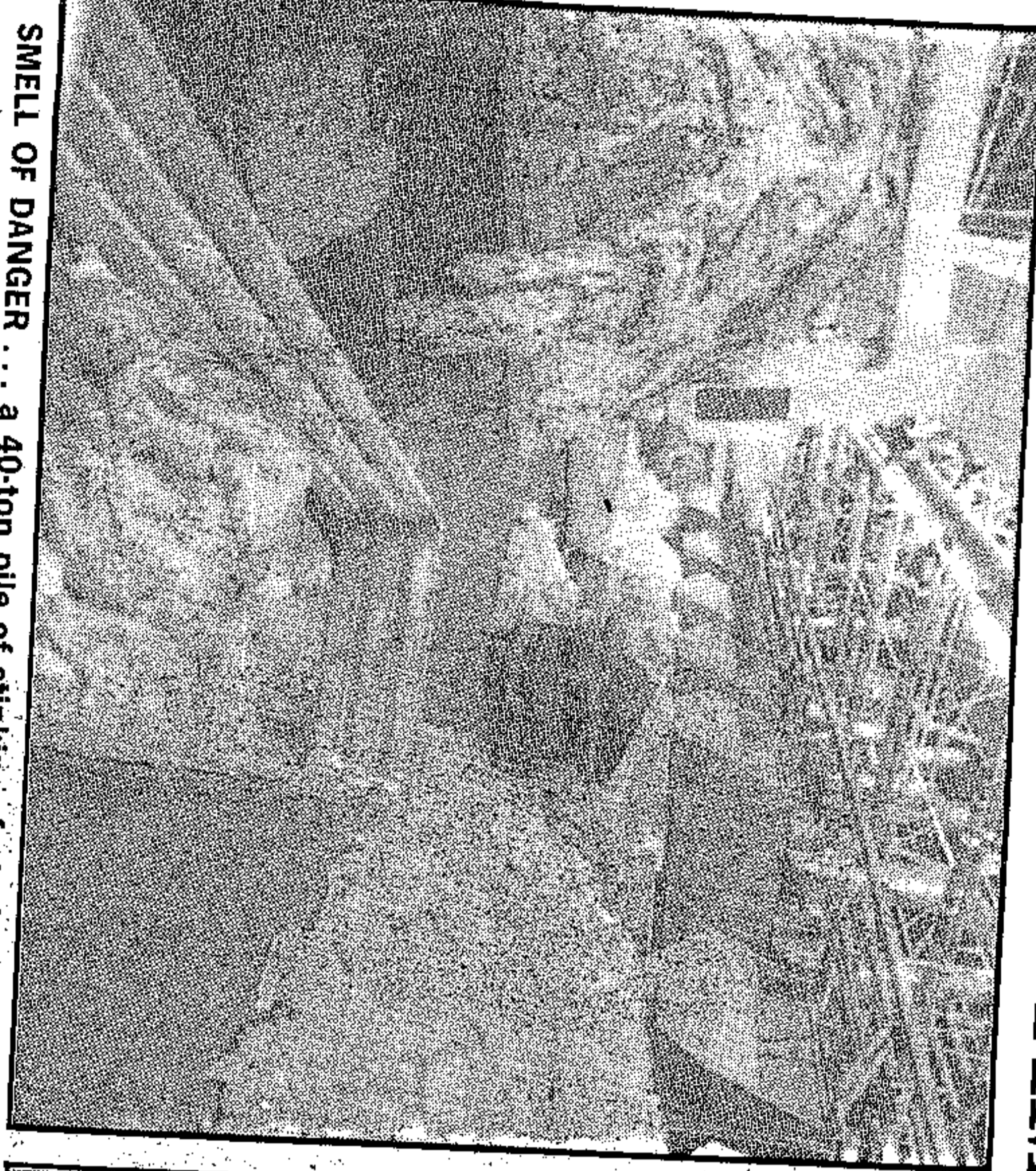
On Thursday, a blood-spattered, grey-haired man, obviously the victim of an assault, sat for hours trying to get attention for his wounds. Nobody helped him because there were more urgent cases to attend to.

TROUBLE

Non-striking workers said Baragwanath was suffering from a deadly fever which, if not cured, could spread — wreaking havoc and death among patients.

The malaise is called Strike Fever, and if the Government gives in to the general workers' demands for an increase of up to R1 100 a month, other health-care workers — who earn slightly more after several years of study — could go on strike. A Baragwanath intern with five years university education said: "I earn R1 300 a month and work 18-hour shifts."

"If the general workers get R1 100 for their 40-hour week, there's going to be trouble... the interns and sisters have been discussing the problem among themselves. We have sympathy with those workers who earn about R240 a month. Nobody can live on such a paltry sum... it's disgusting, and they



SMELL OF DANGER... a 40-ton pile of stinking, festering laundry



DIRE CASES ONLY... Baragwanath's short-handed casualty section



A WELCOME MEAL... last week, patients went without food for 24 hours

Special report by MARK STANSFIELD

have a right to demand a living wage.

"But to ask for such an unrealistic sum — in comparison to what others who are more qualified are earning — is ridiculous.

"If they get what they demand we will have to do something about demanding a salary comparable to our skills and education," he warned.

Last week's general hospital workers' strike at Baragwanath and several other hospitals on the Reef almost forced their closure.

A strike by more qualified personnel would almost certainly ring a death knell for hospital services, interns warned.

Ultimately, it will be the patients who suffer. During a general strike at Cape Town's Groote Schuur hospital some time ago, several patients died because there was nobody to attend to them.

The cure for any strike, said the Baragwanath strikers, was a compromise between workers and management. However, non-striking members of the health ser-

Vices warned that the Government would have to tread carefully to satisfy everybody.

They warned that other members of the health profession could also go on strike for higher wages and better conditions if the demands of the general hospital workers were met in full.

After the Groote Schuur strike, the work stoppage at Baragwanath is a sign that health workers have smelt blood and will continue to strike until health care in this country has been crippled, a nursing sister warned.

LOYALTY

"People are angry about their working conditions and wages. It is only loyalty and dedication which has kept other health professionals at their posts," she said.

Dedication to their professions has not only kept nursing staff and other health care professionals at their posts — it kept them working flat-out last week at other more strenuous and unfamiliar jobs in an effort to keep the hospital running.

There were 15 ward matrons slaving over hefty kitchen pots last week so that patients could be fed — their wards left in the hands of more junior staff. The doors to the kitchen were bolted — because several strikers had threatened them with death for breaking the strike.

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Hospital crisis looms as urgent top-level talks end in deadlock

By SOPHIE TEMA

A last-minute bid by government and the National Education, Health and Allied Workers Union (Nehawu) to end the crippling hospital strikes ended in deadlock on Friday, and raised the possibility of a complete breakdown in health services.

This followed a failed top-level attempt to end the looming crisis when Health Minister Rina Venter, Nehawu and Cosatu met in Cape Town this week.

And Cape Town reports said ANC deputy president Nelson Mandela met State President FW de Klerk to discuss the spreading strike.

Provincial Hospital Services executive director Hennie van Wyk and a Nehawu delegation held talks on Friday and yesterday.

Wits University's medical faculty has called for an end to the strike and stressed its support for the strikers: key demands which included:

- A wage in line with the cost of living and the rate of inflation;
- Recognition of trade union rights;
- Desegregation of health services;
- The rejection of privatisation of public hospitals; and
- The abolition of temporary work status.

The faculty's support for strikers came after Friday's meeting at Baragwanath Hospital by members of the South African Health Workers' Congress (Sahwco), the National Medical and Dental Association (Namda) and the Health Workers' Union.

While urgent top-level talks continued the situation at Baragwanath was deteriorating.

Senior nurses said Baragwanath, which normally accommodates about 3 000 patients, now had - according to hospital records - about 1 935 and only "serious emergency cases" were being admitted.

Transvaal Administrator Danie Hough confirmed it had been necessary to discharge patients.

He also gave the assurance that



Administrator Danie Hough

measures would be taken to normalise services, including the re-commissioning of the laundry.

But by yesterday bundles of dirty linen and clothing were still heaped outside some wards. At the laundry tons of linen had piled up.

Transvaal Provincial Administration spokesman Jan Loubscher said 8 000 workers at nine hospitals were on strike.

Not a place to heal the sick

By STAN MHLONGO

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C/press 6/5/90

BARAGWANATH Hospital has become a health hazard.

This is the spectre haunting South Africa's biggest black hospital after its 1 500 non-medical workers decided to go on strike this week.

I got a dose of the crisis when I went there to keep an appointment with a doctor.

Mountains of dirty bed linen, towels and clothing were piled everywhere.

I met a woman staggering out of the hospital, her eyes blinded by tears.

"What's happening?" I asked an unsmiling man beside me.

"I have not had food since yesterday. As far as I am concerned, nothing is happening here," he said.

The man, who said his name was Timothy, had hit the nail on the head — Baragwanath had come to a standstill.

There was no cooking, washing or cleaning. There was no one to help patients with weak bladders and bowels.

"There's no one to clean up the mess," shrugged Timothy.

He said the woman I had met at the hospital entrance had given birth and was going home to care for herself.

"This is no place to be, no matter how sick you are," he grumbled.

As I waved goodbye to my new-found friend, I sighed with relief because the doctor had given me a clean bill of health.

But for scores of Bara patients the question is: How long will they be able to survive in these conditions?

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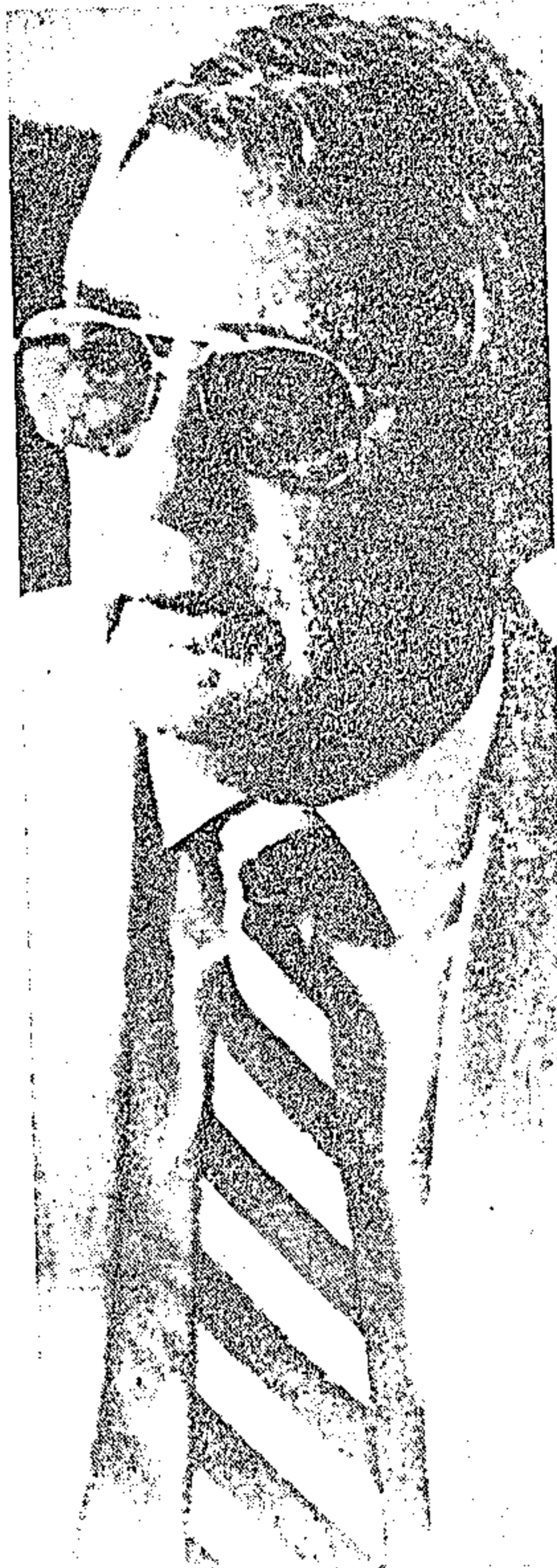
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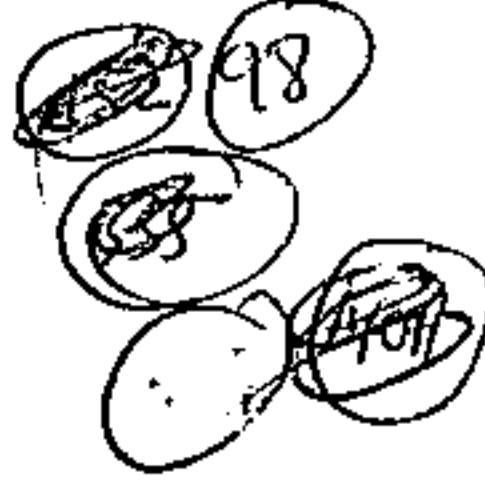
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Catherine has had enough!

CP/Press

6/5/90



By CONNIE MOLUSI

18 years as a temporary, she still earns a mere R471

Her age and weight do not allow her to join the ritual.

Asked to pose for a picture outside the hospital premises, she explained that she could not leave the premises as she was still officially on duty.

With her meagre wage Luthuli has three children to support and a bond to pay. She took a R22 000 loan from the hospital in 1985 to build a garage and two rooms in her backyard.

Asked how she managed to pay the loan she said she did so with a government subsidy.

Despite the gloom in Luthuli's life she still hopes a settlement will be reached soon and that the workers' demands will be met.

"You see these are some of the things we are fighting for. As a temporary worker I will not get money when I retire.

"I have only a few years to go before pension. But I am still strong and as long as I am strong I will continue working.

Luthuli views the strike as a worthwhile sacrifice. Although she is already past the official pension age of 60 for women, she still hopes to be employed permanently.

She is quick to point out that the strike will ensure better wages for others in the future.

What makes Luthuli's situation depressing is that none of her children is working. Although they are fit, she is the sole breadwinner.

THE anger that exploded at Baragwanath Hospital into a full-blown strike is the result of years of workers' discontent. They claim that for years they had to contend with low wages and indefinite temporary working status.

Among those on strike are some who claim they have worked for Baragwanath for almost 20 years and are still employed on a temporary basis.

One of them is 62-year-old Catherine Luthuli, who has a painful story to tell about her 18 years at Bara. Luthuli, with a Std 6 education earns only R471 after all her years of dedicated service.

She joined the hospital in 1972, earning R26 a month. After 18 years her plight has not changed much. This week she went on strike - the second in her working life.

The first strike, in 1975, was also over her wages. The outcome of that strike was R10 a month increase.

Luthuli remembers that the strike lasted three days, but she relates her ordeal with passion. She was among those arrested and taken to John Vorster Square.

"Well we were not fighting then, as we are today. All we are demanding is a living wage and decent working conditions."

Although aware of the grave implications of the strike, Luthuli does not want to hurt patients. The only problem is that her endurance has been stretched too far and she feels enough is enough.

"The hospital authorities should now listen to our grievances. Because tea break and lunch-time demonstrations have not worked, workers reluctantly took to strike action."

She has been clocked-in every morning since Monday only to sit in the sun and watch as her younger colleagues dance and toyi-toyi around.



Catherine Luthuli... still classed as a temporary worker after 18 years' dedicated service.

Baragwanath Hospital workers go slow over poor pay and conditions turned into a full-blown strike this week as they said 'enough'. Now the government and the ANC have agreed to step in to try to solve the issue of the conditions that have caused so much hardship for these vital hospital workers over the years.

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Hospitals forced to restrict cases

Blom 7/5/90

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MATTHEW CURTIN

TRANSVAAL's six strike-hit hospitals were forced to deal with only priority cases yesterday as volunteer workers filled in for striking general assistants.

The hospitals involved are Johannesburg, Hillbrow, Baragwanath, Natalspruit, Middleburg and HF Verwoerd.

Talks between the Transvaal Provincial Administration and the National Education Health and Allied Workers Union (Nehawu) to resolve the week-long strike resume today at TPA headquarters in Pretoria.

After Saturday's meeting between the TPA and Nehawu, the union's national organiser Monder Mditshwa said he was confident the dispute would be resolved today as the only outstanding issue was the union's wage proposal.

Nehawu is demanding a minimum salary of R1 100 a month and an across-the-board R400 increase.

Mditshwa said both sides had reached agreement by the end of Saturday's meeting on all the other issues, but refused to divulge the details of the agreement. The TPA would not comment yesterday on the content of the talks.

Apart from the wage increase, Nehawu demands were for formal TPA recognition, an end to temporary status for all workers, and an end to racial discrimination within health institutions.

Hospital workers are excluded from the Labour Relations Act, and are covered by the Public Administration Act in which there is no provision for trade unions.

But TPA Health Services execu-

tive director Dr Hennie van Wyk said he could not foresee an early solution to the strike. He was in contact with Health Services MEC Fanie Ferreira, Health Services Minister Rina Venter and State President F W de Klerk.

Baragwanath Hospital received a boost to staff attempts to maintain services when Transnet stepped in and took over responsibility for washing linen on Saturday.

Staff had also been able to cope with the usual heavy incidence of casualties on Saturday night.

Natalspruit hospital, where nurses have joined the strike called by Nehawu, remained the worst hit over the weekend. A spokesman said despite the help of some volunteers, the situation was critical.

TPA spokesman Piet Wilken made an urgent appeal on Saturday for volunteers to assist the East Rand hospital. On Saturday Natalspruit only had two nursing sisters, five ward matrons, and five student nurses caring for 500 patients.

But in Johannesburg, hospital spokesmen said staff and volunteers were coping with emergency cases.

The Hillbrow Hospital was clean once more after angry strikers had emptied rubbish bins in protest at "scab" labour used on Friday night to clean up the hospitals. Strikers tidied up the litter later out of respect for the patients.

A Johannesburg Hospital spokesman said the response from the public for volunteers had been overwhelming. The hospital would need volunteers during the week.

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Nehawu confident for today's talks

CMT. Tim H. 7/5/90 (98) (R3)

JOHANNESBURG. — Talks resume today between the Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union aimed at settling the last remaining issue — Nehawu's wage demands.

The two delegations will meet this morning in Pretoria when the TPA will respond officially to Nehawu's wage demands.

Meanwhile, the strike by thousands of non-medical staff continues to cripple Transvaal hospitals.

"The only outstanding issue still is our wage proposal," Nehawu national organiser Mr Monder Mditshwa said.

The union is demanding a minimum salary of R1 100 a month and an across-the-board R400 increase.

"We have reached agreement on the rest," Mr Mditshwa said, referring to Nehawu's demands for TPA recognition, an end to temporary status for all workers and an end to racial discrimina-

tion within health institutions, among others.

"It now depends on the TPA response (to the wage demand). Everything hinges on it," Mr Mditshwa said.

He declined to disclose details of what had been agreed so far. According to Mr Mditshwa, Nehawu was confident the hospital strike could be resolved at today's talks.

However, the TPA representative at the talks, Dr Hennie van Wyk, Executive Director of Health Services in the TPA, did not share Nehawu's feeling that the hospital crisis could be resolved today.

"I can't foresee this, but we are looking forward to an early solution and an ending of strike action," he said after Saturday's meeting.

According to another source, national developments, not controlled by the TPA, would also be implemented in addressing the union demands.

Nehawu is demanding: The inclusion of all South African work-

ers into an equitable labour legislation; the opening of health services to all, irrespective of race, colour or creed; an end to privatisation of hospitals.

"There are developments in the pipeline at a national level concerning Nehawu's demands," said the source, who asked not to be named.

Dr Van Wyk said he was "in almost constant contact" with Mr Fanie Ferreira, MEC for Health Services in the TPA, and Mr Danie Hough, Administrator of the Transvaal, about the latest developments in the hospital crisis.

They in turn were in daily contact with the Minister of Health, Dr Rina Venter, and President F W de Klerk.

● The SABC radio news reported that essential services were performed at the six major Transvaal hospitals affected by the strike yesterday.

Some nursing staff had returned to work but non-medical employees were still on strike.

Final issue — crucial pay talks in hospital crisis

ARGUS
7/5/90
98 (15)

The Argus Correspondent

JOHANNESBURG. — Transvaal Provincial Administration officials have met on the eve of crucial negotiations with National Education, Health and Allied Workers' Union as the situation at strike-crippled hospitals remains critical.

Today the final issue — wage demands — will be discussed when the administration meets union officials. They were locked in negotiations at the weekend and hopes are high that an agreement acceptable to workers will be reached. Agreement on wages is considered the key to ending the strike.

Strikes continue at Baragwanath, Hillbrow, Johannesburg, H F Verwoerd and Natalspruit hospitals.

Before the weekend more than a score of other hospitals were also affected by the strike, which involved up to 8 000 at one stage and included nurses at Hillbrow and Natalspruit.

At Natalspruit, one of two hospitals where the Red Cross is helping, there were fewer than 10 nurses working at one stage and at Hillbrow doctors were preparing food for patients.

As at Baragwanath, volunteers from all walks of life were performing essential services as reports of intimidation continued. A great cause of concern remained in the hard-pressed casualty sections.

Another massive headache is the 40-ton mountain of dirty laundry at Baragwanath.

There was an ugly incident when strikers emptied rubbish bins in the corridors, undoing the work of Rhema church volunteers who cleaned up Hillbrow Hospital on Saturday night.

Strikers' error

It was later reported that the strikers had been under the impression that other workers had been hired "behind their backs". They cleaned up the mess after they discovered their mistake.

There have been many other reports of intimidation. Union officials have responded by saying that some people identified as intimidators were unknown to the union.

Officials said they were wholly opposed to intimidation, especially of nurses.

● The Natal Provincial Administration has announced wage increases of between 20 and 100 percent in an attempt to prevent the strike spreading to Natal.

Nightmare at Bara

Soweto 7/1/90
Stench, hunger still haunt victims of hospital strike

By SIZAKELE KOOMA

Women's Page Editor



Celiwe Ngobese

PATIENTS at Baragwanath Hospital this weekend recalled the nightmare conditions they endured during the strike by non-medical workers. They told of the stench of filthy wards, sleeping on dirty linen and of hunger and irregular meals.

About 2 850 workers went on strike on May Day, demanding a living wage and recognition of their union, among others.

About 1 000 patients were discharged, most of them prematurely, only a day after the strike began. An occasional grim-faced patient, shuffling barefoot out of the gates in a hospital gown, was still seen leaving the hospital grounds a few days after.

The discharged patients left in hospital gowns because their clothes were locked up in the unattended locker rooms.

Heart

Celiwe Ngobese, who had been admitted to Baragwanath with a stroke and heart problem, was taken away by her daughter Zodwa after she had lost hope of ever getting the hospital transport she had been promised.

Ngobese looked haggard and in pain as Zodwa and a friend carried her across the bridge to where the taxis were. She had been transferred to the hospital from Nquthu, Dundee, last month.

Mabel Ndlovu of Alexandra, with her one-year-old daughter on her back, negotiated the steep incline of the winding Baragwanath bridge at a painstaking pace. She was still recuperating from a thyroid operation when she was prematurely discharged.

Hoarse

"I am not healed. But there is no point staying in hospital with a one-year-old infant and no regular meals, in an unhygienic place," Ndlovu said in a hoarse voice.

Her daughter, the Alexandra woman said, survived on tea and she often went without meals.

Ndlovu and Ngobese were some of the fortunate patients who survived the nightmarish conditions at the hospital. There are others who are

desperately ill and have no alternative but to endure the misery.

Queen Beu of Emdeni, Soweto, is one of them. She has been in hospital for three weeks. Nurses, she said, believe she has asthma but they have not been able to help.

"I have short breath and feel very weak. I cannot do anything on my own, which means there is no hope for a person like me here. I have to wash myself and take medication without any assistance. I don't, because I cannot. I have told myself that I will survive on God's mercy," Beu said.

Samson Kubheka, who is in the surgical admission ward, was admitted to Baragwanath two weeks ago with a sceptic hand. He had suffered burns and had thought the hand would heal on its own. His negligence will cost him his index finger, which is slowly rotting.

Kubheka cannot have the urgent operation he needs because he was told, he said, that the hospital's theatre was not in use.

Fears

"I have been told to wait until next week. I am only hoping that the operation will not be postponed again when the day comes. I have fears that my whole hand might rot in the process and it will be amputated. Nurses have trained us how to wash our sores. I clean my hand every day to keep it from festering," he said.

A doctor at the hospital said operations were being postponed because there were not enough staff to assist in the theatre. He said in the gynaecology department, where he worked, medical staff had become resigned to unhygienic ways of conducting their work.

"There are patients



Mabel Ndlovu . . . "No point in keeping an infant in an unhygienic place with no regular meals."

who sleep with their newborn babies in soiled linen. We are using blankets instead of sheets because dirt does not show as obviously as it does on a white sheet. We depend on Savlon to sterilise utensils," the doctor said.

He said mothers of newborn infants in his de-

partment were discharged a few hours after delivery even when their condition was not satisfactory.

"I have got two patients who have been bleeding since they were admitted. They cannot be given proper treatment because we do not have all the equipment re-

quired. I have thought of negotiating with doctors in private practice to assist."

The crisis spread to 11 other hospitals in the Transvaal on Thursday. At Hillbrow Hospital and Natalspuit Hospital nurses joined the strikers and brought services to a virtual standstill.

Hospitals row nears crunch

TALKS between the Transvaal Provincial Administration and the National Education, Health and Allied Workers Union resume this morning. These must now settle the most burning aspect of the dispute - wage demands by the non-medical staff. (12) (26) (1001)

The two delegations will meet this morning in Pretoria when the TPA will respond officially to Nchawu's wage demands. (19) (18)

Meanwhile, the strike by thousands of non-medical staff continues to cripple Transvaal hospitals, among them Baragwanath hospital. (10)

"The only outstanding issue in our wage proposal," Nchawu national organiser Mr Monde Mditshwa said. Sowetan 7/5/90

It was not clear last night if this morning's meeting would focus on wage demands by non-medical staff at all hospitals, or if Baragwanath was a test case. (10)

● To page 2

Baragwanath crisis

From Page 1

The union is demanding a minimum salary of R1 100 a month and an across-the-board R400 increase. (1001)

"We have reached agreement on the rest," Mditshwa said, referring to Nchawu's demands for TPA recognition, an end to temporary status for all workers, and an end to racial discrimination within health institutions, among others. (26) (1001)

"It now depends on the TPA response (to the wage demand). Everything hinges on it," Mditshwa said.

He declined to reveal details of what had been agreed so far. - Sapa.

The Star of the stench of filthy

are being done.

Fewer Sowetans at Bara casualty

By Thabo Leshilo

The people of Soweto have learnt not to get injured or sick during the strike by non-medical staff at Baragwanath Hospital, a doctor at the hospital jokingly told The Star last night.

The doctor was explaining the dramatic drop in patients visiting the casualty department.

According to a matron at the hospital, only 61 patients compared to the usual 500 or so had been treated by 6 pm last night.

Most patients told The Star they did not expect to find anybody

working at the hospital.

Mzimhlophe Hostel inmate Mr Robert Gumede, who was nursing a stab wound, said he was not aware of the strike.

Mr Lawrence Ngcobo (23), whose father, Mr Ben Ngcobo, had sustained head injuries after falling on a stone in Dube, was worried that his father would not receive treatment. He was however attended to within minutes.

Mr Elias Motshela (24) praised the medical staff for giving him "prompt service" because of fewer patients.



Star 7/5/90

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Hospitals breakthrough

By Carina le Grange

Agreement was reached early this morning between the Transvaal Provincial Administration and the National Education, Health and Allied Workers' Union (Nehawu) on wage proposals aimed at ending the crisis at strike crippled hospitals.

A statement issued by the executive director of health services, Dr Hennie van Wyk, said "proposals are presently being formulated" which were to be put to workers by the union this morning.

Agreement were reached in the fifth round of talks which started on Friday evening and continued over the weekend.

Nehawu will report back to Dr van Wyk later today to finalise the agreement, he said. Nehawu organiser Mr Monde Mditshwa could not be reached for comment.

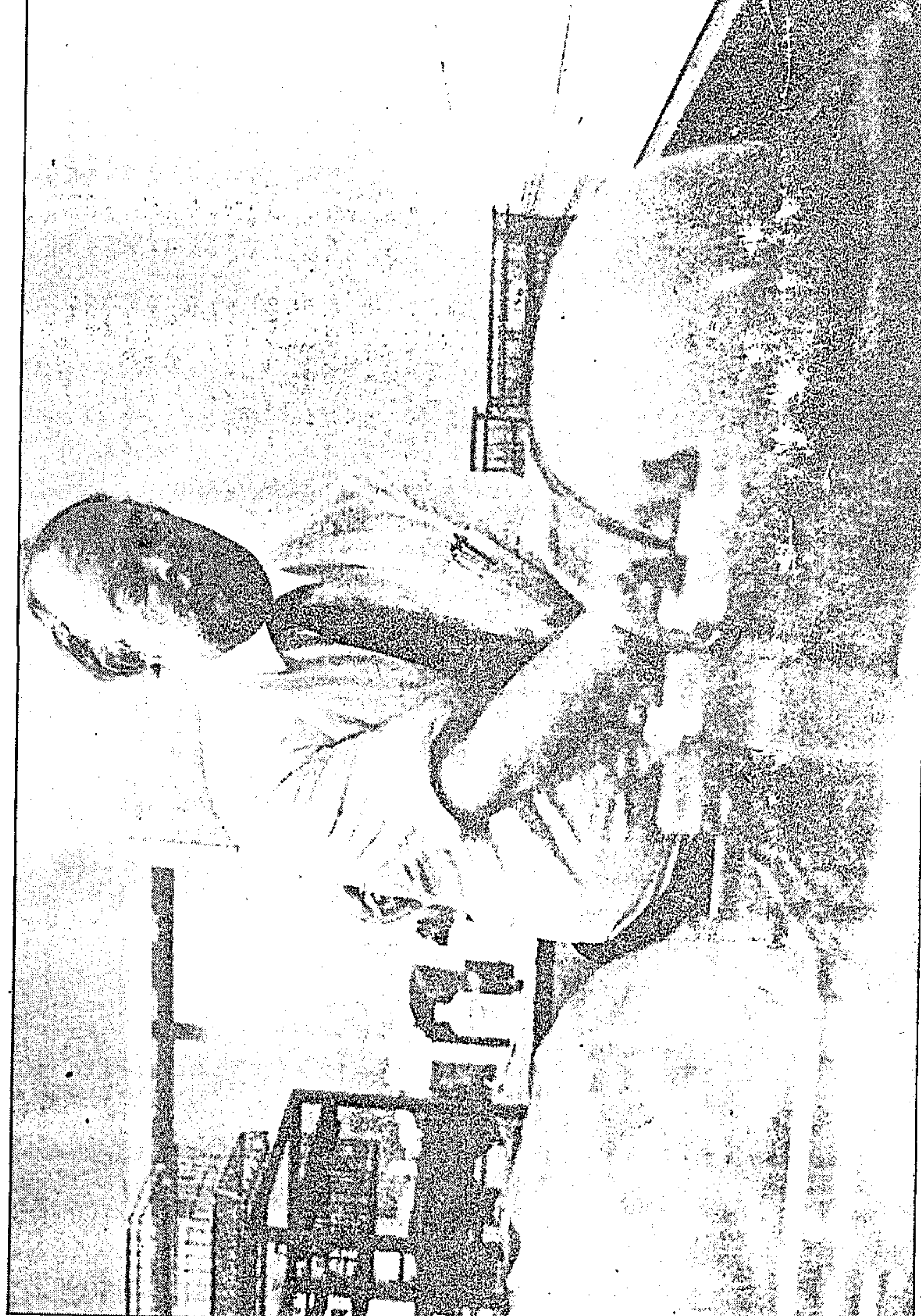
While talks were in progress yesterday, the crisis intensified and spread. Operating theatres, the casualty section and kitchen at Tembisa Hospital closed and seven other hospitals are also still badly affected.

Unlike other hospitals, there are no voluntary workers at Tembisa.

Wage demands were the final issue which had to be settled between the TPA and Nehawu.

The TPA team is headed by Dr van Wyk and Nehawu by Mr Mditshwa. Assisting the TPA is legal expert Professor S A S Strauss of the University of South Africa.

Officials of Nehawu will address workers at the Flower Hall on the campus of the University of the Witwatersrand to report back and obtain a fresh mandate.



Helping out . . . music teacher Mr Hylton Zarge is one of 400 volunteers helping to keep the Johannesburg Hospital functioning during the strike. He has been washing 1 000 babies' bottles a day.

© Picture by Stephen Davimes.

Nehawski probe stymied | Ex-beauty queen and

hospitals.

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Shared concern

Dr van Wyk said in today's statement he had gained the impression during the talks that Nehawu representatives shared his "serious concern" over the welfare of patients.

Today is the eighth day since workers at Baragwanath Hospital went on strike. Hillbrow, Johannesburg, Natalspruit and H F Verwoerd Hospitals followed suit, and by last night the strike had spread to Middelburg, Tembisa, Boksburg-Benoni and Tshepong (Klerksdorp) hospitals.

At Tembisa and Natalspruit services are rendered by the minimum of nursing staff.

The Red Cross and volunteers are assisting nursing staff to keep services going while the TPA reported "large scale intimidation".

Union officials said they were against intimidation and people identified as intimidators were unknown to them.

According to the TPA, emergency cases only are being handled and essential services continue.

All but desperately ill patients have been discharged.

At Baragwanath the backlog of more than 40 tons of dirty linen is being dealt with by an outside contractor.

Yesterday, volunteers were still needed to sort, fold and pack the linen, and to work in the kitchens to relieve nursing staff.

In most cases volunteers at other hospitals are helping with the linen.

Stocks of pre-packed medication are low.

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Bara, where hundreds wait, desperate for a chance to serve

By MICHAEL SHAFTO

"They also serve who only stand and wait." This quotation has a certain relevance for Soweto's Baragwanath Hospital, where some stand and others sit and wait — and desperately want to serve, if only they would be given the chance.

All but the chronically ill are being discharged. Only emergency patients are being admitted. There is a shortage of food. Wards are filthy and patients have described conditions as a "nightmare" — but there is another side to the coin.

Mr Chicks Moletsane (32), a Nehawu shop steward, is an articulate example of a hospital worker who wants a fair deal but believes the hospital is the Soweto community's most important asset and that it should be restored to a fully operational level as soon as possible.

What he and many others like him are concerned about is the perception among people, "which has been created by certain

sections of the media, of Nehawu members as irresponsible and uncaring."

It is just one week today since the first May Day demonstrations at Bara. The atmosphere was a lot different. Workers stood in clumps or were sprawled on the lawn outside the administration building, others sat on cold drink bottle crates.

The mood was quieter — no marching or chanting, less singing — but it was also hopeful.

The talks in Pretoria was what most were talking about — the talks between the Transvaal Provincial Administration and Nehawu aimed at settling the hospitals strike.

Outside a building where Nehawu presently has temporary headquarters, Mr Moletsane told how he and fellow-members were concerned at the way "some media reports have tried to turn public opinion against us".

"They are not reflecting any of Nehawu's

anxiety to solve the problem," he said. He pointed out that on Friday, management at Bara had been offered — and had "gratefully accepted" — a temporary solution put forward by Nehawu.

By means of a skeleton structure all essential services were being kept going. This included the casualty department and the maternity section. The laundry, too, was being manned by a skeleton staff of volunteers and was slowly catching up the on backlog.

While Nehawu would not condone the use of "outside volunteers", there was no intimidation against Nehawu workers who wanted to carry out volunteer work in areas considered to be essential services.

Mr Moletsane, who has been a hospital clerk for the past seven years, said salary demands were negotiable. "Yes, we are saying we want a minimum wage of R1 100 and a R400-a-month increase across the board, but if management would take the

initiative and make some kind of interim offer with a promise to take steps to meet our demands at a later date, members would be only too happy to return to work."

The Bara Public Relations department yesterday confirmed that the situation was gradually improving. "Services are functioning much better than last week, but still far from normal. With the help of emergency staff and voluntary workers we are just managing to keep our heads above water," said PR representative, Mrs Hester Vorster.

She confirmed that a big load of clean linen was distributed on Sunday. The backlog of dirty linen had diminished, but more help was needed to sort, fold and pack the clean linen. The kitchens were being manned only by nursing staff, and the stock of pre-packed tablets and medicines was low. Volunteers were urgently needed in both these areas.

Strike spreads to more hospitals

TRANSVAAL's hospital crisis deepened yesterday as the strike by more than 8 000 general assistants spread to Tshepong (Klerskorp) and Tembisa hospitals.

Talks between the Transvaal Provincial Administration (TPA) and the National Education Health and Allied Workers Union (Nehawu), aimed at resolving the dispute, continued into the night yesterday.

While the negotiations were being conducted at TPA headquarters in Pretoria, hospitals in Johannesburg, Baragwanath, Hillbrow, Natalspruit, Middleburg and H F Verwoerd hospitals were offering emergency services only.

The TPA announced there were no staff working at Tembisa. Operating theatres, kitchens and casualty had been closed.

The situation at Baragwanath had improved, but conditions at the other strike-

hit hospitals were the same yesterday, according to hospital spokesmen. (653)

Transnet had assisted in clearing most of the backlog of dirty laundry at Baragwanath. Volunteers and nurses had kept the kitchens running. (18) (83)

At Johannesburg Hospital yesterday, many volunteers had ensured laundry and cooking facilities were maintained. Medical staff were only performing emergency surgery and casualty work.

Only 600 patients remained in the wards, but a spokesman said more volunteers were needed. Volunteers could phone Johannesburg 488-4123 for details.

Nehawu is demanding a minimum wage of R1 100 and an additional guaranteed across-the-board R400 increase.

815/90
MATTHEW CURTIN

Hospitals to remain 'closed'

HOSPITALS and wards will not be opened to all races until a top level Government investigation - presently dealing with the fragmentation of health services - is concluded, said authorities yesterday.

98
Despite overcrowding in black hospitals and a low occupancy rate in some white hospitals, wards will not be opened to all races until the Minister of Health, Mrs Rina Venter, has concluded the investigation.

The MEC for Health in Natal, Mr Val Volker, said: "The National Health Policy Council is presently reviewing the efficiency, usage and availability of hospitals facilities in conjunction with the fragmentation of health services." *Sowetan 8/5/90*

The Council is chaired by the Minister of Health and each Provincial MEC in charge of Health is also represented, said Volker.

He did not disclose any further details and a statement has yet to be issued by National Health.

The question of wards being opened to all races follows a Parliamentary debate in which figures were revealed showing that many white hospitals were operating far below their capacity while many black hospitals were overcrowded.

Responding to questions in Parliament by the Democratic Party's Health spokesman, Mr Mike Ellis, last week, the Minister said that segregating wards was receiving attention in the light of the impending removal of the Separate Amenities Act.

According to figures released by Venter, the Ixopo Hospital's black section is 113 percent full, while the white section is 27 percent full.

A similar situation existed in other parts of Natal and in the country.

Strike crisis

Sowetan 8/5/90

Worse

More
join
Bara
staff
protest

THE hospital crisis that has crippled six Reef hospitals yesterday spread further when nurses and non-medical staff at Tembisa Hospital downed tools.

The theatre, emergency section and kitchen were closed at noon when workers took to the streets, a Transvaal Provincial Administration spokesman said.

"Tembisa Hospital has virtually closed down because we do not even have volunteers," she said.

Workers joined the strike while discussions between their union, the National Education Health and Allied Workers' Union, and TPA

By THEMBA MOLEFE

officials were being held in Pretoria. Nehawu will hold a meeting at the University of Witwatersrand's Flower Hall this morning to report back on the latest developments.

Meanwhile, the outcome of the meeting between Nehawu and the TPA could not be established at the time of going to press yesterday as discussions were still continuing.

Strikes continued at Johannesburg General, HF Verwoerd, Baragwanath, Hillbrow, Natalspruit, Middeburg and Willem Cruywagen hospitals while a go-slow was reported at Boksburg-Benoni Hospital.

A large force of the nursing staff

Hospitals crisis

From Page 1

was reported to be still on strike at Natalspruit and Hillbrow hospitals.

Strike action was called off at Tshepong Hospital in Klerksdorp after hospital officials negotiated with workers.

The Administrator of Transvaal, Mr Danie Hough, made an urgent appeal to organisations and the public to offer voluntary service to the affected hospitals.

"Help is urgently re-

quired for kitchen services, the laundries, general ward services, clerical duties and the pre-packaging of tablets and medicines," he said.

Nurses are also needed, especially at Natalspruit and Tembisa hospitals, a statement from the TPA said.

Interested organisations should telephone (012) 201-4117 or (012) 201-4133.

See page 6

Reef hospital workers may end strike action

WILSON ZWANE

STRIKING Reef hospital workers agreed yesterday to return to work if talks between the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers' Union (Nehawu) yielded positive results, union official Neal Thobejane said.

"The workers agreed to return to work on Thursday this week if a positive response is received from the government," he said.

The administration had agreed to negotiate wage and union recognition issues with the union within seven days of the workers' returning to work.

"That is, of course, part of tonight's talks between the TPA and Nehawu," Thobejane said.

At least 5 000 striking hospital workers met yesterday at Wits Soccer stadium yesterday where they took the decision.

The workers, among them nurses and doctors who had joined the strike, were from Baragwanath, Hillbrow, Johannesburg, Thembisa, H F Verwoerd, Boksburg/Benoni, Middelburg, Willem Cruywagen, Tshepong, Natalspruit and Far East Rand hospitals.

The Boksburg/Benoni non-medical workers and the Thembisa and Tshepong general-assistants began strike action this week.

Siphiwe Mabaso of Nehawu said the union understood the nature of the industry.

"We are committed to health services but we had no other alternative but to embark on the industrial action to force the authorities to negotiate," he said.

The union sought the normalisation of the situation.

"We urge the Transvaal Provincial Administration to address the causes of the strike, not the results of it," he said. *from 1/5/90*

The workers are demanding a living wage of R1 100 and an across-the-board increase of R400, permanent instead of temporary worker status, an end to privatisation of health services, and end to own and general affairs and recognition of the union.

'Knife threats' at hospital as 3 000 strike

Argus Bureau

PORT ELIZABETH. — Livingstone Hospital has become the latest casualty of strike action.

About 3 000 workers walked out yesterday amid reports of widespread intimidation. Staff said nurses hid under beds when a group of knife-wielding men demanded that doctors and nurses join the strike.

The cause of the strike is unclear, but medical superintendent Dr Graham White said workers were upset by the high amount of Site tax many had to pay.

Meanwhile, the National Educational, Health and Allied Workers' Union (Nehawu) and the Transvaal Provincial Administration moved into the sixth round of talks late yesterday aimed at resolving the nine-day hospital crisis in the province.

White nurses strike

Two doctors and two white nurses are also on strike and 11 hospitals are now involved.

Emergency services are available only at Tembisa, Baragwanath, Hillbrow, Johannesburg and Far East Rand hospitals.

Last night's talks began after a meeting lasting most of the day during which Nehawu officials put TPA proposals to striking nurses and non-medical workers.

At a workers-union report-back meeting at Wits soccer

stadium, from which the media was barred, union officials put TPA proposals to the workers for ratification and to obtain a fresh mandate with which to enter last night's talks.

About 4 000 workers attended the soccer stadium meeting, at which most speakers denied that intimidation, if it occurred, was carried out by union members.

The TPA says there is large-scale intimidation.

Hospitals crippled or severely affected by the Transvaal strike are Johannesburg, Baragwanath, Hillbrow, Tembisa, Natalspruit, Boksburg-Benoni, Willem Cruywagen, Middelburg, Tshepong, HF Verwoerd and Far East Rand.

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Docs join strike

1871
1872
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By PHANGISILE
MTSHALI

TWO Hillbrow Hospital doctors have joined the strike by thousands of Transvaal hospital workers.

About 4 000 National Education Health and Allied Workers Union members, who attended a report-back meeting yesterday, were told that Dr Aslam Dasoo and Dr Norman Dubazana were among the Hillbrow medical staff now on

● To Page 2

Doctors join the strike

Carolus 9/15/90

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URGENT

the question of scab labour," a spokesman from the Hillbrow Hospital said. "But we will do so in a disciplined manner. We do not have to force people to join the struggle."
Spokesmen from the strike-hit hospitals said they had assembled "skeleton staff" to care

for patients while the strike was on.
Hospitals affected by the strike are Baragwanath, Natalspruit, Hillbrow, Tembisa, Johannesburg (General), Lenasia, Boksburg, Benoni, Willem Cuywagap, Middelburg, Tshepo and III Verwoerd.

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Spokesmen from the strike-hit hospitals said they had assembled "skeleton staff" to care

Late-night talks fail to end hospital strike

By Carina le Grange

The latest round of talks last night on the hospital crisis failed to solve the strike which started nine days ago, but efforts to get workers back to hard-hit hospitals are continuing.

Hospitals crippled or severely affected by the strike are Johannesburg, Baragwanath, Hillbrow, Tembisa, Natalspruit, Boksburg-Benoni, Willem Cruywagen, Middelburg, Tshepong, H F Verwoerd and Far East Rand.

Two white nurses at the Johannesburg Hospital and two doctors are on strike along with black nurses at several hospitals. The strike was initiated by non-medical workers.

Emergency services are available only at Tembisa, Baragwanath, Hillbrow, Johannesburg and Far East Rand.

Last night's sixth round of talks between the Transvaal Provincial Administration (TPA) and the National Educational, Health and Allied Workers' Union (Nehawu) lasted more than six hours and ended after midnight.

The two parties agreed not to issue statements on progress, because of the "delicate phase" the talks had entered, but said the deliberations were very intensive.

Expectations are high that a settlement will be reached soon, but any proposals made by the TPA that are acceptable to Nehawu will have to be put to the striking workers for ratification.

Last night's talks started after a meeting lasting the better part of the day during which Nehawu officials put earlier TPA proposals to more than 4 000 striking non-medical workers and nurses.

Earlier yesterday a TPA spokesman confirmed reports that an agreement had been reached on Monday night, and Dr Hennie van Wyk, director of hospital services, issued a statement saying Nehawu would report back last night to finalise the agreement.

Later, the TPA retracted a statement that an agreement on any strike-related issues had been reached.

At the workers' meeting, representatives of the different hospitals gave short reports of the situation at each hospital. Almost every speaker referred to intimidation and said if it occurred, the acts were carried out by non-union members. They also claimed that skeleton staffs were still working.

The TPA says there is large-scale intimidation.

Workers at the meeting accused the TPA of a lack of concern because most of the patients affected were black.

Union official Mr Sipiwe Mabaso said Nehawu was "fully committed to serve the health requirements and to develop a non-racist health service".

"The responsibility (for the strike) lies completely with the TPA. All we demand is recognition of our basic human rights," he said.

Early today it could not be determined exactly when talks would resume again.

On the one side are the workers — many of who are underpaid and lack job security. On the other are the hospital authorities, administering a health system which is teetering precariously close to collapse. Caught in between are the hapless patients.

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MONO BADELA and CHIARA CARTER look at the issues surrounding the hospital strike that threatened to close some of the country's busiest hospitals:

South 10/5 - 16/9/90

Hospital strike still on but settlement nears

98 WILSON ZWANE 10/5/90

THE hospital strike will continue for another day today as the parties — the Transvaal Provincial Administration (TPA) and National Education, Health and Allied Workers Union (Nehawu) — prepare to sign a final agreement.

The nine-day old strike by hospital workers has seriously affected essential health services at Baragwanath, Johannesburg, Hillbrow, Middeburg, Thembisa, H.F. Verwoerd, Willem Cruywagen, Tshepong, Natalspruit, Boksburg/Benoni and Far East Rand hospitals.

TPA spokesman Piet Wilken said: "The indications are that the agreement will be signed today by the TPA and Nehawu."

Nehawu official Neal Thobejane has also said strikers might return to work tomorrow.

The union had finally received the response it sought from the TPA after a series of talks.

The regional workers' co-ordinating committee had found the agreement confusing and amendments were being made, he said.

Once necessary amendments had been made, the agreement would be returned to the TPA, which was expected to endorse it, he said.

Striking docs could face court action

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses.

They are also subject to rules of the South African Medical and Dental Council and the South African Nursing Council respectively.

Doctors also take the Hippocratic Oath and nurses a Pledge of Service on qualification. Doctors who are members of medical associations are also bound by the Declaration of Geneva.

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week-old strike by non-medical staff at hospitals in the Transvaal.

The registrar of the SAMDC, Mr Nico Prinsloo, said it was an offence for doctors to strike and the Attorney-General could decide on whether to prosecute.

He said conviction carried a maximum fine of R1 000 or a jail sentence of one year or both. Upon conviction the name of the offending doctor is removed from the register of the SAMDC.

The chairman of the federal council of the

Nurses flout the law

Medical Association of South Africa, Dr Bernard Mandell, said Masa regarded it unethical for doctors to strike as the well-being of patients should under all circumstances be their foremost consideration.

Speaking for the National Medical and Dental Association, Dr Max Price said they would not accept a strike which compromised patient care.

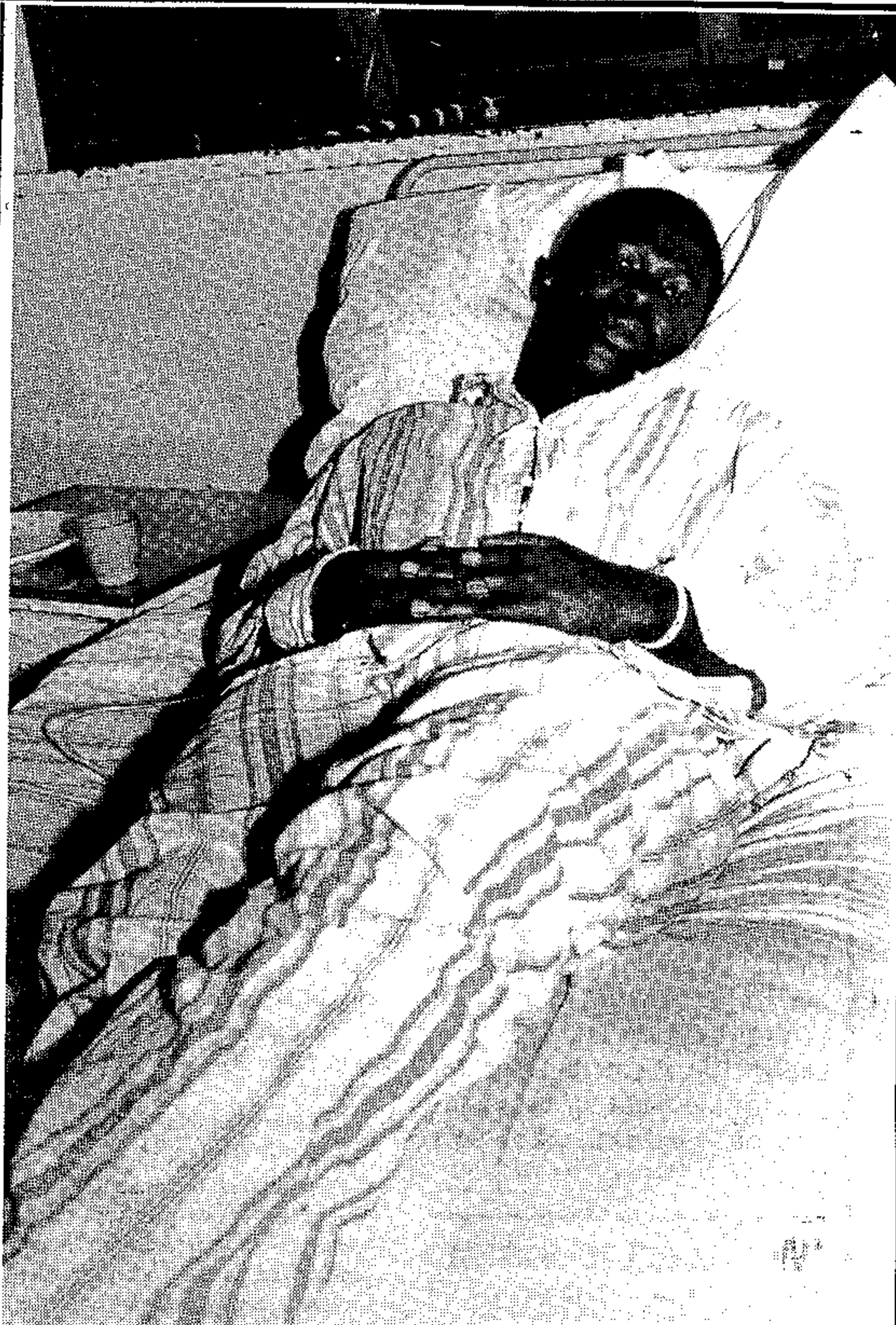
Nurses could also face criminal and disciplinary action.

The registrar of the SANC, Mr Frank Germishuizen, said while nurses took a pledge of service, it was not legally binding. At the same time, the Nursing Act of 1978 made strike action by nurses a criminal offence.



(98)

South 10/5 - 16/5/90



Patrick Nkosi, a patient at Baragwanath Hospital

Hospitals: ^{CAF 7/12/70} ^{10/5/70} Industrial ⁸ ⁽⁸⁾ ⁽⁸⁾ action threat

Staff Reporter

THE 40 000-strong Hospital Personnel Association of SA (Hospersa) has warned of possible industrial action following a refusal by National Health minister Dr Rina Venter to meet with them.

In a statement, Hospersa said the association was refused an interview with Dr Venter on April 30, but "a few days later representatives of a militant trade union, Nehawu, were granted an interview.

"Are the 40 000 members of Hospersa, which has been in existence for 40 years, now set aside in favour of Nehawu?" the statement asked.

Hospersa was "now inundated by calls from its members who insist upon more militant action".

In her reply to the statement, Dr Venter said the matters concerning Hospersa fell "within the jurisdiction of the Minister for Administration and Eco-

Discussion best

PORT ELIZABETH. — The best way to resolve differences was through discussion, Cape Administrator Mr Kobus Meiring said here yesterday.

Mr Meiring, who was referring to the recent strikes at Cape Peninsula hospitals, was speaking at a function to commemorate the start of the construction of phase 2 of the Dora N'Ginza Hospital. — Sapa

conomic Co-operation, Dr J W de Villiers.

"Hospersa is an acknowledged personnel association with direct access to the Commission for Administration and the relevant minister," Dr Venter said.

Hospersa was requested to contact Dr De Villiers and the negotiations with the National Education, Health and Allied Workers' Union (Nehawu) had only dealt with the National Health Policy, she added.

Hospital strikers return to work

By DAVID YUTAR, Labour Reporter

HOSPITAL workers at the H F Verwoerd Hospital in Pretoria returned to work today as the Transvaal hospital strike entered its tenth day.

The strike has seriously affected essential health services in at least seven Transvaal hospitals.

Negotiations between representatives of the National Education, Health and Allied Workers Union and the Transvaal Provincial Administration have continued over the past 72 hours.

"GOOD SPIRIT"

The strike has disrupted services at the Baragwanath, Johannesburg, Hillbrow, Tembisa, H F Verwoerd, Tshepong and Natalspruit hospitals and has spread to several other Transvaal hospitals.

A spokesman for the TPA, Mr Piet Wilken, confirmed that workers at the H F Verwoerd Hospital had returned to work today.

"An agreement on content has been reached on paper and needs still to be signed," said Mr Wilken, who added that the negotiations had taken place "in a good spirit".

It is believed that an agreement ending the hospital strike will be finalised by late this afternoon.

the cargo to be offloaded. This problem stems from the reasoning that other developed countries no longer have the capacity to handle toxic waste. Africa is thought to have such a capacity. Toxic waste arouses emotions in developed countries. The lobbying against toxic waste is very strong throughout the world. There is also the notion amongst developing industrialised countries that the limited quantity of toxic waste makes it uneconomical to process such waste. [Time expired.]

Mr MABRAHAM: Mr Chairman, three bodies, namely the Ungeni Water Board, the United States newspaper the *St Louis Post Dispatch* and Greenpeace International, have actually tested the water and soil in the vicinity of Thor Chemicals and all three bodies have found an abnormally high level of mercury pollution in the water.

The information that I have at my disposal is also that permission was granted by the South African authorities in a cable on 3 October 1989 for American Cyanamide to export in the region of 20 000 pounds in weight of waste from their plant in New Jersey to South Africa where Thor's reprocessing plant burns mercury waste and waste containers in a furnace. It appears that we need to take this very seriously indeed.

We are processing waste which very few others are prepared to handle themselves in their own country. I call upon the hon the Minister to explain and tell us whether he has taken any further action and to do something very urgently. Are we accepting waste that nobody else can accept in their own country because processing is too dangerous there?

The MINISTER OF ENVIRONMENT AFFAIRS: Mr Chairman, so many questions were asked and I have only two minutes in which to reply. It is simply impossible to clarify all the points on which I have been asked to give clarification.

The hon the Leader of the Official Opposition alone has asked a whole series of questions. The problem is that this should have been the topic for a private member's motion and not an interpellation. Then we could have discussed it extensively.

The fact is that we must distinguish between the importation of raw materials and waste. A

HOUSE OF DELEGATES

by-product of one factory may be a raw material of another. Here we have a specific case where the material is not imported as waste, according to the South African definition of waste, but as a raw material.

The fact is that we are handling it with great care. I have explained to this House that Greenpeace clearly states in its report that the mercury pollution of the water is non-detectable—in other words, they could not find any mercury in the water itself. The fact that there was mercury in the silt does not necessarily mean that there would be any mercury in the water, because some forms of mercury are soluble and others are not. In this specific case it seems as if the mercury did not contaminate the water at all.

However, I was asked to clarify the whole issue, and I think the best way to do that would be by means of an extensive press statement and I intend doing just that. I can tell hon members that the standards set for our drinking water are very high and there was no question of the water contamination being above the minimum standards set by our department.

Debate concluded.

QUESTIONS

Indicates translated version.

For oral reply:

General Affairs:

Public servants: housing subsidies

*1. Mr K PANDAY asked the Minister for Administration and Economic Co-ordination:

Whether the ceiling on housing subsidies to public servants is to be raised from the present R50 000; if not, why not; if so, (a) when and (b) to what amount?

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

The raising of the ceiling on housing subsidies to public servants is presently receiving attention. Any increase of the subsidy limit will naturally depend on the availability of funds. (a) and (b) fall away.

Mr K PANDAY: Mr Chairman, arising out of the hon the Minister's answer, I would like to know whether he is giving consideration to the fact that the last review was on 1 April 1983, when the ceiling was raised from R40 000 to R50 000. *Answered 10/5/90*

The MINISTER: Mr Chairman, this investigation is at an advanced stage and I hope to have the results shortly in order to submit them to the Cabinet.

Health services: privatisation

*2. Mr M RAJAB asked the Minister of National Health and Population Development:

(1) Whether her Department is giving consideration to the privatisation of health services in the Republic; if not, why not; if so, what steps are being considered;

(2) whether she will make a statement on the matter? *Answered 10/5/90* D136E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, investigations are being done by the Department of National Health and Population Development in collaboration with the sub-committee: Privatisation of the Health Matters Advisory Committee. There is at present no plan to sell any State hospital as such;

(2) No.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the hon the Minister's answer, will she let us know which branches of the health services are being considered for privatisation?

The MINISTER: Mr Chairman, I will be dealing with this issue during the debate on my Budget Vote on Wednesday, and I would welcome it if the hon the Leader of the Official Opposition would allow me to deal with it then. I will go into it extensively on that occasion.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, and considering that we have limited time during the debate on the health Budget Vote, has the hon the Minister's department, in giving consideration to this, studied the success or failure of the privatisation of hospitals? I am not talking about normal private

hospitals such as those of Smith, Mitchell & Co and others. Has it been examined with a view to its advantages and disadvantages? *98*

The MINISTER: Mr Chairman, the answer is yes. We are undertaking extensive investigations. I would like to state at this stage that market forces do not apply to health care and therefore privatisation, as it is known in the private sector, does not apply to health care in the same respect. *Answered 10/5/90*

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply and taking into consideration the nation-wide problem in respect of health services as well as the fact that the hon the Minister's department is considering this matter, has the hon the Minister or her department received any objections to privatisation?

The MINISTER: Yes, Mr Chairman, we have received objections. However, as I have stated, we do not consider privatisation on the same basis as it was done in, for instance, the case of Iscor. The same principles do not apply in this case.

MPs serving on local government bodies: legislation

*3. Mr D K PADIACHEY asked the Minister of Planning and Provincial Affairs:

(1) Whether he is considering the introduction of legislation in terms of which members of Parliament will be barred from serving on local government bodies; if not, why not; if so, when is such legislation expected to be introduced;

(2) whether he will make a statement on the matter? *Answered 10/5/90* D138E

The MINISTER OF PLANNING AND PROVINCIAL AFFAIRS:

(1) No. Possible amendments to existing legislation coincides with the current legislation controlling third-tier government, which could be changed together with the possible amendment of the present constitutional dispensation. A task group under the chairmanship of an official of my Department is at present considering options for a new local authority system.

HOUSE OF DELEGATES

Presmed profits *Carl Tint 11/5/90* soar by 89% *(98)*

Financial Editor

PRESIDENT Medical Investments (Presmed) — with interests including 80% of the Jan S Marais Clinic in Parow — lifted earnings by 89% in the year to February 28 to R1,3m (R708 000).

The dividend has risen to 4c (2,7c) a share, covered 3,85 times by earnings. Operating income was 143% higher at R5,8m (R2,4m).

MD Carl Grillenberger said Presmed, operating three private hospitals and seven day clinics, was one of the few medical groups to stay contracted into medical aid tariffs. This meant it was paid directly by medical aid funds, which improved cash flow and facilitated financial control.

It had also “contributed to a marked rise in occupancy levels. We are confident these higher occupancy levels will be maintained during 1990”.

Presmed funded its acquisition of 80% of the Jan S Marais Clinic (JSM) in 1988 with the issue of 2,82m variable rate non-cumulative convertible preference shares to Cape Town-based Premier Consolidated (Premcon). These shares are being converted into Presmed ordinary shares from March 1 this year.

Healing the breach

An end to the hospital crisis appeared to be close this week but on Tuesday, as the FM went to press, a spokesman for the National Education, Health & Allied Workers' Union said wages and union recognition remained serious stumbling blocks. (98) ~~(11/5/90)~~

Spokesman Dr Aslam Dasoo accused the Transvaal Provincial Administration of dragging its feet and of claiming it was not empowered to make decisions on these issues — despite an assurance from government that it would be able to do so. ~~(11/5/90)~~

Earlier on Tuesday, the TPA was not optimistic, saying that no final agreement had been reached on any of the strike-related issues. The TPA dismissed earlier reports that the parties had agreed on wages, and stressed that the union still had to report back to its members for ratification of certain proposals. ~~(11/5/90)~~

FIM 11/5/90

(98) ~~(11/5/90)~~

According to union organiser Monde Mditshwa, the hospital strike is the culmination of a year-long, co-ordinated effort by health workers — primarily to gain union recognition and the right to negotiate wages. Low-key actions, including lunch-hour demonstrations and four-hour go-slows, had been going on six weeks before the strike. Mditshwa says strike action was taken only after all other avenues had been exhausted and is the direct result of the TPA's lack of positive response.

The union is demanding a "living wage" of R1 100 a month. The current minimum is R265. Also demanded is an across-the-board increase of R400.

Other demands include the immediate opening of all health facilities to all races; abolition of "general" and "own" affairs departments; an end to health care privatisation; and permanent job status.

Baragwanath's chief superintendent, Dr Chris van den Heever, says the difficulty facing the hospital is that workers' demands

include "broad political and socio-economic issues" which hospital authorities themselves cannot meet.

Charges of irresponsibility and intimidation have been levelled at striking health workers, with reports that nurses at the Natalspruit and Tembisa hospitals joined the strike. Responding to this, the SA Health Workers' Congress said health workers had no option and blamed the TPA and Ministry of Health for the "critical situation" developing in health services.

FIM 11/5/90 (98) ~~(11/5/90)~~

While there has been general sympathy with the strikers' grievances, most people question the morality of health workers abandoning patients, let alone forcing nurses to join in. ~~(11/5/90)~~

Strike organisers are encouraging the maintenance of emergency services at some major hospitals and volunteers have helped to keep things going. But there appears to be a lack of overall co-ordination — some hospitals remain in crisis while at others committees have directed protest action.

A union representative says members were reluctant to take strike action but wary of being told that the authorities were willing to talk.

□ Only the Commission for Administration may recognise a staff association and a commission representative was present at negotiations early in the week. ■

Hospital strikers return to work today

THE 10-day strike by non-medical workers at Transvaal hospitals ends today after the signing of an agreement by the Transvaal Provincial Administration (TPA) and National Education, Health and Allied Workers' Union (Nehawu) yesterday afternoon at D F Malan Airport, Cape Town.

Although no wage increase has been agreed to, striking workers will return to their jobs today and tomorrow. No disciplinary action will be taken against them.

Nehawu secretary-general Sisa Njikilana said: "The workers are definitely going back to work today."

Summarising the terms of the agreement, Cosatu general secretary Jay Naidoo said the agreement was a victory for Nehawu in that the TPA had agreed in principle to freedom of association and to its employees belonging to any trade union or recognised staff association of their choice.

Negotiations would commence within seven days of the agreement to resolve issues such as the implementation of a 40-hour week, maternity leave, privatisation and contracting out of work, pension and provident funds, wages and trade union facilities, he said.

WILSON ZWANE
and TANIA LEVY

According to the agreement the TPA has undertaken, in principle, to grant Nehawu facilities such as stop orders, access to TPA health-care premises by accredited Nehawu officials and permission to Nehawu officials to represent its members at disciplinary hearings.

However, this undertaking is subject to the establishment of practical details of such concessions by a working committee, which will consist of representatives from the TPA and Nehawu.

Budget

The TPA has also agreed to grant permanent worker status to workers who had been employed for more than three months.

In a statement yesterday Transvaal Administrator Danie Hough said no further wage increases would be granted in the current financial year in view of the substantial wage improvement for general assistants granted within parameters of the Budget and announced on April 11.

With effect from April 1, wage

increases included raising the minimum wage payable to general assistants from R223,50 to R460 a month, excluding allowances.

Workers went on strike demanding — among other things — a R400 across-the-board increase and a minimum monthly wage of R1100.

However, Hough said agreement was reached on several other issues, including the establishment of mutually acceptable communication to discuss matters such as salaries, safety and training.

Agreement was reached on maternity leave.

A 40-hour week would apply, as had been the practice at TPA since April 1, Hough said.

It was agreed consultation would take place between Nehawu and the TPA in cases where a reasonable chance of privatisation existed.

Hough said without creating any precedent, days not worked during the strike would be taken as leave without pay.

Alternatively, strikers could use full days they did not work as vacation leave. The concession regarding leave would lapse at 7.30am on Sunday, March 13.

B 10 day 11/5/75

PresMed shows 89% increase in earnings

PRESIDENT Medical Investments (PresMed), which operates three private hospitals and seven day clinics, posted a 75% rise in turnover and an 89% surge in earnings in the year to February.

Turnover rose to R38,8m (R22,1m) while earnings before extraordinary items climbed to R1,34m (R708 000). Net profit topped the R1m mark at R1,114m (R677 000). The dividend has been raised to 4c from 2,7c, covered 3,85 times by earnings of 15,4c a share (8,1c).

The good results arose partly from each single unit contributing to the results for the first time, MD Carl Grillenberger said.

Also, PresMed remained one of the few groups to be contracted into the medical aid tariffs and this contributed to higher occupancy.

The improved utilisation of PresMed facilities saw operating income expressed as a percentage of turnover rise to 15,03% from 10,86%. Operating income increased by 143% to R5,8m (R2,4m).

LIZ ROUSE

Cape-base Jan S Marais Clinic (JSM), holding company of a private hospital and day clinic, made its first and meaningful contribution to profits. PresMed acquired 80% of the issued share capital of JSM in 1988. (98)

The acquisition was funded through the issue of 2,82-million variable-rate cumulative convertible preference shares to Premier Consolidated (Premcon). These shares are being converted into PresMed ordinaries from March 1 this year.

Profits earned by JSM during the past year accrued to Premcon in terms of the purchase agreement. These have been included in the amount of R978 000 due to outside shareholders. Grillenberger says PresMed management, other shareholders and medical aid funds, acquired these shares from Premcon this week.

PresMed's expansion plans include a new medical centre in Bedfordview.



Bara
strike
over
 Sowetan 11/5/90

● From Page 1

sues will start within seven days.

The hospital crisis followed a dispute between Nehawu and the TPA.

Nehawu demanded a "living wage" of R1 100, a R400 across-the-board increase, recognition of Nehawu, six months' maternity leave, an end to the privatisation of health services and a single, desegregated health system.

The TPA said the workers will not be given a wage increase this financial year.

"It has to be stressed that talks between the TPA and Nehawu have been positive throughout and occurred in a good spirit, a TPA statement said.

The agreement, which binds only the 16 hospitals, includes:

- * The appointment of an impartial arbitrator to deal with issues arising from the agreements;

- * Steps to be taken by the TPA to have the name of the pension funds in which employees are referred to "temporary" changed. This will only be used in respect of people employed for less than three months;

The affected hospitals are: Baragwanath, Hillbrow, Johannesburg, Natalspruit, Willem Cruywagen, Boksburg-Benoni, HF Verwoerd, Lynville, Tshepong in Klerksdorp, Pietersburg, JG Strijdom, Rietfontein, Tembisa, Middleburg, Sebokeng and the Far East Rand.

At a Press conference yesterday to announce the decision reached between the National Education Health Workers' Union and the Transvaal Provincial Administration are the union's president Mr Bheki Mkhize, Mr Sisa Njikelana (general secretary), Mr Jay Naldoo (general secretary of Cosatu) and Dr Aslam Dasoo.

Bara strike ends

Sowetan 11/5/90

98

THE hospital strike that crippled 16 Transvaal hospitals has ended.

An agreement to end the strike, which started at Baragwanath Hospital on May 1, was signed yesterday by National Education Health and Allied Workers' Union national organiser Mr Monde Mditshwa and Transvaal Provincial Administration director general Mr Andre Cornelius in Cape Town. The union has undertaken that

By PHANGISILE MTSHALI

about 11 000 striking non-medical workers will return to work by today.

Returning workers would not be disciplined. They will be allowed to use their leave as credit for the days they did not work, or "the days they did not work shall be dealt with on the basis of leave without pay".

They should apply for the leave concession by 7.30am tomorrow.

In a de facto recognition of the union, the TPA agreed to set up

joint working committees as channels of communication between the two parties.

"The agreement is a major victory for all hospital workers," Nehawu general secretary Mr Sisa Njikelana said.

"It is an important step forward in that it guarantees basic trade union rights. If the TPA had agreed to negotiate from the beginning, we would not have ended up in this crises."

Negotiations to resolve the is-

● To Page 2

Cape residents petition for health bond scheme

Sowetan 11/5/90

**SOWETAN
Correspondent**

ENTHUSIASM for a state "Health Bond" scheme to inject capital in to the country's ailing health services is mounting as thousands around the Peninsula sign petitions. (98) (85)

A Fish Hoek woman, Mrs Sandra Burman, telephoned *The Argus* to say she and a team of others had collected thousands of signatures in the Simon's Town constituency during the past three weeks. (200)

Chronic

"We even have 90-year-olds collecting signatures at the home for the aged!"

Burman's concern for the chronic state of South Africa's health services, in particular the major teaching hospitals, prompted her to start a petition in Fish Hoek, Simon's Town and Kommetjie calling on the State President, Mr F W de Klerk, to authorise a Health Bonus Bond scheme in the same way as funds were raised for Defence in the late 1970s.

Sowetan 11/5/90

Striking could lead to action against medics and nurses

97
98
98
98

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses. Respectively they are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

Doctors also take the Hippocratic Oath and

By SOWETAN CORRESPONDENT

nurses a Pledge of Service on qualification.

Doctors who are members of medical associations are also bound by the Declaration of Geneva.

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week old strike by non-medical staff at hospitals throughout the Transvaal.

The registrar of the SAMDC, Mr Nico Prinsloo, said it was an offence for doctors to strike and any interested party could draw it to the attention of the police who would investigate after which the Attorney-General would decide whether to prosecute.

It could also be brought to the attention of the SAMDC. He said the offence carried a maximum fine of R1 000 or a jail sentence of one year or both.

Upon conviction, the name of the offending medic is removed from the register of the SAMDC.

On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regards it as unethical for doctors to strike as patients' well-being should under all circumstances be their foremost consideration.

Jeopardise

Mandell said every possible other venue should be explored to resolve problems, and should a dead end be reached, whatever action followed should never jeopardise patients.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean the names of convicted doctors will no longer be summarily erased from registration if he has been found guilty of participating in a strike.

Speaking for Namda (National Medical and Dental Association), Dr Max Price, said Namda does not have a policy on strike action.

"We support Nchawu (National Education, Health and Allied Workers' Union) and various forms of industrial action, which does not necessarily mean a total strike," he said.

Hospital workers stream back

Staff Reporters

Star 11/5/90

them to start work

98

The 10-day Transvaal hospital strike ended today with general assistants at 11 provincial hospitals streaming back to work.

This follows the signing of an agreement between the National Education, Health and Allied Workers' Union (Nehawu) and the Transvaal Provincial Administration in Cape Town yesterday afternoon.

Unionists claimed the Government had, during discussions on the strike, undertaken to desegregate hospitals this year.

Today a Baragwanath Hospital spokesman said at 8 am that the strike was over.

The Johannesburg and Hillbrow hospitals were reported to be "back to normal".

A spokesman at H F Verwoerd Hospital in Pretoria said at 7.15 am that hundreds of workers were on the hospital property "but waiting for the committee to arrange for

The major outcome of the agreement is de facto recognition of the union.

The settlement gives the union bargaining status but wage demands have not been met. Among the demands made by strikers were recognition of Nehawu and a minimum wage of R1 500. On April 1 minimum wages were raised from R223 to R460 a month.

● Sapa reports that segregated hospitals had been "effectively dealt a death blow by the Minister of Health, Dr Rina Venter," said Dr Aslam Dasoo, a member of the Nehawu delegation that met Dr Venter last week in Cape Town.

"Her express assurance was that all health services in South Africa will be formally and legislatively desegregated with the repeal of the Separate Amenities Act during this session of Parliament," Dr Dasoo said.

News in Brief

TVL hospitals on line

PRETORIA. — General assistants at 10 Transvaal hospitals have returned to work, but stoppages still continued at three others, the Transvaal Provincial Administration said yesterday. Strikes were still taking place at the H F Verwoerd and Kalafong hospitals in Pretoria, and a partial stoppage has been reported from the Paardekraal/Leratong Hospital at Krugersdorp.

*OK Turk
12/5/90*

Back to work for hospital workers

Skw
12/5/90

~~12/5/90~~
98

IT WAS back to work for thousands of Reef hospital workers yesterday morning, but most hospitals crippled by the 10-day strike will only be functioning normally by Monday, according to hospital staff.

Granting *de facto* recognition to the National Education, Health and Allied Workers Union (Nehawu), the Transvaal Provincial Administration on Thursday agreed to a wide range of union rights and the end to discriminatory labour practices in the health services.

Victories

Strike negotiations ended in a number of apparent victories for Nehawu. The TPA has agreed that the practice of employing health workers as casual labour would end and all employees would in future be defined as permanent workers. The TPA also agreed to stop any wage discrimination based on race, sex or marital status.

Hailed as a major victory, by health workers, was the fact that Nehawu had won the right to be consulted in cases where hospitals may be privatised.

Wage negotiations between the authorities and Nehawu are ex-

PAT DEVEREAUX

pected to begin within the next fortnight.

"The end to the strike means that weekend casualties will be admitted as usual at most Reef hospitals," said TPA liaison officer Piet Wilken.

Mr Wilken said that although most workers had returned to Reef hospitals by yesterday — the deadline for their return lapses tomorrow morning.

All hospital workers at the Johannesburg Hospital had returned to work by yesterday, according to hospital liaison officer Jenny Gilwald.

Backlog

"We have a backlog of patients as a result of the strike, but we're expecting things to be running smoothly by Monday," she said.

Baragwanath Hospital liaison officer Hester Vorster said all striking hospital workers had returned to work by 8 am yesterday morning. But she added that the hospital would only be functioning normally by Monday.

A Natalspruit Hospital nursing sister said the hospital — one of the worst hit by the strike — was functioning smoothly once more.

PEOPLE AT THE TOP
ARE ON THE MOVE
SEE PAGE 9

APPOINTMENTS

PAGES AND PAGES OF THE BEST JOBS IN SOUTH AFRICA

**MANPOWER
MIRROR
By
ADRIAN
HERSCH**



Hospital strikers spotlight a raw deal

STRIKES involving hospital workers belonging to the National Education, Health and Allied Workers Union (Nehawu) have raised many questions.

The issues involve the morality as well as the conditions that gave rise to the strikes. But the strikes could mark a turning point for legislation for those in the public service.

Nehawu sent a memorandum to the chief superintendent of Baragwanath Hospital at the beginning of March containing workers' demands.

They included a minimum wage of R1100 a month and a R400 across-the-board increase, recognition of the union, an end to temporary status of workers, and the abandonment of race discrimination at health institutions.

The authorities responded by saying that in terms of the Public Service Act only the Commission of Administration and Co-ordination could recognise staff associations. The authorities said that because of this they were "not in a position to formally recognise, or enter into a recognition agreement with a trade union".

Lunch-hour demonstrations occurred. They were followed by go-slow action and then full strike action, which spread to 10 hospitals involving about 8 000 workers. Only emergency cases could be handled.

Most of the strikers were non-medical staff, but there were exceptions, such as at Natalspuit Hospital where some

nurses were not working at various stages. Their action was condemned by the SA Nursing Council.

The authorities have been accused of dragging their heels when warning signs began to flash. One of the warnings was strike action involving non-medical staff at Cape Peninsula hospitals.

The origins of the dispute can be found in the historical context regarding different forms of legislation for public- and private-sector workers.

There have been three major strikes in the public sector this year. One involved teachers in the Johannesburg area, and the other two the non-medical staff at hospitals in the Cape Peninsula and Transvaal.

The teachers' strike in Soweto and Alexandra, suspended for three months

pending responses from the Government, still has the potential to adversely affect the future of many pupils, raising questions about the morality of such action.

Common to all three strikes have been two important issues — demands for higher pay and greater job security.

Since 1979 black workers in the private sector have been covered by the Labour Relations Act (LRA). As a result they have been able to secure higher wages and better job security than their counterparts in the public service.

Labour Research Services of Cape Town carried out a survey of wage settlements concluded in the private sector between July and December 1989. It cal-

culated an average monthly minimum wage of R667. At SA Breweries the minimum wage is R1 063 a month.

Before the hospital strikes, the lowest-paid workers earned less than R300 a month.

As far as job security is concerned, workers in the private sector covered by the LRA enjoy the protection of the Industrial Court.

Public servants, on the other hand, do not have access to it. Further, some workers who have been employed in hospitals for decades but are still classified as temporary employees, and can be dismissed on 24 hours' notice.

The gulf between the two sectors in terms of conditions of service has widened over the years in the post-Witwatersrand era to such an extent that the stresses and

strains have possibly proved to be too great.

A labour lawyer says he thinks it would be advisable to include hospital workers in the LRA, but under the definition of "essential service" employees.

As such, there would be no freedom to strike, but compulsory arbitration in disputes would be used. Workers would enjoy the broad protection afforded by the Act, including the issues regarding unfair labour practices and access to the Industrial Court. That would ensure equity for them and play a role in bridging the gulf between the private and public sectors. When asked about the morality of the current Nehawu strike, he says that un-

der the circumstances the workers face it is difficult to comment. However, were these workers to be included in the LRA, under the conditions he outlines, he would be able to comment.

At the time of writing, fortunately no known casualties have occurred as a result of the hospital strike. The action marks one of many traumatic periods in the history of South African industrial relations but there is a possibility that it could be a turning point for the better for public-service workers.

The strikes could strengthen the National Manpower Commission proposal released in April, that certain sectors of the public service be "accommodated in a special way more or less along the lines that essential services would be accommodated (in the LRA)".

... also given a three-year suspended sentence.

Care Trip K/S/90 (98) (5/2/98)

Strike probe head named

PRETORIA. — A commission of inquiry investigating the recent GaRankuwa Hospital strike during which 20 newborn babies allegedly died will be headed by retired Appeal Court judge Mr P M Cillie.

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

Medical waste

249. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether consideration is being given to amending legislation relating to the disposal of medical waste, including human tissue, by (a) hospitals, (b) general practitioners, (c) pathology laboratories, (d) veterinarians, (e) clinics and (f) any other specified individuals or organisations; if not, why not; if so, (i) what legislation is involved, and (ii) what amendments are being considered, in each case?

Heansard 14/5/90 B639E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a), (b), (c), (d), (e) and (f) No. 98

no amendments to the Health Act, 1977 are being considered at present. All relevant local and international information regarding "medical waste" is being studied continuously and further action will be taken as and when the need arises,

(i) and (ii) fall away.

Court appearances without legal representation

305. Mr L FUCHS asked the Minister of Justice:

Whether his Department maintains statistics on the number of persons who appeared in courts in each province in 1989 without legal representation; if not, why not; if so, what are the relevant details?

Heansard 14/5/90 B785E

The MINISTER OF JUSTICE:

Statistics of persons who appeared in criminal proceedings in district courts (excluding minor traffic offences) without legal representation have been recorded since 1 December 1989. Similar statistics in respect of the regional

courts have been recorded since 1 February 1990, whilst none are being kept in respect of the Supreme Court. *Heansard 14/5/90*

The available statistics for the period 1 December 1989 to 28 February 1990 in respect of the district courts are as follows:

Cape Province	49 671
Orange Free State	11 615
Natal	20 619
Transvaal	39 498

I may add that, without detracting from the value and desirability of legal representation in general, indications are that a large number of persons are acquitted without legal representation. Indicative of this is that it is estimated that one out of five accused are convicted and committed to prison. Until we arrive, therefore, at the ideal system of complete legal representation, it is in a sense reassuring to know that accused appearing in courts are not necessarily prejudiced by a lack of legal representation. Our system of adjudication of criminal matters provides for various intrinsic safeguards to prevent miscarriages of justice.

Pollution of the sea by oil

327. Mr R J LORIMER asked the Minister of Environment Affairs: *Heansard 14/5/90*

(1) How many cases of pollution of the sea by oil occurred in 1989; *52*

(2) (a) what was the cost of combating such pollution in that year and (b) what amount was recovered from the owners of the vessels concerned?

B817E

The MINISTER OF ENVIRONMENT AFFAIRS:

(1) 130 oil spills were reported.

(2) (a) R247 692 was spent on responding to and combating potential or actual oil spills.

(b) The full R247 692 has or is being recovered from the insurers of the vessels, while R97 000 was collected in the form of admissions of guilt paid by vessels caught illegally discharging oil at sea.

Hospice group plans aid for Soweto, West Rand patients

98

THE Hospice Association of the Witwatersrand hopes to double the size of its existing in-patient unit this year and to establish programmes to meet the needs of the West Rand and Soweto.

At the official opening of national Hospice Week at the Witwatersrand association's Johannesburg headquarters yesterday,

Sowetan 15/5/90
SOWETAN Correspondent

Barbara Bauer, HAW projects co-ordinator, said a mandate to provide services in Soweto had been obtained at a function in the township at the weekend.

Hospice provides care for the terminally ill and their families as well as bereavement counselling.

Speaking at yesterday's opening ceremony, Stan Henen, HAW's chief executive, said: "The Government has all-too-often abrogated its responsibility and made no meaningful contribution to programmes such as hospice.

The time has now come for it to stand up and be counted.

"I believe that government should either match the private sector contribution or recognise companies' efforts by permitting corporate donations to fall within the gambit

of Section 18 (a) of the Income tax Act."

Guests at the function included the chairman of Johannesburg Consolidated Investments (JCI), Murray Hofmeyr,

whose organisation has over the past few years given financial support to HAW, and the mayors of Johannesburg, Randburg, Dobsonville and Alexandra.

Back to normal

98

THE situation was back to normal at eight hospitals in the Transvaal following the ending last Thursday of the strike by hospital workers, the Transvaal Provincial Administration reported yesterday.

All the workers who went on strike had returned to work, SABC Radio said.

The TPA and the Nehawu reached an agreement.

06/15/90
157

Cillie to head 'babies' probe

Staff Reporter

A former Appeal Judge, Mr Justice P M Cillie, has been appointed the chairman of a commission of inquiry into claims that 23 premature babies died as a result of a strike at the Garankuwa Hospital near Pretoria last month.

The commission will examine the causes and consequences of the strike which started on April 4 and ended eight days later and whether any children or patients died as a direct result of strike action.

It will also determine whether any person or organisation can be held liable for deaths which occurred during the strike and will make recommendations on how to prevent similar incidents in future.

The inquiry, which will be open to the public, replaces an investigation headed by the executive director of Health Services in the Transvaal, Dr Hennie van Wyk.

Doctors alleged during the strike that babies had died due to neglect as nurses and doctors joined the strike by non-professional staff.

The eight-day strike led to the virtual collapse of services at the hospital and patients had to be transferred to neighbouring institutions.

The date and venue of the commission are still to be determined.

expected to discuss whether or not
to begin lifting sanctions.

Paediatrics ^{Star} dept 'could' ^{16/5/90} close soon' ⁹⁸

~~Staff Reporter~~

Conditions at the "own affairs" J G Strijdom Hospital in Johannesburg are deteriorating and unless immediate steps are taken the once highly regarded paediatrics department could close within weeks.

This is the view of the only remaining full-time consultant at the J G Strijdom Hospital, Dr F van der Merwe.

Speaking at the University of the Witwatersrand Medical Students' Conference in Johannesburg last night, Dr van der Merwe described as a "total tragedy" the decision last year to declare the hospital an own affairs hospital and strip it of its academic status.

He said since the State acted a stream of valued staff members had left, with the following results:

- Four beds had been eliminated from the paediatrics ICU, leaving only three beds. Unless immediate action was taken the unit could close in less than two weeks.
- The hospital could no longer accept referrals.
- Without specialist consultants to advise medical officers on day-to-day matters, patient care had deteriorated.
- There was a shortage of medical officers.

To prevent further deterioration, the hospital should be amalgamated with the nearby Coronation Hospital, he said. This would attract senior staff and eliminate unnecessary duplication.

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New national health po

Cape Times 17/5/90 Political Staff (98)

HOSPITAL apartheid is dead — and with it goes segregation in ambulances.

The Minister of National Health and Population Development, Dr Rina Venter, yesterday outlined a new national health policy which not only spells the end of racial discrimination but also places the emphasis on primary health care — and socio-economic upgrading.

She told Parliament health services were to be restructured to provide the best possible care for all and to eliminate facilities being under-used, which would clear the way for the transfer of patients from heavily overcrowded hospitals to others with empty wards.

Before her speech in Parliament she told a press conference that the critical overcrowding at Durban's King Edward VIII Hospital had "top priority".

She said hospital superintendents would make the final decision on how hospitals would be integrated, but a set of guidelines would be provided.



Health Minister Dr Rina Venter leaves Parliament last night after her announcement on open hospitals.

Picture: ERIC MILLER

Other innovations she announced yesterday were that "private" patients in state hospitals would be charged "professional fees" instead of the nominal amounts and that the private sector could become involved in state hospitals.

But, she said, "the idea is not to sell hospitals". She explained that private doctors might be able to lease parts of existing hospitals.

Dr Venter also said that greater emphasis would be placed on primary health care, through mobile clinics and easy-to-erect clinics, in underdeveloped areas in an attempt to relieve the pressure on hospitals.

Socio-economic upliftment and a health education programme could prevent some people from having to be treated in hospitals.

Asked if hospital apartheid was dead, she replied: "The government has said apartheid is dead, so I would say yes."

She also confirmed that separate ambulances would be ruled out.

In her address, she said one of the aims of a health programme was to ensure the accessibility of health care to all people.

In squatter camps and rural areas it often was not available at all. But, she said, working on a norm of three hospital beds per 1 000 people there was a surplus of 11 700 beds in white hospitals and a shortage of 7 000 beds in black hospitals.

"To correct this the government has decided that the available capacity of beds in all hospitals must be accessible to all persons and that a model for orderly management be designed," she said.

Hospitals apartheid

Cape Times 17/5/90

'Expensive' transplant operation

HEAVILY subsidised organ transplants, such as heart and liver transplants, for foreign patients at South African hospitals are on the way out.

The Minister of National Health, Dr Rina Venter, said in her policy speech yesterday that it had already been approved that academic hospitals, which received 43% of the total health budget, would be able to increase their own income.

"This will mean that in future private patients will have to pay for the professional services which they receive at academic hospitals."

However, she also said certain hospital procedures, such as organ transplants, were "simply too expensive and cannot be financed by the private sector".

"To date the state bears the greatest responsibility for that kind of health service which is dependent upon expensive highly technological procedures.

"The fact that the private sector cannot bear responsibility for highly technological procedures, causes a very serious problem in all countries to provide this kind of health service."

It is reliably understood the government is considering ending expensive organ transplants for foreigners, unless they pay for the costs, and only providing subsidies for transplants for South African patients.

Meanwhile medical personnel have welcomed yesterday's announcement that hospital apartheid is to be scrapped.

The superintendent of Tygerberg Hospital, Dr J G L Strauss said: "This move will certainly make more beds available although the limiting factor is still the shortage of nursing personnel. He said he foresaw no problems in the implementation of the changes.

The superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman said

Health policy outlined

Hospital apartheid crapped

CAPE TIMES
17/5/90

98
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'Private' transplant operations for foreigners on way out

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The superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman said

the announcement was welcome and would be in the general interest of hospital services throughout the country.

A medical officer at a provincial hospital told the Cape Times that years of apartheid had left most hospitals impractically designed, and it would be difficult to implement changes.

However it was "the only sensible thing to do in the light of the economy of the health services and the future of South Africa".

He felt, however, that the changes may lead to dissatisfaction of some patients but with judicious planning "these sort of problems can be overcome," he said adding that the integration of some of the other hospitals had led to white patients "scurrying to the private hospitals".

A senior medical officer said the announcement was "long overdue" but would nevertheless greatly improve the drastic situation in the hospital services.

Dr John Steer, a spokesman for the Medical Association of South Africa, said the association had pursued this end for many years.

"It is a long overdue move but absolutely fantastic and can only benefit medicine in the country," he said.

The National Medical and Dental Association said it cautiously welcomed the steps but was concerned that the amount of emphasis placed on the privatisation of health care services had led to very few whites using the public health care services anyway.

"We are also afraid that only the white beds will be opened to blacks which is not the same as equal health care for all," said a spokesman yesterday.

"Often the overflow from the black side goes to the white wards so that the whites are still in a privileged position — the steps must lead to complete equality," he said. — Staff Reporter and Sapa

98
Dramatic policy change aims at ending segregation

White hospitals await influx

Political Staff and Sapa

White own-affairs hospitals around the country are bracing themselves today for opening their wards and beds to all groups following the announcement in Parliament yesterday that all hospitals will immediately be open.

Health Minister Rina Venter made the dramatic announcement when opening the debate on her budget vote. The Government's change of policy on hospitals comes in the wake of mounting pressure and repeated disruption of hospital services.

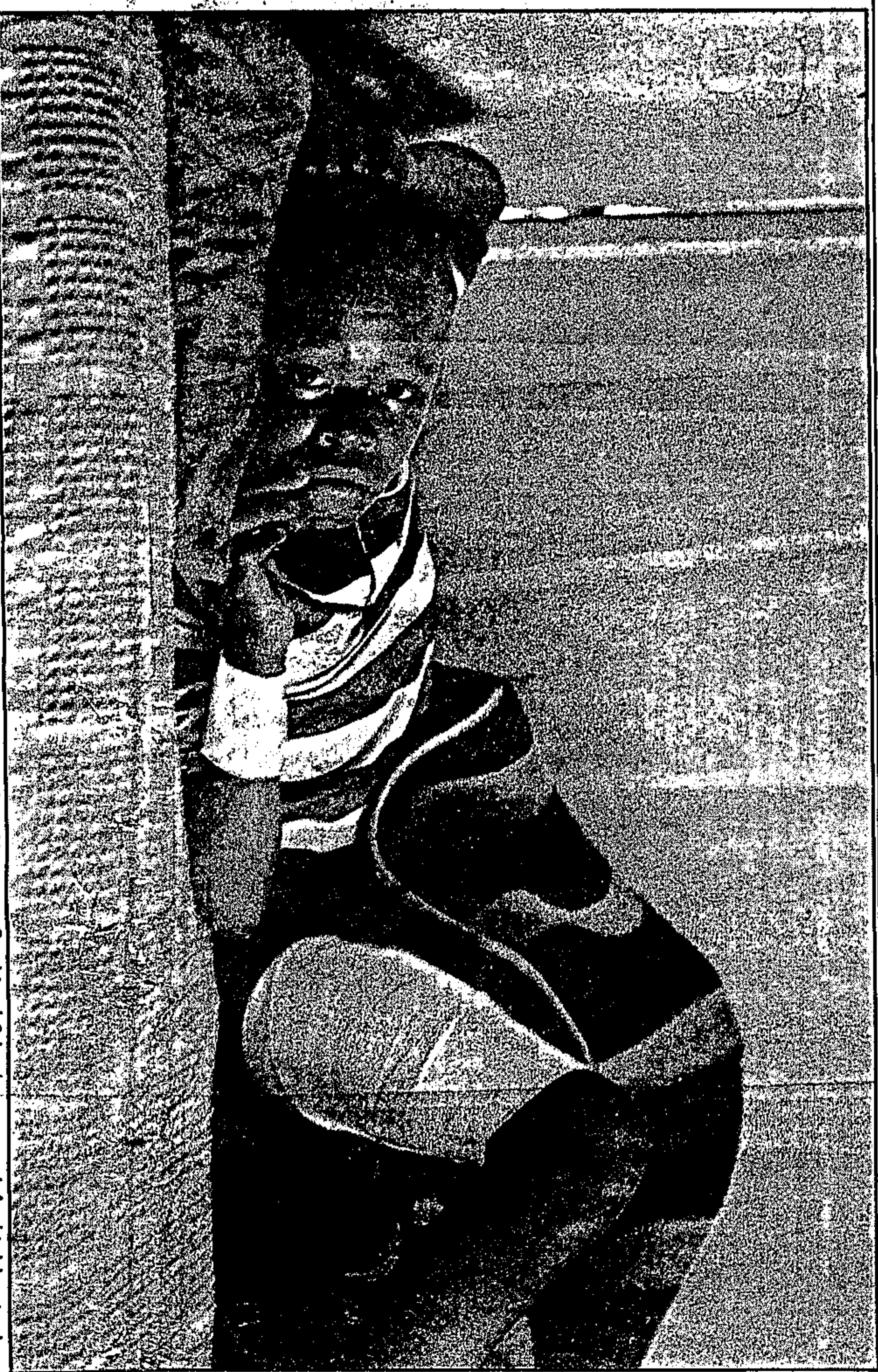
It is part of an apparent new policy of the Government to rid South Africa of discriminatory practices as soon as possible.

A further announcement concerning the desegregation of the 44 white own-affairs hospitals is expected today or tomorrow. This may give more clarity on how the policy decision is to be implemented.

It is the white hospitals which will bear the brunt of the policy change as they have several thousand empty beds while black hospitals are seriously overcrowded.

Dr Venter's announcement has met with immediate opposition from the Conservative Party. CP health spokesman Dr Willie Snyman said the reforms represented a breach of the NP's election promise that own facilities would be upheld. "We reject it as a definite broken promise on the part of the NP."

National Party, Labour Party and Democratic Party spokesmen, however, welcomed the move. DP health spokesman Mr Mike Ellis, however, queried Dr Venter's qualification that management of the hospitals must remain orderly.



Wounded . . . Nzimeni Joseph Tshabalala (13) of Maakeng, Kroonstad, a Std 5 pupil at Moepeng Combined School, was struck by birdshot in the thigh, buttocks and penis. Police said three youths aged 13 to 15 went to hospital with shotgun wounds. ● Picture by Sean Woods.

Victim of police ambush named

By Montshiwa Moroke

wounded in the thigh, buttocks and

WERRETT

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'Tremendous hope'

"What does this really mean? Does it mean that hospitals won't be truly open to all, or that they may accept patients from race groups but wards remain segregated?" he asked.

Dr Venter promised to explain when she replied to the debate later.

The Minister of the Budget in the coloured House of Representatives, Mr Miley Richards, said that the announcement had brought "tremendous hope".

NP spokesman Dr J J Vilonel said the announcement was precisely in line with what the State President said would be done. "We will get rid of the remains of apartheid."

In her speech yesterday, Dr Venter also announced that nurses are to receive a special allowance backdated to April 1.

And she said health services are to be reconstructed on the basis of five principles: accessibility of services, efficacy of care programmes, affordability of services, equity in provision of services, and acceptability of services.

Dealing with accessibility, she said that if a norm of three beds per 1 000 population applied, there was a surplus of 11 700 hospital beds for whites and a shortage of 7 000 for blacks.

To correct this, the Government had decided that available beds in all hospitals be accessible to all people, and that a model be designed to manage this in an orderly fashion.

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Govt abolishes all hospital apartheid

BIDAY 17/5/90

98

CAPE TOWN — Hospital apartheid in the 246 provincial hospitals was abolished by government yesterday.

Announcing this, National Health and Population Development Minister Dr Rina Venter said empty beds in all provincial hospitals would be made available immediately to all people on a non-racial basis. This would also apply to provincial ambulance services, she said.

"Apartheid in all provincial health services will end today. There are no legal restrictions prohibiting this — we need not wait for the abolition of Separate Amenities. Hospital superintendants are in a position to admit people," Venter said at a Press conference ahead of the debate on her budget vote in Parliament yesterday.

But, she stressed that while this would open the way for the transfer of patients from critically overcrowded black hospitals to white hospitals with spare capacity, empty white wards would not all be filled overnight, simply because the necessary funds and manpower were not available.

Asked whether there would be separate wards in hospitals, she said superintendents would have the final say on where patients were placed. But, services would first be offered to people in the area in which a hospital was based.

Yesterday's announcement came a day after government said it had abandoned its policy of independence for homelands and it was prepared to consider a single education department for all.

House of Assembly Health, Welfare and Housing Minister Sam de Beer said in an interview yesterday he had announced earlier this year that the 44 hospitals governed by his department were not exclusively

LESLEY LAMBERT

reserved for whites.

"My department also paved the way this year by making wards at the J G Strydom Hospital available to patients of the Coronation Hospital," De Beer said.



● VENTER

● DE BEER

But, in line with Venter's statement, he said full use of hospital care and training capacity would depend largely on the availability of funds and manpower.

Venter said her announcement did not imply that the 14 health departments in SA and the homelands would be incorporated into a single health authority. The own affairs principle was contained in the constitution and would have to be addressed by government.

Opening the parliamentary debate, Venter announced a five-principle plan to

reconstruct the national health service. The plan would be aimed at achieving accessibility and affordability of health services, efficacy of health care programmes, equity in the provision of health services and acceptability of the services.

Venter said government's aim was to rationalise and manage hospital services in a way which would ensure the most efficient provision of services to all South Africans within the limits of available funds. If it succeeded, dramatic changes would be seen in health services within the next five years, she said.

One of the main aims of the programme was to ensure that health care was accessible to all people, especially in the squatter and rural communities where services were frequently not available. Venter said it was important to address the current system where, if a norm of three beds per 1 000 people was applied, there was a surplus of 11 700 beds in white hospitals and a shortage of 7 000 in black hospitals.

Government would turn to the private sector for financial assistance and it was possible that the private sector would be offered the use of uncommissioned wards for a fee, she said.

Because the root of the country's health problems lay in the socio-economic conditions in which many people lived, greater emphasis would be placed on the development of primary health care centres, Venter said.

Addressing medical staff's dissatisfaction over work conditions and salaries, Venter said the Commission for Administration's inquiry into career adjustments for nurses was complete.

● Comment: Page 8

Medi-Clinic confident of even better year ahead

8/10/90
17/5/90
STEPHEN RICHTER (98)

MEDI-Clinic has rewarded its ordinary shareholders with a maiden 3c dividend for the financial year ended March.

During the period under review, earnings jumped to 12,4c (4c).

But Medi-Clinic is benefiting from accumulated tax losses which exempts the private hospital group from taxation. If the results had been calculated on a fully taxed basis, earnings per ordinary share would have been reduced by 50% during both years.

The directors indicate that the improved results at the interim stage were sustained during the final six months of the year. This helped to lift trading income to R16,2m from R10,7m.

Earnings increased because of continued satisfactory occupancy levels at the group's larger hospitals. In addition, the newly acquired Louis Leipoldt Hospital made a substantial contribution.

Favourable interest rates as well as the effective management of cash resources also enhanced group performance as net interest received more than doubled to R3,6m from R1,6m.

Management is optimistic earnings will improve in financial 1991. But it is hesitant to make a specific earnings projection because of the uncertain effect of the salary increases in government hospitals.

Hospitals

Sowetan 17/5/90

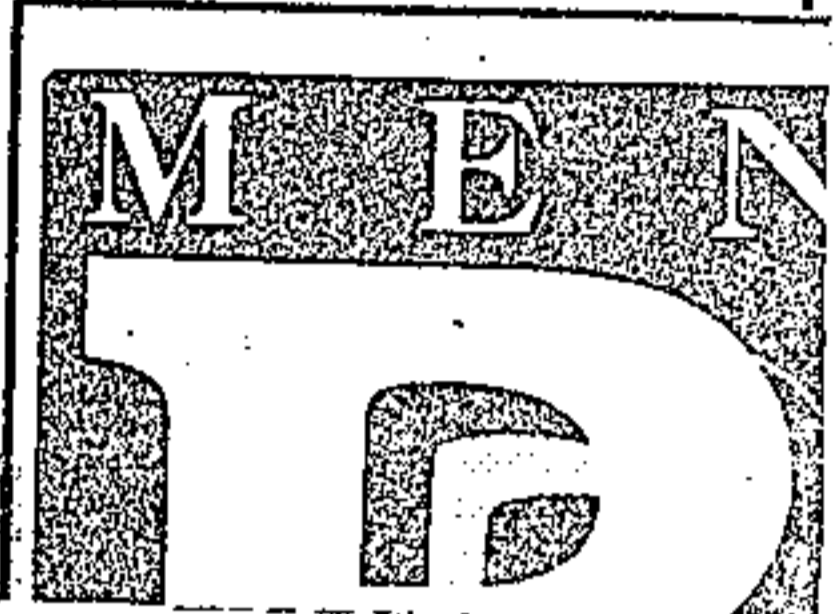
now open

98

Cup Final
 DON'T miss your full-colour pictures of Castle Challenge finalists Iwisa Kaizer Chiefs and Moroka Swallows in tomorrow's Sowetan.

THE Government has decided that all beds in all hospitals must be accessible to all people.
 This was announced by the Minister of Health and Population Development, Dr Rina Venter, in the debate on her budget vote in Parlia-

ment yesterday.
 Venter also announced that nurses were to receive a special allowance from April 1, 1990 and that the country's health services were to be reconstructed on the basis of five identified principles concerning:
 * Accessibility of health services;
 • To Page 3



SOWETAN Thursday May 17 1990

Page

All hospitals open

98

- * From Page 1**
- * Efficacy of health care programmes;
 - * Affordability of health services;
 - * Equity in the provision of health services; and,
 - * Acceptability of health services.

Dealing with accessibility, she said that if a norm of three beds per 1000 population applied, there was a surplus of 11700 beds for Whites and a shortage of 7000 beds for Blacks in hospitals.

To correct this, the Government had decided that the available capacity of beds in all hospitals had to be accessible to all people and that a model be designed to manage this in an orderly fashion.

However, hospital care was not the greatest need in South Africa to

bring accessibility to a satisfactory level. It had been decided that greater balance be obtained between primary health care and services in hospitals.

Dealing with efficacy of health care, the Minister said it had been decided to develop a national policy within set principles to ensure efficiency.

This would ensure that rationalisation took place where possible, that national standards within affordable limits ensured the rendering of services, and that nationally planned services would keep account of the health needs of the total population.

She then announced that all nurses would receive a special allowance and that the inquiry of the Commission for Administration into

specific career adjustments for nurses had been completed.

"It is currently being cleared up with all interested parties," she said.

Other problems which had come to the fore in the investigation were also being addressed.

Dealing with affordability of services, Venter that said before any new hospitals were built a re-evaluation of all areas in the country would have to be made.

"The approach to this evaluation will be that all hospitals are accessible to all persons and that no facility may remain under-utilised while new ones are being built."

The full use of all the hospital care capacity and academic facilities the Government has available was, however, subject to the availability of funds. Solutions in this case

would have to be sought in the private sector.

"In order to make health care more affordable, the importance of primary health care is once again stressed."

"The relative low cost of establishing and running community health centres immediately ensures the increase of our aim of affordable accessibility.

A model for greater management independence for academic hospitals was being developed and two solutions had already been approved. - Sapa.

Hospital and health reforms are praised

Staff Reporters

The hospital and health sector reforms announced yesterday by the Minister of Health and Population Development, Dr Rina Venter, have been widely hailed in health circles as a positive step.

Last night the chief superintendent of Baragwanath Hospital, Dr Chris van den Heever, said yesterday was "a red letter day for the South African community from a health point of view".

He said the organised medical profession had long been arguing for the implementation of the approach outlined in Parliament by Dr Venter.

"From the point of view of someone who has been working in the black areas for the past 14 years, I am particularly pleased about the Minister's reference to primary health care and the opening of all facilities to all races."

He said he was also very excited about the section of the Minister's statement which dealt with the question of a more equitable distribution of funds for primary health care purposes.

"Obviously one would have to study this in detail but, if called upon, we would like to participate, with Wits University and the province, in formulating this policy."

Impressed

National Education Health and Allied Workers' Union (Nehawu) organiser Monde Mditshwa said the Minister's announcement should be applauded as a step in the right direction, "particularly as it refers to making all beds accessible to all people".

"We are also impressed by the shift in emphasis from curative to preventative medicine," Mr Mditshwa said.

"Obviously the announcement that nurses of all races will receive allowances is encouraging, but we want night shift and travel allowances for all health workers — not just nurses."

He said the principles underlying the announcement demonstrated that the authori-

ties were at last prepared to listen to the demands of the people, but added that the new policy would fail unless all communities were involved in their implementation. He said the recent hospital strike undoubtedly had a major impact on Government policy.

Professor John Milne, Wits University's dean of medicine, said:

"This is a very positive, marvellous first step, but once all the dust has settled and all the existing facilities are used optimally, we may well find that further facilities will be required in future, requiring more expenditure."

"In terms of primary health care Dr Venter is absolutely correct in saying much more must be done at a community primary health care level."

Professor Milne said he also welcomed Dr Venter's announcement on nurses' salaries, but added that the current crisis in the nursing profession would only be resolved if the take-home pay packages of nurses was sufficiently upgraded.

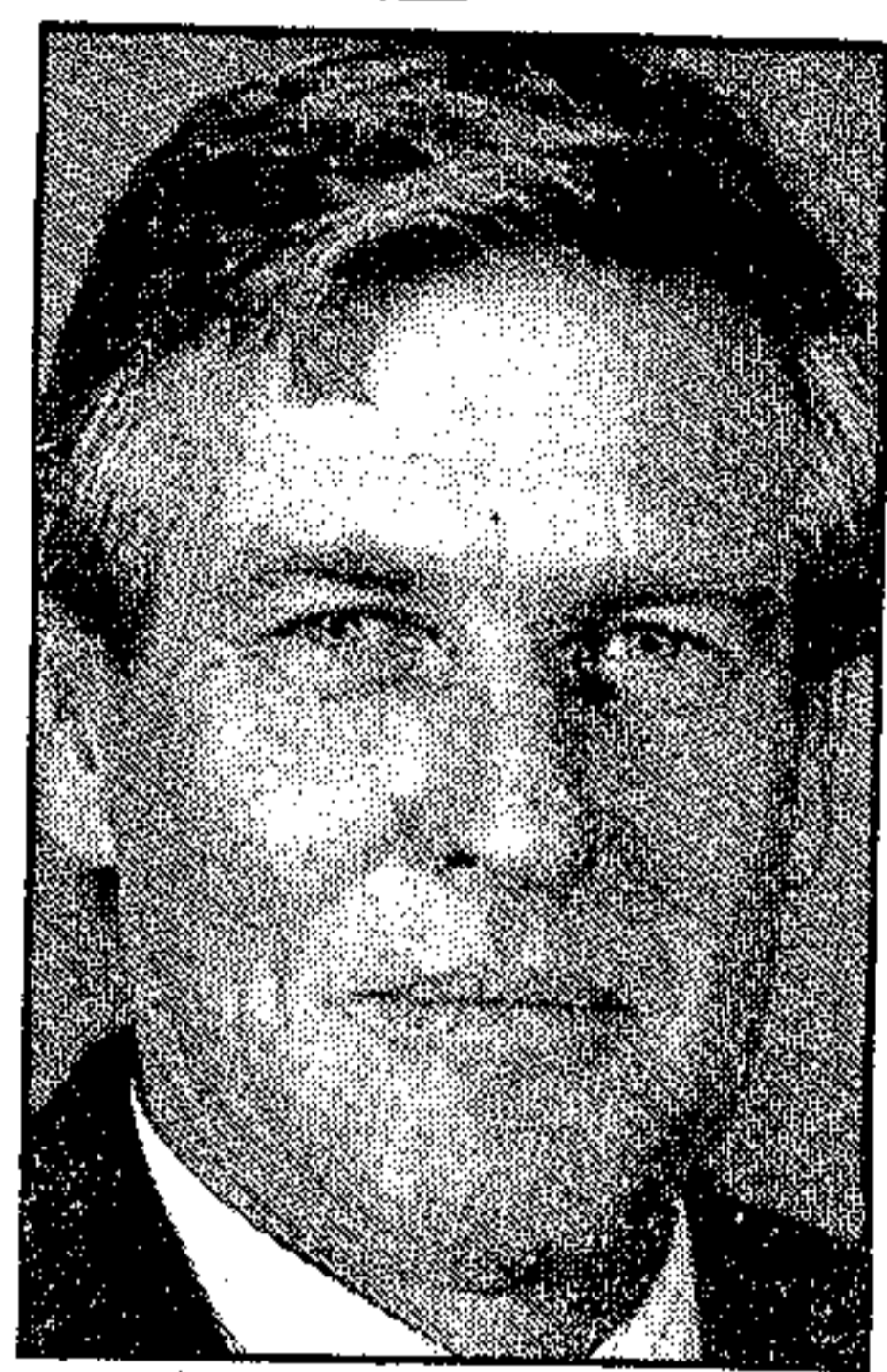
Miss Odelia Muller, president of the Nursing Association, said her members had positive feelings about the situation, "not only about the allowances which will be implemented from April 1 but also about the salary structure changes that are going to be announced in July".

Refik Bismilla, the national general secretary of the South African Health Workers Congress (Sahwco), said the organisation welcomed the move as an indication that the struggle to open up all health services was finally beginning to bear fruit.

He said Sahwco saw the



Dr Chris van den Heever of Bara . . . red-letter day.



Professor John Milne of Wits . . . marvellous.

move as resulting from the mass struggles waged against segregated health services, particularly last year's defiance campaign, during which black patients sought treatment at white hospitals.

He said Sahwco believed that a lot more had to be done to address imbalances in the health status of different communities in the country.

Towards this end, the 14 different departments of health should be replaced by one national health service.

There had to be a conscious effort to train community health workers on a large scale and to address the imbalances between white and black health care.

The head of the Azanian People's Organisation's health secretariat, Matlejoane Marishane, said although the move was a step in the right direction, it fell short of addressing the real problem.

He said the main problem was the duplication between black and white, with the

homelands creating extra complications. He also called for the establishment of one department to equitably distribute resources.

Dr Bernard Mandell, chairman of the Medical Association of South Africa's federal council, said Masa had on numerous occasions objected to the fact that several hospitals were over-utilised while others were relatively under-utilised.

"This decision of Government is a step in the right direction in making an equitable health service available to all South Africans," Dr Mandell said, adding that an affordable, accessible, efficient and acceptable health system could only be achieved if health services were not fragmented.

A spokesman for the National Medical and Dental Association (Namda), Dr Max Price, said Dr Venter should be congratulated "on finally agreeing to the demands

which the progressive health sector has been making for many decades".

A spokesman for the Doctors' Liaison Committee at Coronation Hospital, Dr Joe Veriawa, also welcomed Dr Venter's announcement.

"One of the main reasons our committee was formed was to try and speed up the integration of the hospitals on a non-racial basis.

Ethical

"We hope that when the hospitals are opened, they will reflect a truly non-racial character. If this is to happen then our ethical values in the medical field have truly advanced. If the hospitals are totally non-racial then the concept of own affairs will collapse."

Coronation Hospital and its "whites only" counterpart, the J G Strijdom Hospital just 1 km away, both fall under own affairs administration.

Dr Cedric de Beer of the Centre for Health Policy Studies at Wits University, said:

"We welcome unreservedly the opening of all hospitals to all people and the commitment to the principles outlined by Dr Venter is excellent (referring to the five principles mentioned in her speech). These are internationally accepted principles which should be accepted by South Africa.

"This is something which we have been calling for for years. The more rational use of space — opening all beds to all patients — will help alleviate overcrowding in the black hospitals.

"Now there doesn't seem to be any logic to maintaining the own affairs and general affairs institutions."

Hospitals opening hailed in UK as triumph

LONDON. — The South African government's announcement that it is scrapping health apartheid was hailed in the press here yesterday as a diplomatic triumph on the eve of President F W de Klerk's historic meeting with British Prime Minister Mrs Margaret Thatcher.

The move, clearly timed to coincide with the visit, will strengthen Mrs Thatcher in her resolve to continue her policy of rewarding the government for moves away from apartheid by lifting further sanctions.

Anti-apartheid activists are faced with a dilemma: They fear that as petty apartheid is scrapped, international sanctions could collapse, robbing blacks of their main leverage in negotiations.

In reporting the health change and suggestions of a single non-racial education system, The Times also quoted at length from the criticism by Mr Gene Louw, the Home Affairs Minister, of the Population Registration Act.

In South Africa the hospitals move has been warmly welcomed by United Municipalities of SA president Mr Tom Boya, who called on the government yesterday to do away with "own affairs" departments immediately and establish one health department.

The SA Nursing Council has joined other medical organisations in welcoming the government's decision. — Own Correspondent, Sapa

Verwoerd hospital is open to all

Sowetan 18/5/90

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THE HF Verwoerd Hospital in Pretoria, along with the Kalafong and Garankuwa hospitals, yesterday opened its doors to patients of all races.

The director-general of the Department of National Health and Population Development, Dr Coen Slabber, confirmed that the open-bed policy also applied to out-patient departments.

Should funds become available, the new policy means that more 500 beds - about half of the existing number - at the HF Verwoerd Hospital will be opened.

This will result in the

SOWETAN Correspondent

filling of more than 740 nursing posts required to cope with a full complement of patients.

However, it will have little effect on conditions at either Kalafong or Garankuwa hospitals.

Medunsa principal Professor Louis Taljaard said the announcement would have little effect on the number of patients at Garankuwa Hospital.

He said the real problem in most black hospitals lay not with patient numbers but with the need to improve the available facilities.

The successful implementation of the new policy, said Minister of Health and Population Development Dr Venter, would depend on the availability of funds.

She said the commissioning of vacant beds in provincial hospitals

would run to millions of rands and would take time.

The private sector would be asked to help make more beds available in hospitals, but the privatisation of State hospitals would not be considered.

However, she did not expand on this statement.

Both the South African Nursing Council and the South African Nursing Association have warned that nursing staff levels, which were cut back when wards in provincial hospitals closed, would have to be addressed before the open-hospital policy could be implemented.

The new policy will place further strain on budgets at HF Verwoerd, Kalafong and Garankuwa Hospitals, where 10 per cent cutbacks on admissions were introduced by the Transvaal Provincial Administration in January.

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Political Staff

A white baby has a six times better chance of surviving the first six months of its life than a black baby.

This has emerged from the address to Parliament by the Minister of National Health and Population Development Rina Venter, in her budget debate.

The infant mortality rate per 1 000 live births was 9,3 for whites and 60,6 for blacks.

Nearly 50 percent of the South African population was urbanised. By the year 2000, 62 percent of the black population would be urbanised. This would have far reaching effects on health care needs, its cost and financing, Dr Venter said.

Developing countries spent between two percent and three percent of their gross national product on health care, whereas developed countries spent between five percent and 12 percent. South Africa spent 5,4 percent of GNP on health care, and this could limit future health care provision, Dr Venter said.

Destructive lifestyles

Adequate water and sanitation would avoid many diseases resulting from unhygienic and poor socio-economic conditions. But on the other hand many health problems in developed countries were caused by destructive lifestyles, like vehicle accidents, smoking, stress, alcohol and drug abuse.

Dr Venter said at the end of last year, there were 5,78 million beneficiaries of medical aid and medical benefit schemes. They covered 68,8 percent of the white population group, 33,8 percent of Asians, 30,2 percent of coloureds, and 5,5 percent of blacks.

This was 19,5 percent of the South African population. Adding the schemes which covered the transport and uniform services, 21 percent of the population were covered by medical schemes.

"This means that 79 percent of all South Africans are dependent upon State health services," Dr Venter said. A quarter of these people received the services free, 71 percent paid a small amount, and

Black babies' survival poor, says Minister

four percent paid the full tariff of R10.

As long as families existed in low socio-economic living conditions, where there was no clean water and sanitation available, there would be a shortage of beds for babies with gastro-enteritis.

"The answers cannot be found in the hospital, but outside in the community."

And as long as South Africa had one of the highest road accident figures in the world, there would be a shortage of beds for trauma in intensive care units.

"As long as our child mortality rate stays unacceptably high, we shall have problems with our population growth. As more babies died in underdeveloped communities, so the birth rate escalated.

"As long as the literacy figure for blacks stays low, we will have a high child mortality rate.

"As long as we are not able to curb the violence of low socio-economic living conditions, we will be inundated with patients at casualty sections in our hospitals.

"As long as we are unable to succeed with our education programme to promote healthy lifestyles, we will have patients who are the victims of over-indulgence of alcohol, too much smoking and too little exercise," Dr Venter said.

The reconstruction of health services had to run parallel with the socio-economic upgrading of communities, Dr Venter said, and this was the joint responsibility of all Government departments.

Lack of resources bedevils open hospitals

B10am 18/5/90

A SHORTAGE of manpower and money will prevent Johannesburg Hospital from filling about 600 empty beds with patients from overcrowded Baragwanath, Hillbrow and Coronation hospitals.

This is despite National Health and Population Development Minister Rina Venter's desegregation of hospitals allowing for redistribution of patients from packed hospitals to half empty white ones.

Transvaal Provincial Administration (TPA) hospitalisation chief director Pieter van den Berg said there were no hospitals in the Transvaal with too many beds. Hospitals with empty beds did not have the staff to man them.

He said under-utilised hospitals like Johannesburg Hospital would be used only when more nurses, doctors and funding were made available.

Exactly how many extra nurses would be needed had not been quantified. At the

TANIA LEVY

end of January, 25% of approved nursing posts at Johannesburg Hospital were vacant, according to TPA figures. At least R225 000 would be needed to run the 600 unused beds at Johannesburg Hospital, given that it cost R375 a day per bed.

While there were 833 in-patients at Johannesburg Hospital, 2 209 of Baragwanath Hospital's 2 748 available beds were occupied. Because of the recent non-medical hospital staff strike, Baragwanath was not overcrowded but usually an additional 1 000 patients filled the hospital to overflowing, TPA hospital services liaison officer Jan Loubser said.

National Medical and Dental Association spokesman Max Price applauded desegregation of hospitals, but said the entire hospital system had to be restructured.

Welcoming government's moves to open

hospitals, United Municipalities of SA president Tom Boya said it was now time to do away with "own affairs" and establish one health department to cater for all. Clinic Holdings executive chairman Barney Hurwitz congratulated Venter on her budget speech and determination to better utilise existing facilities. He said co-operation between the private sector and the state was imperative.

DP health spokesman Mike Ellis said clarification on government's policy regarding the country's fragmented health services was needed.

"Venter was unbelievably vague. Does she mean hospital admissions will now be on a first-come-first-serve-basis, or is there a hidden element of apartheid still lurking in government's plans," he said.

A spokesman for Venter said yesterday she was not yet in a position to say how much it would cost to bring beds "back on line".

W/Mail 18/5 - 24/5/90

State service unions could benefit from TPA's hospital deal

98

WHEN the hospital strike on the Reef ended last week, its consequences were felt far beyond the hospital wards that had been paralysed for 10 days by the stoppage.

The Transvaal Provincial Administration agreed to effectively recognise the National Education Health and Allied Workers' Union (Nehawu) and to bargain with it over wages. This was the first time ever that a government department agreed to deal with a union in this way.

The precedent will have a dramatic effect on the position of about one million workers employed in the schools, municipalities, prisons, local government, the police force and other state departments that make up the public service.

In the six-month period that preceded the health workers' strike, thousands of these workers took part in militant industrial action, despite official rulings that this was forbidden.

"The notion that most of these strikes in the public service are illegal was finally debunked during the negotiations to end the hospital dispute," says Nehawu's lawyer, Jonathan Joffe.

During the negotiations over the strike, the union's argument that the Public Service Act does not outlaw strikes and unions was accepted by the TPA.

This, together with the precedent set by Nehawu's agreement with the TPA, is likely to boost the militancy sweeping through the state sector.

"The agreement is a victory for the entire labour movement in that it is another step in the battle to win basic worker rights from the state in the public sector," said Nehawu general secretary Sisa Njikelana.

In January a bitter strike by 40 000 railwaymen was settled after scores of workers were killed in police shootings or battles between strikers and non-strikers.

This was followed by a stoppage, which came to be dubbed the "chalks down" strike, by some 6 000 teachers in schools on the Witwatersrand.

The teachers went back after the government promised to give urgent attention to inequalities in their wages and the allocation of resources to segregated black schools.

While the teachers' protest was in progress, black police officers and prison warders formed their first union and staged sit-ins and demonstrations against discrimination in the force. This led to the sacking of at least 30 officers from the police and prisons services, including Lieutenant Gregory Rockman, who founded the the Prison Officers and Police

The most far-reaching consequence of the settlement of the hospital strike is the recognition of the union by the Transvaal Provincial Administration. EDDIE KOCH reports

Civil Rights' Union (Popcru).

Tumult in the sector has set in motion a series of divergent approaches to the regulation of labour conflict in the state sector.

The government plans to table a Public Service Bill during this session of parliament. The draft law recognises trade unions and creates a collective bargaining forum to negotiate wages and other work conditions. However, it places a strict ban on strikes in the sector.

The Congress of South African Trade Unions (Cosatu) has mounted a campaign to demand that all government employees be covered by the Labour Relations Act.

The Public Service Act (PSA) does not cover the railways and postal services, which each have their own pieces of legislation. The prisons and police force are covered by the PSA as well as their own legislation. And, to compound the situation, the labour laws covering each of these sectors and parastatals will fall away if and when they become fully-fledged privatised companies.

Some unionists argue it would be much simpler to apply one system to all workers and to limit the right to strike in "essential services". They reject the way all government institutions have been defined as such and insist on the right to strike in public sector.

The National Manpower Commission (NMC), the government's advisory body on labour matters, is redrafting the Labour Relations Act (LRA). A working document released by the NMC this month indicate thinking on the commission is in line with these demands.

"It is now common cause that prohibitions on strikes don't work ... that there are often legitimate reasons why workers go out and that these need to be dealt with," says Joffe.

The position of public sector workers was discussed this week at a unique conference between representatives from Cosatu, the National Council of Trade Unions, the Department of Manpower, big business and the International Labour Organisation. They met in Harare this week to discuss a new labour dispensation for South Africa.

Star 18/5/90

98

Confusion as hospitals open to all

By Carina le Grange and
Political Correspondent

Health Minister Dr Rina Venter is expected to give more clarity today to her announcement on Wednesday that hospital apartheid is to be scrapped.

She will be replying to the debate on what the Democratic Party called a "vague and badly worded" statement outlining the National Party's shift away from health apartheid.

While recognising the significance of Dr Venter's assurance that the Government had decided to correct an imbalance in the accessibility to hospitals by blacks and whites, many have expressed doubts about the actual mechanics of the model that is being designed to "manage this in an orderly fashion".

Leeway

She had indicated that hospital superintendents would have a say in how the new policy would apply. Among the questions raised in debate was how much leeway superintendents would be allowed, and whether this would mean that all hospitals would be fully or only partially integrated.

Dr Venter did make clear at the close of debate yesterday that her negotiations with the National Education, Health and Allied Workers' Union (Nehawu) to end the hospital strike in the Transvaal had had no bearing

on the Government's groundbreaking decision to lift race bars at hospitals.

Hospitals and the Transvaal Provincial Administration (TPA) were uncertain yesterday what the practical implications were of Wednesday's announcement by Dr Venter.

While many people, especially doctors at black hospitals, rejoiced at the announcement, inquiries by The Star at major hospitals were referred, with the exception of Baragwanath Hospital, to the TPA.

A TPA spokesman was also in the dark, however, about the implications of Dr Venter's announcement and referred all inquiries to the Minister.

Dr Venter said on Wednesday that all State hospitals would be opened immediately as part of the far-reaching restructuring of health care services.

Yesterday, the Health Services Minister in the House of Assembly, Sam de Beer, said 44 white own affairs hospitals were open to all race groups.

The TPA spokesman, however, said the administration had received no explanation of the practical implications and said questions could not be answered. Hospital Services MEC Fanie Ferreira was not available.

● The public relations officer for Baragwanath Hospital, Annette Clear, said it had always been Baragwanath's policy to treat and admit all emergency cases, regardless of colour.

Top physician hits at 'appalling' Bara

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18/5/90

BARAGWANATH Hospital continues to experience "appalling conditions, inadequate facilities and overcrowding", a senior physician at the hospital, Dr David Blumsohn, said yesterday.

Delivering the first Leo Schamroth memorial lecture in honour of the former chief of Baragwanath's cardiology department, Blumsohn paid tribute to the achievements of Dr Schamroth, his battle against injustice and for the needs of sick people.

Blumsohn, who is in the hospital's department of medicine, also referred to the recent hospital strike.

"Leo Schamroth fought against appalling conditions, completely inadequate facilities ... And his pleas fell upon the ears of what he called an 'insensitive, un-sympathetic, misguided provocative administration'.

"Because these conditions still prevail some easing of the dreadful overcrowding and squalor was thanks only to the generosity of the private business sector, persuaded by the ex-Wits principal and vice-chancellor (Professor DJ du Plessis), not to the management, who, in fact, even instituted intimidation," Blumsohn said.

Labour funds for hospitals?

90 Political Staff

THE need for labour-relations experts to deal with labour disputes at hospitals was of vital importance, National Health Minister Dr Rina Venter said yesterday.

Replying to the MP for Port Elizabeth Central, Mr Eddie Trent, who asked for the appointment of labour-relations experts at hospitals, the minister said the appointment of specific occupational groups was a matter for the Public Service Commission.

Whether such a group should be appointed or whether ad hoc consultants should be used would be considered.

Hospital must buy its own computer

98

capl Trips 19/5/90

Political Staff

THE government says Groote Schuur Hospital will have to find its own money to buy a new computer for its stricken cancer unit.

The Minister of Health, Dr Rina Venter, said the hospital would have to find the money out of its own budget. The hospital's budget is R303 million and it has an additional income of R9 million.

Dr Venter said the needs of the radiotherapy unit were about 0,5% of the total budget and "should surely be dealt with by determining priorities".

She also said she wanted to state clearly that the running of the hospitals was the responsibility of the provincial administrations and the hospital staff.

This should be done within the government's policy framework.

"I can therefore not react to issues of local and provincial administrations," she said during her vote in reply to questions by the Democratic Party MP for Groote Schuur, Ms Dene Smuts.

Rina rules out lottery

Political Staff

THE government has again firmly rejected the establishment of a state lottery to help finance the country's health services.

The Minister of National Health, Dr Rina Venter, yesterday said she could state categorically that the government would not consider amending the Gambling Act.

She said the matter had been thoroughly investigated, but "in South African society at present" it was not a viable option.

Dr Venter was replying to a call for a state lottery by the National Party MP for Jeppe, Mr Hennie Bekker.

With both President F W de Klerk and Dr Venter firmly rejecting lotteries, the chances of one being launched are remote.

Dr Venter's statement means that the government will not help provide the R1,5 million needed to finance the replacement of the planning computer in the radiotherapy department at Groote Schuur Hospital.

The existing computer has broken down completely, jeopardising the treatment of cancer patients at the hospital.

Ms Smuts said yesterday that some patients with curable cancers were being sent home to a slow but certain fate because the computer had broken down.

The treatment of cancer patients in the East London and Port Elizabeth areas has also been affected by the breakdown.

As far as the government is concerned, the new computer will have to be funded by the hospital itself by reallocating its budget, or by the Cape Provincial Administration coming to its assistance.

Dr Venter said the government had great appreciation for the work done by the academic hospitals, such as Groote Schuur and Tygerberg.

However, the management of these institutions could be more effective, by accepting greater managerial responsibility, increasing income through the imposition of professional fees and establishing management courses specifically directed at the needs of these hospitals.

19/5/90 (98) (111)

Colour no bar, vows Venter

POLITICAL STAFF

CAPE TOWN — Dr Rina Venter, the Minister of National Health, assured yesterday that no one would be refused admission to any hospital on the grounds of colour.

She cleared up uncertainty over her announcement earlier this week that available beds in all hospitals must be accessible to all.

Describing the State move as a fundamental adaptation of a policy, Dr Venter told Parliament in her closing address on her budget vote that all provincial Administrators had been told to apply the new policy.

Though no person would be refused admission or medical treatment purely on colour grounds, the policy would take some time to emerge fully — it could not happen overnight.

She added that there were already hospitals which took patients of all races.

The admission of patients to hospitals had to be managed in an orderly fashion. Criteria would be the availability of beds and of facilities.

Other reasons such as religious beliefs and communication needs could affect the grouping-together of some patients, but this had nothing to do with colour.

Policy guidelines would soon be available to all hospital superintendents, Dr Venter said.

They would be able to decide whether a bed was available. If a hospital was full — it was full.

Regional hospitals would first have to see to the needs of people in their areas, she added.

Hospital race laws will be abolished 'without delay'

20/5/90 STimes



RINA VENTER
No-nonsense reformer

By **NORMAN WEST**: Political Reporter

ALL South Africans, regardless of colour, will from now on be obliged to take their medicine in mixed wards and no nonsense.

And stubborn hospital superintendents who persist in using colour as an excuse to exclude patients will be severely dealt with, Health Minister Dr Rina Venter has warned.

She also announced yesterday that legislation was being prepared to implement the Government's directives to scrap apartheid in hospitals. The new laws could be introduced in Parliament

during the current session.

She said the open-hospitals policy was being implemented with the agreement of the "Own Affairs" Health Ministers, Dr Sam De Beer (Assembly), Mr Chris April (Representatives) and Mr Baldeo Dookie (Delegates).

There was a surplus of 11 700 beds in "white" hospitals and a shortage of 7 000 beds for "blacks", so no new hospitals would be built in the short-term until the under-utilisation of beds had

been corrected. (98)

She stressed the policy would be implemented immediately and was binding on all provinces and all superintendents.

She said a management model for open hospitals was being developed. Race would in future be irrelevant.

She said superintendents would be subject to central policy and be responsible for the standard of services to all patients.

"If it came to my attention

that any superintendent had neglected to implement this new dynamic policy, or that he had caused any patient to be disadvantaged in any way, he will be dealt with swiftly and effectively," said Dr Venter.

Dr Venter emerged as a no-nonsense reformist during the debate on her ministry's budget this week.

She said the CP had raised "no real objections" to the policy's basic principles "which illustrates that only these adjustments can ensure workable and honest management of health services in

the future".

When Labour Party MPs persisted in expressing scepticism about the new policy, Dr Venter told them bluntly that the time had come for them "to write new speeches".

"Certain members seem to find themselves in trouble because the things they want to shout about have dried up," she said.

Smuts hits back over GSH crisis

THE Democratic Party MP for Grootte Schuur, Ms Dene Smuts, has hit back at accusations that she is manipulating the crisis at Grootte Schuur Hospital for political motives.

Yesterday she said the government and the National Party MP for Bellville, Mr Niels Ackerman, were throwing up red herrings about funding the equipment necessary for the cancer unit.

The government should not be allowed to shrug off its responsibility, she said in a statement.

During the National Health Vote in Parliament last week, Mr Ackerman accused Ms Smuts of manipulating the Grootte Schuur for political motives and challenged her to tell the public whether Grootte Schuur Hospital had spent its entire budget over the past two years on equipment.

On Friday, the Minister of National Health, Dr Rina Venter, said the hospital would have to finance the replacement of the cancer unit's planning computer, which has broken down irretrievably, out of its own resources.

Ms Smuts said that if Mr Ackerman wanted to make himself useful he could, instead of attacking Grootte Schuur, find out whether Tygerberg Hospital had utilised all the equipment that had been bought.

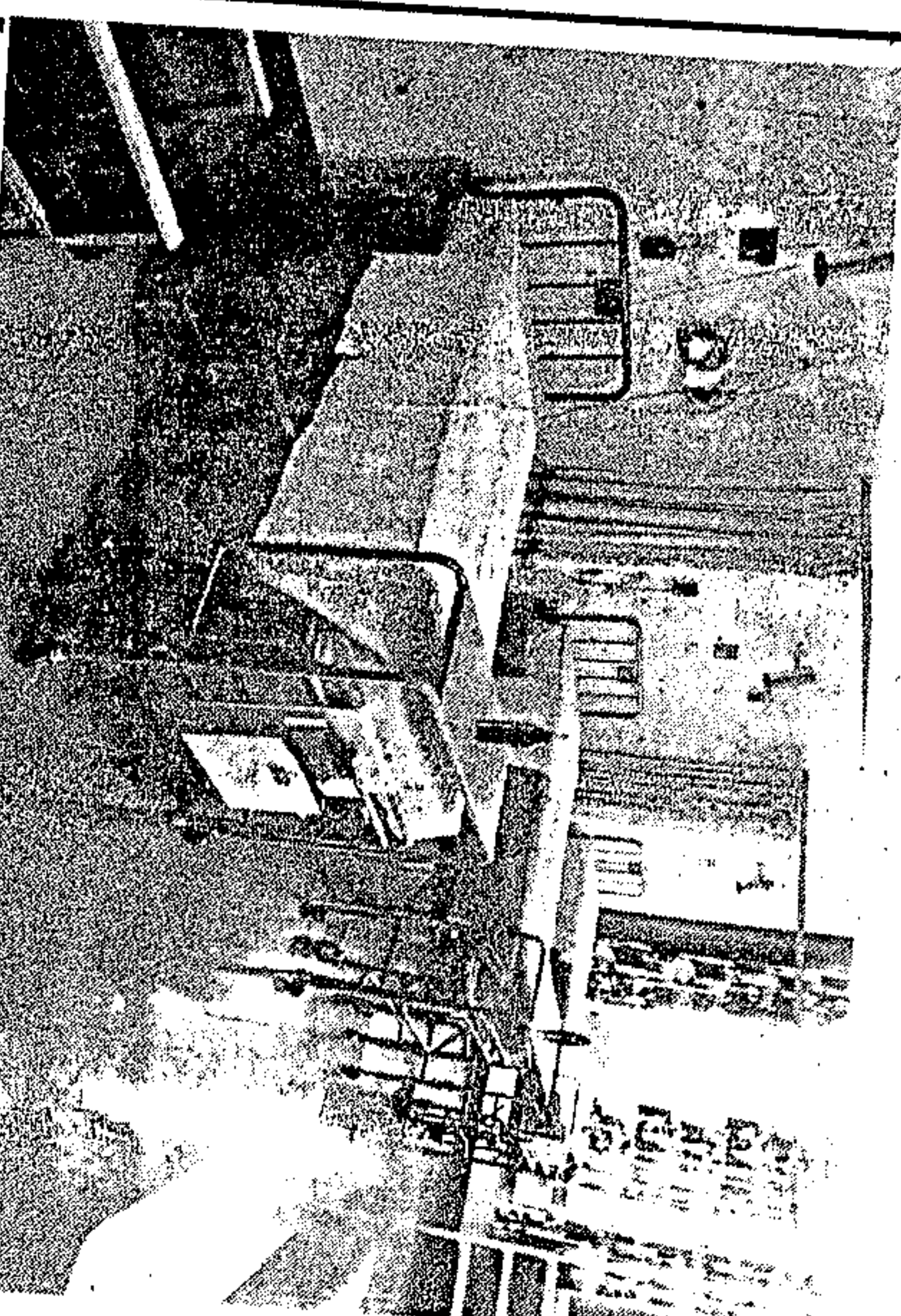
"If rationalisation of hospital departments is on the cards, a department like radio-therapy at Grootte Schuur Hospital, which has the greater expertise, will be severely disadvantaged in the contest for survival as a result of its obsolete and defunct equipment," she said.

DOWN
 1 Ancient Briton (4)
 2 Sigh, for example (5)
 3 Evangelist (7)
 4 Rectifies (6)

continually
 27 Measures strides (5)
 28 Makes untidy young families sleep on them (7)

ACROSS
 1 Really, 4 Critic, 9 Spanish onions, 10 Managed, 11 Label, 12 GNOME, 14 Asset, 18 Amass

DOWN
 14 Alternative language used in idol worshiping (7)



Empty hospital beds — unused because of the medical staff shortage and lack of funds — line some of the wards at the Johannesburg Hospital.

Picture: ROBERT BOTHA

Wits seeks better hospital use

TANIA LEVY

GOVERNMENT's desegregation of hospitals has opened the way for a rationalisation of Johannesburg's academic hospitals, Wits University professors said.

Wits Medical School dean Prof John Milne said political constraints preventing transfer of patients between hospitals had been removed and it would be easier to look at Johannesburg as one geographical region and redistribute staff and equipment between hospitals to redress imbalances.

Wits vice-chancellor Prof Robert Charlton said Wits would welcome the amalgamation of Johannesburg Hospital with Hillbrow Hospital — which has mainly black patients — and the reinstatement as an academic hospital of J G Strijdom and Hospital, which serves the coloured and Indian communities.

He said Wits needed to rationalise its four teaching hospitals — Johannesburg, Hillbrow, Coronation and Baragwanath.

He suggested the academic complex should be reduced to three tertiary-care academic hospitals (Johannesburg, Baragwanath and J G Strijdom), with one or two satellite hospitals (Hillbrow and Coronation) offering lower-level community and convalescent services.

According to the Wits Health Policy Study Centre, there was a surplus of 3 040 tertiary-care beds, while about 5 490 extra beds were needed at community and regional level at provincial hospitals in Johannesburg.

Milne said the number of academic beds was disproportionate to the number of medical students.

Wits had a total of 6 000 beds when only about 3 500 beds were needed for training the 632 Wits medical students in their clinical years.

About 210 doctors graduated from Wits every year, Milne said.

WITNESS

Wits seeks better hospital use

BIDEN 21/5/90 (98)
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TANIA LEVY

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Masa to host health summit

GERALD REILLY

PRETORIA — The current crisis in health care services must not be allowed to deteriorate into a paralysis of health care, Medical Association of SA (Masa) secretary general H A Hanekom said yesterday.

At a media conference he said the training of doctors was the hub around which the standard of medical care revolved.

Announcing a "high level" conference on academic medicine from May 28 to May 30, Hanekom said Masa regarded the threat to academic medicine in a very serious light. *By Day 22/5/90*

Experts in the field of medical education, including medical school deans, medical administrators and teaching hospital superintendents, would attend.

The "summit" would be opened by National Health and Population Development Minister Dr Rina Venter.

Hanekom said attention would be focussed on the causes of the current crisis and not only on symptoms such as outmoded equipment, salaries of doctors and nurses, and hospital workers' strikes.

He warned that SA could not afford to treat academic medicine and the training of doctors in an ad hoc way.

Fall of a racial stronghold

The decision by National Health Minister Dr Rina Venter to open State hospitals to patients of all races marked the final collapse of yet another segregation stronghold.

Her announcement, splashed across the front pages of the press, was the culmination of a slow but inexorable process of attrition against segregated whites-only hospitals.

Thus, to cite a pertinent example, when the Johannesburg Hospital was targeted in last year's Defiance Campaign by anti-apartheid activists, 11 percent of its patients were black, although it was nominally a white hospital.

The Johannesburg Hospital, a large, modern hospital built for whites, began to admit black patients some years ago. They were admitted on a limited basis, however — only blacks who could not be treated at "their own" hospitals were accepted. The same policy was applied elsewhere.

But even on that basis, black patients outnumbered their white counterparts in some wards in some purportedly white hospitals.

In Tygerberg Hospital, near Cape Town, there was a unique arrangement. It admitted black and white patients, but placed them in segregated wings.

Specialist

The centre of the hospital, however, was non-racial. It contained specialist wards and operating theatres.

It was clear even to casual visitors that Tygerberg — where former Prime Minister B J Vorster died in 1983 within shouting distance of sick black people — was destined to become a non-racial hospital. Its non-racial centre was not an aberration but a sign of the future.

Another pointer to the future was the numerical predominance of black nurses; even in white hospitals they assumed an increasingly important role and helped gradually

Culmination of a slow but inexorable attrition process

PATRICK LAURENCE

sees the new policy of racially open hospitals, announced by National Health Minister Rina Venter (right), as the culmination of an already established process of attrition rather than a sudden innovation. The Johannesburg Hospital, for example, began to admit black patients some years ago.



to condition many white patients to the coming non-racial order.

But these trends did not prevent large and indefensible inequalities in health services from building up: Johannesburg Hospital was underused, with whole wards closed down and scores of beds unoccupied while Baragwanath Hospital in Soweto, a black hospital, was so overcrowded that patients slept under as well as on top of the beds.

As Dr Venter remarked: "While a lot of our hospitals are overcrowded with bed-occupancy rates of more than 100 percent, there are hospitals which are totally under-utilised ... If a norm of three beds per 1 000 of the populations applies, there is a surplus of 11 700 beds in white hospitals while there is a shortage of 7 000 beds in black hospitals."

The formal abandonment of hospital segregation — "We want to get rid of apartheid," pronounced Dr Venter — came after a strike in which unionised black hospital workers showed beyond doubt that

they were a force to be reckoned with. The strike on its own would not have caused the change in policy, but it might have advanced the date of its announcement.

It was hardly coincidental that Dr Venter's announcement came only a day after a similar, though slightly less dramatic, declaration by Education and Training Deputy Minister Piet Marais. In future, Mr Marais said, empty white schools would be used by black pupils to alleviate congestion in black schools.

His statement was interpreted as a prelude to the inevitable next step: admission of black children to those white State schools where parents have voted in favour of accepting pupils of all races. A recent survey by the Human Sciences Research Council showed that a majority of white parents favoured the admission of blacks, provided that standards were maintained.

Dr Venter's statement contained a phrase which caused consternation in anti-apartheid circles:

"Enough space must exist for

personal preference of religious practices, cultural approaches and communication means," she said.

It was feared that she might be alluding, in "Natspeak", to segregated wards within the same hospitals.

If so, that was likely to be an interim measure only, destined to be destroyed by the same processes which eroded the apartheid policy of strict segregation from cradle to sick bed to grave.

Dr Willie Snyman, of the pro-segregation Conservative Party, was not mollified; he saw Dr Venter's statement as signalling the end of separate hospitals for each of the major races. The NP had reneged on its commitment to protect the principle of control over "own affairs", he said.

Disparity

Dr Venter provided important statistical information on health care in South Africa: roughly 80 percent of South Africans, the vast majority of them black, are dependent on State health services; just under 20 percent, most of them white, are covered by medical aid.

Thus, it can be concluded, many whites have the option of treatment at private hospitals; these hospitals have long been open to all races but their high fees ensure that they can attract an adequate supply of nurses and that they can protect their patients from the discomforts of congestion.

According to an official Department of Health publication, private hospitals provided one fifth or 20 percent of hospitals beds in 1986, a figure which coincidentally corresponds closely with the proportion of South Africans covered by medical aid.

The same publication reflected the disparity in the availability of hospital beds: there were more than eight beds for every 1 000 whites, against just over four beds for every 1 000 blacks.

Dr Venter's policy shift should help even out the discrepancy.

LETTERS

47 babies left at hospital

98

Sowetan 22/5/90

DURING 1989, some 47 healthy black babies were abandoned and "dumped" by their parents at Durban's King Edward VIII Hospital.

Some of them stayed there for almost a year at a cost of more than R1-million rand to the hospital and the taxpayer.

These shocking facts - seen as a "symptom of a deprived community in the process of a cultural upheaval" - were published in the latest *South African Medical Journal* by doctors from the Department of Paediatrics and Child Health, Natal Medical School.

According to the article, four of the healthy babies died during the period that they stayed at the hospital from nosocomial infections (illnesses contracted from being in hospital where they were exposed to various viruses) such as pneumonia and measles.

Some adopted

Thirty percent of the babies stayed at King Edward for longer than 15 months (and may still be there), only 15 percent were adopted, 17 percent were accepted at Othandweni Home, two percent were transferred to Clairwood Hospital, 23 percent went to relatives, 15 percent were adopted and the rest died.

It was calculated that it cost the hospital R220 a day for each child in hospital (this figure is endorsed by officials from King Edward Hospital and from the Department of Community Services and by Natal Provincial Hospital Services).

During the survey period of 15 months during 1989, it was calculated that abandoned children spent a total of 5 129 patient days in hospital, which added up to a grand total of R1 128 380.

"These observations indicate that large numbers of abandoned children are being held at King Edward VIII Hospital for extended periods of time," the article said.

Huge sums of money are being spent on housing abandoned, but otherwise, well children in a tertiary hospital.

'No winners'

There is a significant risk of cross-infection and death attached to prolonged stay by small children in such an environment, while there is also loss of valuable bed space and services of health professionals in an overcrowded and understaffed hospital," said the article.

"The effects of abandonment of a child extend beyond the personal cost to the child and his family of impaired growth and psychological and emotional development to the price we as a nation pay in moral, social and financial loss.

"Clearly there are no winners in the situation.

"The State, and ultimately the taxpayer, is paying out huge sums of money for a system that is nothing short of institutionalised child abuse."

TPA working out details of desegregation

TANIA LEVY (93)

THE Transvaal Provincial Administration (TPA) was still trying to work out how to implement the desegregation of hospitals, TPA spokesman Piet Wilken said yesterday.

He said the day-to-day operation of hospitals had remained unchanged as authorities looked at the practicalities of opening the doors to all races.

While black patients were not yet being admitted to white hospitals, no emergency cases were being turned away. Funding and the possibility of transferring staff between hospitals were being examined.

81 Day 22/5/90

Hansard
22/5/90

Products, the Atomic Energy Corporation and local food irradiators as well as the South African Consumers Union. Recently objections were expressed by a few individuals who did not want to eat irradiated food, whether it was safe and wholesome, as declared by the World Health Organisation, or not.

- (b) (i) refer to (2) (a),
 (ii) although no scientific reasons exist for doing so, the Department of National Health and Population Development decided that since it is the democratic right of the consumer to be able to choose whether he/she wants to eat irradiated food or not, the labelling of such foodstuffs be made compulsory.
- To this effect all first generation products have to be labelled, as from 1 January 1990, with the internationally recognised Radura emblem and one of the following words: "Radurised"/"Irradiated" or "Geraduriseerd"/"Bestraald".

Draft Labelling and Advertising Regulations which are in the process of being drawn up, will make full labelling of all irradiated products, including ingredients of composites or manufactured food products, mandatory.

None of the other processing methods such as boiling, cooking, roasting, frying, grilling, retorting, pasteurisation or cooking by microwave, have been subjected to the same scrutiny as was the case with food irradiation.

Mr Lennox Sebe: current residence

*3. Mr L FUCHS asked the Minister of Foreign Affairs: **Hansard 22/5/90**
 With reference to paragraph (1) (b) of his reply to Question No 24 of 17 April 1990, (a) who owns the house in which Mr Lennox Sebe is currently residing. (b) what rental is being paid for the house by Mr Sebe and (c) where is it situated?
 B986E

The DEPUTY MINISTER OF FOREIGN AFFAIRS: **Hansard 22/5/90**

- (a) The Department of Public Works and Land Affairs.
 (b) Mr Sebe is temporarily accommodated in Pretoria as a guest of the South African Government in an attempt to promote peace and quiet in Ciskei which is also in the interest of South Africa. Mr Sebe is consequently not expected to pay rent. He, however, pays for his own upkeep.
 (c) Waterkloof Heights.

Simons Town dockyard: vessels repaired/refurbished

*4. Mr R V CARLISLE asked the Minister of Defence:

- (1) Whether any vessels other than those of the South African Navy were repaired or in any way refurbished at the Simon's Town dockyard in 1989; if so, (a) which vessels and (b) at what cost;
 (2) whether Treasury approval was obtained in advance in each case; if not, why not?
 B989E

†The DEPUTY MINISTER OF DEFENCE:

- (1) Yes.
 (a) A British vessel and a yacht belonging to the General Botha Merchant Navy Academy.
 (b) R13 203,94.
 (2) No. The British vessel called at Cape Town harbour for emergency docking but the dock was occupied. The ship was routed to Simon's Town where it was repaired without obtaining Treasury approval in advance, due to the time factor. The cost was recovered and receipts were issued. The yacht was loaned by the SA Navy under contract conditions, including maintenance and repair. Treasury approval was not required in this case.

Hillbrow Hospital: strike action/staff dissent

*5. Mr L FUCHS asked the Minister of National Health and Population Development: **Hansard 22/5/90**
 (1) Whether there has been any strike action or staff dissent at Hillbrow Hospital since January 1990; if so, (a) when, (b) what (i)

is the extent of and (ii) are the reasons given for such action or dissent and (c) what steps were taken and/or are being taken to rectify the situation;

- (2) whether patients were affected by this action or dissent; if so, in what manner?
 B990E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes,
 (a) 19 to 27 April 1990 and from 30 April 1990,

(b) (i) during the period 19 to 27 April 1990, the general assistants and clerks only worked until 11:00, whereafter they assembled on the grounds. From 30 April 1990 all general assistants, clerks and approximately 30 nurses struck. The strikers were aggressive and intimidated the personnel who wanted to proceed with their work. The strikers assembled on the grounds and disrupted the hospital activities,

- (ii) reasons advanced for the incidents are —
 dissatisfaction with salaries and conditions of service.
 alleged discriminatory practices at the hospital,
 temporary status of general assistants,
 segregated health services,
 privatisation,
 local accommodation arrangements at the hospital,
 dissatisfaction with recognised staff association, and
 the demand for the recognition of the National Education Health and Allied Workers Union (Nehawu) as union.

(c) discussions between the hospital management and the workers' committee were conducted to defuse the situation.

Representatives of the Transvaal Provincial Administration negotiated with the workers' committees.

Discussions between Nehawu and the TPA were held to resolve the problems at this hospital, as well as other hospitals and an agreement was reached with the union in terms of which the strikers would resume duties not later than 12 May 1990. Formal channels for communication between Nehawu and the TPA are to be established;

- (2) yes, admissions were limited to emergency cases, out-patient services were discontinued, cleaning and food services were obstructed and surgery had to be postponed.

†Dr W J SNYMAN: Mr Chairman, arising out of the reply of the hon the Minister I should like to know in respect of the nurses who were involved in the strike, whether any disciplinary steps were taken against them in their professional capacity; and if so, what steps. In the second instance I should like to know whether the hon the Minister's announcement arose out of the strikers' demand for non-segregation.

†The MINISTER: Mr Chairman, in the case of disciplinary steps against the nurses, this is a matter for the Nursing Council. The Nursing Council issued a press statement on this and it is thus within their authority to decide what steps they will take.

As far as the second question is concerned, I can say that the request made by Nehawu in this case had nothing to do with the announcement I made in Parliament last Wednesday.

Mr H H SCHWARZ: Mr Chairman, arising from the hon the Minister's reply, would she please tell us whether and to what extent payment was made during the period that the people did not work either wholly or partially?

The MINISTER: Mr Chairman, I do not have that information available. If the hon member will table his question I shall get the information for him.

Servamus et Servimus: copies printed

*6. Mr P G SOAL asked the Minister of Law and Order: **Hansard 22/5/90**

- (a) How many copies of the planner *Servamus et Servimus: Ons beskerm en ons dien/We protect and we serve* were printed, (b) to what

...mentioned about events in SA.
"Businessmen are there to make profits
in the interests of their shareholders. SA is

Arnold Koller, Foreign Minister Rene
Felber, Economic Affairs Minister Jean-
Pascal Delamuraz and bankers.

Diepkloof shacks a 'threat' to clinic

BIPcom 22/5/90

THEO RAWANA

MORE than 300 shacks have sprung up in Diepkloof, Soweto, in the past three weeks providing the local clinic with a health hazard on its doorstep.

Squatters, who were previously subtenants in neighbouring backyards, started converging on an open space next to the clinic at the beginning of the month.

Now the clinic is surrounded by shacks, which Soweto Community Health Services superintendent Dr George Louw described as a "dangerous" situation yesterday as he was concerned about the people having no toilet facilities and water supplies.

Diepkloof town clerk J F K de Jager is reported to have said the council had taken action and was waiting for a court order to demolish the shacks. He could not be reached for comment. (98)

Louw said: "There are a number of problems, chief among which being the people using the clinic's toilets, crowding out the patients and a number of the toilets being blocked. They use the clinic's water supply, which is no good for the staff and patients."

FIM 25/5/90 (98)

MEDI-CLINIC FIM 25/5/90

Pill for shareholders

For the first time since its 1986 listing, Medi-Clinic has declared a final dividend — of 3c. The 1990 financial year was the second time the group had shown a profit, though shareholders were kept on short commons in 1989 when it came to paying out dividends, as the directors decided to strengthen reserves. Net income prior to debenture interest, which rose 51% in financial 1989, jumped another 62% this past financial year. (98)

The share has reacted positively to the long-awaited dividend announcement and rose 15c last week to 100c. But holders of the 11% debentures are still scoring more than shareholders. The debts will automatically be converted to shares on a one-for-one basis when the dividend on ordinary shares reaches 11c. A conversion is unlikely this financial year.

The group says the increase in net income is a result of "continued satisfactory occupancies" at the larger hospitals and "substantial contributions to group earnings by the newly acquired Louis Leipoldt Hospital."

However, financial director Andre van Wyk is reluctant to disclose the newest hos-

pital's contribution to group profits. The Bellville hospital was bought by the group in June 1989 and is the third largest hospital in the group, with 231 beds.

Van Wyk says low occupancy levels at the Mitchell's Plain Private Hospital (96 beds) continue to improve all the time. In 1989, it recorded an average 50% occupancy level and a higher, though undisclosed, level last year.

A 47% jump in net interest received shows the group is now building up cash reserves and its capex programme has fallen in priority. With interest rates at around 18%, it has chosen the right time to hold cash.

Costs to patients are expected to rise this year as nurses' wages are lifted to counter increases paid by provincial hospitals. "We will have no alternative but to increase charges as we cannot absorb these costs ourselves," Van Wyk says.

Other Cape-based clinics in the group are:

LOOKING HEALTHIER

Year to March 31	1989	1990
Trading income (Rm)	10,7	16,2
Attributable (Rm)	3,6	11,3
Earnings (c)		
— ords	4,0	12,4
— perm cap unit	7,2	11,8
Dividends (c)	—	3,0

Constantiaberg Medi-Clinic in Plumstead (229 beds); Leeuwendal Nursing Home in Tamboerskloof (75); and the Panorama Medi-Clinic in Parow (320). The Sandton Clinic (370) and Morningside Clinic (230) are the two Transvaal operations.

Heather Formby

#1M 28/5/90

All the major private-sector hospitals are multiracial — and the three leading groups, the independent Clinic Holdings, Afrox Healthcare and Rembrandt's Medi Clinic, will only take over the management or the ownership of provincial hospitals on a non-racial basis. In the past this has been a hindrance to private-sector participation in provincial hospitals.

Clinic Holdings chairman Barney Hurwitz says the private sector has shown that multiracial hospitals can work: "Our patients and doctors readily accept our non-racial policy. The State's decision was long overdue."

Even so, government isn't rushing to talk to the private hospitals. Minister of National Health Rina Venter is waiting until the De Villiers Report on Healthcare establishes a framework for the department's relations with private healthcare, principally hospital groups, medical schemes and pharmacies.

Meanwhile, the State is reversing its policy of turning away medical aid patients from provincial hospitals; it's accepting them instead and charging them in full for treatment. And there is nothing

to stop further co-operation between the private and public sectors on issues such as training and nurses' salaries — or to stop government from consulting the private sector on ways to manage hospitals more efficiently.

Afrox chairman Peter Joubert says in the short term he's not expecting any benefits for the group. "But it's clear the provincial hospital system is going to be rationalised. It was primarily a political decision to open hospitals, but it was partly caused by the realisation that costs were getting out of control." Afrox's offer to lease unused portions of hospitals such as the Johannesburg Hospital still stands.

Rob Speedie, executive director of the Representative Association of Medical Schemes, notes: "It sounds simple to transfer patients from overcrowded hospitals to empty ones, but the now-empty wards will have to be staffed and there is a shortage, particularly of nursing staff. Some of these nursing staff will inevitably come from the private sector. And some provincial surgical facilities may still not have sufficient occupancy unless they allow doctors in private practice to use their

facilities."

He expects black medical aid members will want to use integrated State facilities in preference to provincial hospitals because they have greater convenience and accessibility. In spite of the recent growth of the private sector, it is still far smaller, with 13 000 beds compared with 100 000 provincial beds. Moreover, the private sector is heavily concentrated in the major cities and so doesn't offer a national spread of facilities.

The freeze on the granting of licences for new private hospital facilities still stands so this balance is unlikely to change.

It's more likely that the newly desegregated hospitals will be sold to the private sector wherever possible. Hurwitz, however, is not optimistic. "Privatisation has become a dirty word in health and there are enough political pressures to stop it."

But he hopes there will still be co-operation: "The State must make use of our hi-tech facilities and we must be able to use some of their equipment on a reciprocal basis."

Prescription against apartheid

■ Privatisation has a role in ridding hospitals of their racial tag

Last week, government abandoned the entire apartheid health policy with a single stroke of the pen. In effect, "own affairs" health is dead. All hospitals are open to all people regardless of race; and though health services in the non-independent homelands will remain separate and autonomous, legislation on a unitary health service is expected within a month.

For FW de Klerk, acting through National Health Minister Rina Venter, it was a long overdue step. Strange as it may seem, it's the first apartheid measure he has scrapped since becoming president last year. Other "reforms" have eased political repression and opened up the constitutional debate, but the bulk of the discriminatory framework inherited from P W Botha is intact.

In reality, many "general affairs" and some "own affairs" hospitals have been open for some time. But policies have differed among the four provinces and anomalies abound — such as Baragwanath Hospital bursting beyond capacity while hundreds of beds at Johannesburg Hospital are de-commissioned due to lack of funds and staff. There have also been cases of ambulances sent out to fetch patients only to return empty because the particular service didn't

cater for a person of that patient's race. A massive duplication of services to satisfy nothing more than political ends has also wasted millions of precious rands.

All that, says Venter, will now end. Plans for a rationalised unitary service will be implemented as soon as possible. But getting the message across required much more than a mere announcement in parliament. To an extent this was her own fault. The announcement was vague and at a press conference she skirted the "own affairs" issue in a manner that seemed to suggest that the 44 white "own affairs" hospitals under the political control of "own affairs" Health Minister Sam de Beer would remain segregated. But this turned out to be courteous reluctance to comment on De Beer's portfolio rather than an effort to conceal the truth.

There was initial suspicion that hospital superintendents would be able to racially

regulate admissions and segregate wards. Such action would contravene the "guidelines" in the pending legislation and errant doctors will be dealt with, she tells the *FM*.

Any effort to desegregate SA society won't be easy. We already have an underfunded and under-staffed State health service in which standards are dropping by the day. Up to now blacks have borne the brunt of the shortfalls. A more racially equal spread of the inadequacies is now likely — and an inevitable white political backlash. Venter accepts this, but believes a modern "management model," rationalisation and greater autonomy for bigger hospitals will help relieve the symptoms. The new policy is based on five



Venter ... 'own affairs' out

principles:

- Accessibility to available beds regardless of race;
- Efficient health care programmes based on a rationalised and well-managed unitary

system;

- Affordability of health services through increased emphasis on community health centres;
- Equity in the provision of services including financial allocations to redress backlogs; and
- Acceptability of the service by all people.

Government will maintain a moratorium on the building of new State hospitals until all existing beds are fully utilised. Based on a norm of three beds per 1 000 people in SA, Venter says there's now a surplus of 11 700 beds in "white" hospitals and a shortage of 7 000 in "black" hospitals.

But not all the surplus beds are immediately available. A shortage of funds and staff means some wards have been de-commissioned. Ways are being investigated to get them operational again. It's possible that some will be leased to the private sector. This would generate extra income for the hospitals, soak up surplus beds and allow government to lift the moratorium on new hospitals.

It would also be in line with what Venter

sees as the need for academic hospitals in particular to generate their own additional income. The aim is also to relieve pressure on hospitals by tackling relatively low-cost primary health care problems head-on. This includes socio-economic upliftment which could eliminate many problems that add to an over-burdened health service. For example, measles is a preventable disease, yet 330 children died of it last year.

Venter is reluctant to spell out what rationalisation she envisages; a practical programme is still to be determined. When she spoke last week of the "orderly" desegregation of health service, she immediately aroused suspicion that apartheid would continue under a new guise. But "orderly" applies only to the manner in which patients will be admitted to and treated at hospitals. The non-discriminatory policy will be binding on superintendents.

Though preference at "community hospitals" will be given to residents in the immediate area, there will be no racial bias. For example, black domestic workers living near

the J G Strijdom Hospital in Johannesburg will have the same right to admission as white homeowners in the area.

If government is serious about its commitment to reducing preventable illness, money will have to be found somewhere for a better primary health care network. A more immediate problem is the lack of money to re-commission unused beds.

Some of it could be found in the other "own affairs" departments — education and culture, agricultural development, housing, water affairs and local government. The saving on ministerial salaries and perks would only be around R3m a year, but the impact of the gesture would be considerable and the reallocation of personnel ease burdens.

In the longer term, the health departments of the non-independent homelands could also be encouraged to disband. In the meantime, De Klerk, as president, has the power to determine "own affairs" issues without the need for constitutional amendments. We suggest he does himself and SA a favour by scrapping the whole concept without delay. ■

Operating white hospitals at full capacity could cost extra

R700m a year

CAPE TOWN — It could cost an extra R700m a year to bring back into operation and begin to staff the under-utilised white hospitals and the estimated number of beds needed to take up the overflow from overcrowded black hospitals.

According to estimates supplied by the National Health and Population Development Department, there is a surplus of 11 700 beds in white hospitals. This would more than make up for an estimated shortage of 7 000 beds in black hospitals.

But government argues that while it has removed apartheid in hospitals, it has neither the funds nor the manpower to enable

an immediate transfer from overcrowded to half empty hospital wards.

National Health Minister Dr Rina Venter made it clear when she announced the policy change that its implementation would be phased in as funds became available. She was less clear on where the funds would come from at a time when government is committed to cutting back spending.

Commissioned hospital beds cost the state between R122 and R386 a day. About 32% of state hospital beds are in academic hospitals which received about 43% of this year's R7bn national health budget. They

6/Day
LESLEY LAMBERT

are at the top of the price range because of the quality of staff and facilities.

98
Simplistic calculations, based on an average daily cost of R227 a bed, show that it would cost the state an additional R970m a year to recommit the estimated 11 700 surplus beds or R580m to recommit a shortage of 7 000 beds.

In addition, the state is looking at an average cost of R111m a year until 2005 to meet requirements for additional trained

nursing staff on a phased-in basis, according to Venter.

When she announced the opening up of hospitals, Venter said an entire restructuring was being investigated to achieve the most cost-effective use of available funds, to reduce the number of people — 79% of the population — who received free or heavily state-subsidised health care and to encourage greater private sector involvement in the provision of health care.

In an interview this week, the Health Minister said she was determined not to request more state funds until she knew exactly how current funds were being used in

the various hospitals. Investigations, including a pilot test at Tygerberg Hospital in Bellville, had been under way since last year and a management model was expected to be presented to Cabinet at the end of this month, after which it would be implemented by the various provinces.

A study of the cost of medicine by Administration and Economic Co-ordination Minister Wim de Villiers is also due out within a month.

In the meantime, government has placed a moratorium on the building of new state hospitals until the use of existing facilities has been assessed.

St Elsewhere?

How Groote Schuur cancer unit lost out on R4,5 million

By GILL TURNBULL, Staff Reporter

DELAYS and red tape led to R4,5-million that was budgeted last year for three new cancer unit machines for Groote Schuur being spent elsewhere, claim hospital sources.

This was told to The Argus after the Democratic Party MP for Groote Schuur, Ms Dene Smuts, asked questions in parliament recently about the extension of a tender date and changes to specifications for the three cancer unit machines.

Referring to last year's Groote Schuur budget, she asked: "Why wasn't the equipment bought? Did the extension or delay cause the non-acquisition? Why wasn't the equivalent amount budgeted for this year?"

In her reply, Minister of Health Dr Rina Venter did not answer Ms Smuts's questions, but noted that Groote Schuur would have to buy the equipment from its current budget of R303-million.

Specifications redone

According to hospital sources, specifications for the machines were submitted to the Hospital Services Department in good time last year.

The specifications were returned twice to the cancer unit — first to be translated into Afrikaans and, later, to have the specifications typed in English on one side of the page and Afrikaans on the other.

Three South African suppliers had responded by the time tenders closed.

But senior hospital staff believe the tenders were re-opened after closing date, allegedly to allow a fourth company to tender.

The source emphasised that Groote Schuur Hospital administration's budgeting was not at fault.

A Hospital and Health Services Department spokesman said his department had had "problems with the specifications".

Tenders had closed in November, by which time the 1989/90 equipment allocation had been spent.

"The cancer unit equipment should have been paid for in the current year, but the crunch came last December when we were told there was not enough money."

Regional Tender Board spokesman Mr Jannie Wentzel said that on September 22 last year the radiotherapy department's computer was advertised in the State Tender Bulletin. Tenders closed on October 23.

"Before that date, there were requests from 'two very important suppliers' for an extension.

"They said they could not make the tender date because they needed more details from overseas suppliers. Also, a certain part had new specifications for a modified apparatus."

Mr Wentzel said demand from suppliers had empowered the Tender Board to postpone the tender date until November 6.

"At 11am five tenders were opened in public. They were submitted to the medical superintendent of Groote Schuur Hospital on November 10 for her recommendation.

"To this day we have not had them back from Groote Schuur Hospital."

Mr Wentzel said the tender "validity date" (by which time the contract must be signed) was June 30.

Dr Jocelyn Kane-Berman, chief medical superintendent of Groote Schuur Hospital, confirmed that tender recommendations for three cancer-unit machines had not been returned to the Tender Board.

"In February we were told there were no funds, so there was no point in returning the recommendations," she said.

Hospital officials, the CPA and the Hospital Services Department had "done everything in their power" to help lobby for funds to finance the cancer unit.

Asked to comment on Ms Smuts's questions about alleged delays and red tape which may have caused the "non-acquisition" of the machines, Cape Provincial Administration spokesman Mr Van Heerden Heunis said tenders for the computer planner for radiotherapy had closed in November last year.

"It was the intention to accept a tender before the end of the 1989/90 financial year with delivery and payment during the current (1990/91) financial year.

"Due to shortages in the current budget this tender for equipment cannot be accepted."

Asked what had happened to the cancer unit's R4,5-million last year, Mr Heunis said Groote Schuur Hospital's allocation for the purchase of equipment in 1989/90 had been "fully used".

All-race policy 'not new to Jo'burg Hospital'

THE Johannesburg Hospital had been practising the all-race policy announced last week by National Health and Population Development Minister Rina Venter for more than five years, staff members said.

A visit to the hospital last week showed racial integration in all sections of the hospital. Staff members spoken to felt Venter's speech made little practical difference to the hospital's day-to-day functioning.

In the paediatric section, a black baby no older than four months lay in a crib alongside a white baby. A 12-year-old black Mozambican girl wheeled herself around in a wheelchair.

There seemed to be more black children than white, and a doctor confirmed this was usually the case. She said there had been only one incident when a parent complained about the racial mix of wards. On being told to accept it or have her child discharged from hospital she decided to tolerate the situation.

Obstetric and gynaecology wards were occupied by women of all races. At the outpatients pharmacy blacks and whites, mainly elderly, sat waiting to be served.

In adult wards in various sections of the hospital, black, Indian and white men and women lay in beds alongside one another. A doctor said general medical and surgical wards had been admitting all races for about five years. In his experience no patient had ever objected to being treated alongside someone of another race, although some white patients had complained about being cared for by black nurses.

A doctor said people of all races would continue to be turned away and wards and beds would stand empty until the nursing shortage was attended to. The hospital was only using about 800 beds while 600 stood empty.

The doctor said Venter's speech might make a difference in the case of black doctors, very few of whom had taken up posts at Johannesburg Hospital because it was not officially open to black patients.

TANIA LEVY

78



NATAL UNREST DEATHS

September 1987 — January 1989:	668
February 1989 — May 24 1990:	1 008
Past 72 hours' official toll:	12
TOTAL:	1 688

There are two sets of clues, but the answers are the same

R4,5-m for city cancer unit 'not spent elsewhere'

Staff Reporters

AKW J&S/90 (98)

THE Provincial Administration has denied allegations that delays and red tape led to R4,5 million budgeted for three new cancer unit machines for Groote Schuur Hospital being spent elsewhere.

Mr Van Heerden Heunis, public relations officer of the CPA, was responding to a report in The Argus on Friday, quoting sources at the cash-strapped hospital.

According to the sources, delays had led to the 1989-90 equipment allocation being used up before tenders could be awarded for the cancer unit machines.

"NONSENSICAL"

"The cancer unit could not lose out on an amount of R4,5 million because Groote Schuur Hospital did not make provision for such an amount in their 1989-90 budget," Mr Heunis said.

It was therefore "impossible" for the money to have been spent elsewhere. In the same way it was "nonsensical" to allege that delays and red tape had led to the "so-called loss" of R4,5 million, he said.

On June 30 last year Groote Schuur was given the go-ahead for the submission of tender documents to the office of the Tender Board on the assumption that the necessary funds were available.

"Curtailments in the total budget for hospital and health services in the present financial year had the effect that funds for the equipment were not available and therefore no tender was allocated," he said.

The administration was not aware of delays in processing tender specifications. It was untrue that documents had to be translated, as claimed — the whole tender document was submitted in English only.

"GUIDELINE AMOUNT"

The provisional allocation for the 1990-1991 financial year ("the guideline amount") for the purchase or replacement of equipment to Groote Schuur Hospital was initially R11,2 million but due to curtailments the hospital was informed in December 1989 that the final amount would be R6,4 million.

"This shows that the time used for the processing of the tender documents in fact had nothing to do with the availability of funds for the replacement of equipment."

Few can afford own treatment — Venter

Own Correspondent

PRETORIA. — Only 21% of South Africa's population could pay for its own medical services and the state was often responsible for the provision of high-tech services, National Health and Population Development Minister Dr Rina Venter said yesterday.

Speaking at a conference on the future of academic hospitals, she said the government would for the foreseeable future remain the biggest role player in the field of health.

It was clear to all, particularly in the squatter settlements and in the deep platteland, that health services were often not available, she said.

She denounced the argument that fragmentation of health services was the greatest cause of the country's health care problems as an oversimplification of a complex problem.

One solution was to increase the incomes of academic hospitals, which

meant private patients would have to pay for professional services at academic hospitals.

While many hospitals were overfull, other hospitals were totally under-utilised, she said. The surplus of beds in white hospitals was estimated at 11 700 against a shortage of 7 000 in black hospitals.

As long as families had to live in poor socio-economic conditions where there was no clean water or sanitation, there would be a shortage of beds for babies with gastro-enteritis. SA had one of the highest road-accident figures and therefore there was a shortage of beds in intensive-care units.

And as long as the violence associated with poor living conditions persisted, casualty stations would be overburdened with the victims.

Answers therefore did not lie in the hospitals but in the communities.

B10m 2915790

98



Govt health role 'the biggest'

PRETORIA — Only 21% of SA's population could pay for medical services and even then the state was often responsible for the provision of high-tech services, National Health and Population Development Minister Rina Venter said yesterday.

Speaking at a conference in Magaliesburg on the future of academic hospitals, Venter said government would remain the biggest role player in the field of health in the foreseeable future.

Because ordinary market forces could not function in health services, the participation of the private sector could never be the complete answer to the financing of services, she said.

There would have to be a definite method and order on which the reconstruction

of SA's health services could take place.

It was clear to all, particularly in the squatter



● VENTER

GERALD REILLY

settlements and in the deep platteland, that health services were often not available, she said.

She denounced the argument that fragmentation of health services was the greatest cause of the country's health care problems as an over-simplification of a complex problem.

She said about 10% of the current Budget was allocated to health services.

To eliminate the under-utilisation of available facilities, the Cabinet had decided on a moratorium on all state hospitals still in the planning stage from December 1989. Before the development of any new hospital was authorised, a re-evaluation in all regions of SA would have to be made.

Venter said it was a waste of money to treat a patient with a cold in an academic or any other hospital. Yet this happened be-

cause there were insufficient community services.

The 13 academic hospitals with 32% of the country's total beds handled 29% of all in-patients and 40% of all out-patients. To provide this service they received 43% of the total health budget and still there were pleas that the allocation for academic hospitals be raised further, Venter said.

Income

Besides the development of a management model, there were two additional solutions already approved.

The first was increasing the income of academic hospitals which meant private patients in future would have to pay for professional services at academic hospitals. An analysis had been commissioned.

While many hospitals were over full, there were other hospitals which were

totally under-utilised. The surplus of beds in white hospitals was estimated at 11 700 against a shortage of 7 000 in black hospitals.

Venter said it was not possible to first solve the problems at academic hospitals and then attend to the other gaps in health services.

As long as families had to live in poor socio-economic conditions where there was no clean water or sanitation, there would be shortage of beds for babies with gastro enteritis. SA remained one of the countries with the highest road accident figures and therefore there was a shortage of beds in intensive care units.

And as long as the violence associated with poor living conditions persisted, casualty stations would be over-burdened with the victims.

Answers therefore did not lie in the hospitals but in the communities.



'Rethink needed on doctors' training'

98 AR605 29/5/90

The Argus Correspondent

PRETORIA. — South Africa — with its limited funds and manpower — cannot afford to train medical doctors who do not meet the basic health needs of the people.

This was the message from Minister of National Health and Population Development Dr Rina Venter to a leaders' summit on the future of academic medicine in South Africa held at Magaliesburg.

Dramatic change

Health care costs for the very young and the very old were higher than for the rest of the population, and the fact that 43 percent of the black population was under 14, and nine percent of the white population "old", coupled with a high rate of urbanisation, meant high costs for South Africa.

But the standard of health care provided by a government depended on the wealth of the country, and South Africa was already spending 5,4 percent of

gross national product on health care, and could not afford dramatic change, Dr Venter said.

Maximum and effective use would have to be made of available funds and manpower available and she said the summit should consider whether the curriculum content in medical schools reflected the national health priorities, with their emphasis on primary health care.

The 13 academic hospitals used up 43 percent of the total health budget, and there had been repeated pleas that their share be increased still further.

She said that although comparisons between academic hospitals were difficult (one had a budget of R301,7 million while another with more beds had to get by on R147 000) funds had to be allocated by criteria based on research of actual financial needs, rather than on traditions, status and achievements.

Academic hospitals were getting more management independence, and the opportunity to increase their income by

charging private patients for professional services.

A moratorium had been placed on the building of new academic hospitals, and available facilities were to be better utilised with the decision to make surplus beds available. At a norm of three beds per 1 000 population there was a surplus of 11 700 beds in white hospitals and shortage of 7 000 in black, she said.

But hospital care was not the biggest need in South Africa, and Dr Venter said attention would have to move to primary health care in the reconstruction of health services.

It was a waste of money to handle simple complaints in a hospital but this often happened because community services were inadequate. More attention should also be given to preventive medicine. Last year more than 300 children had died unnecessarily of measles.

Restructuring of health services started with the socio-economic upgrading of communities, including improved water and sanitation.

ter's Department for the purpose of his reply, were tried in the Uitenhage magistrate's court on or about 27 April 1990 for the illegal receipt, sale, transporting and export of approximately 370 cycads from the Cape Province; if so, (a) (i) with what result and (ii) what penalties were imposed, (b) what was the estimated value of the cycads and (c) what are the names of the persons concerned;

(2) whether an order concerning the disposal of the cycads was made by the court; if so, what order; if not, why not?

B1078E
The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT (for the Minister of Justice):

(1) Yes.

(a) (i) All four accused were found guilty of contravention of section 62(1) read with sections 85(1) and 86 of Ordinance 19 of 1974 (Cape Province).

(ii) and (c) The sentences imposed by the court are as follows:

J. Albert — a fine of R500,00
K. Albert — a fine of R300,00
M. Killian — a fine of R300,00
E.J. Bouwer — a fine of R800,00

(b) The estimated value is approximately R600 000.

(2) No. The cycads were not placed before court as exhibits. The South African Police may, however, in terms of section 31 of the Criminal Procedure Act, 1977 (Act 51 of 1977) make an order concerning the disposal thereof.

Mr R J LORIMER: Mr Chairman, arising from the hon the Minister's reply, perhaps he will be able to exert some pressure on the hon the Minister of Law and Order to ensure that that procedure set out in the Police Act is followed . . .

The CHAIRMAN OF THE HOUSE: Order! What is the hon member's question?

Mr R J LORIMER: My question is whether he will ensure that this is done. [Interjections.] On an estimated value of R600 000, or in excess of

R1 million, the punishment does not appear to fit the crime. [Interjections.]

The MINISTER: Mr Chairman, the hon member is welcome to approach my colleague directly, but anyhow, I shall give him this Hansard.

Mr R J LORIMER: I hope he is listening.

*9. Adv C H Pienaar — Trade and Industry and Tourism. † [Question standing over.]

*10. Adv C H Pienaar — Planning and Provincial Affairs. † [Question standing over.]

Hospital staff: instruction in African languages

*11. Mr K M ANDREW asked the Minister of National Health and Population Development:

Whether instruction in African languages is made available to hospital staff to enable them to communicate better with patients; if not, why not; if so, (a) on what basis, (b) at what percentage of hospitals and (c) who (i) provides and (ii) pays for such instruction?

Hansard 2/1/5/190
BLIDJE
The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

NATAL PROVINCIAL ADMINISTRATION

No, the majority of nursing staff dealing with black patients are able to converse in the patient's home language. Other workers are generally fluent in the Zulu language and in cases where a doctor is unable to speak the language, use is made of interpreters. In general, personnel in the Natal Provincial Administration are encouraged to become more proficient in the Zulu language.

CAPE PROVINCIAL ADMINISTRATION

yes.

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

yes.

TRANSVAAL PROVINCIAL ADMINISTRATION

no, patients who speak one of the African languages as home language are often treated by someone who can communicate in that language. These personnel are available to act as interpreters.

(a) CAPE PROVINCIAL ADMINISTRATION

regular classes are offered in Xhosa, Zulu and Ndebele. PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

a Sotho course consisting of twenty one-hour sessions per annum is made available during which a prescribed curriculum prepared by an expert is followed. Basic communication is covered, which makes modes of greeting, instructions and conversation on basic level possible. The norm applied when nominating persons for the course, is that they have to be in daily contact with Sotho subordinates and public.

(b) CAPE PROVINCIAL ADMINISTRATION

solely at the Groote Schuur Hospital.

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

the course is offered only at the four academic hospitals in Bloemfontein

(c) CAPE PROVINCIAL ADMINISTRATION

(i) a black qualified teacher.

(ii) the Hospital Board of the Groote Schuur Hospital

PROVINCIAL ADMINISTRATION OF THE ORANGE FREE STATE

(i) an official of the Sotho Department, University of the Orange Free State.

(ii) the Provincial Administration of the Orange Free State.

Mr K M ANDREW: Mr Chairman, arising from the hon the Minister's reply, in respect of the Cape Province would she not see it as desirable to have far more hospitals than Cape Town's Groote Schuur Hospital funded by voluntary donations — that being the only hospital that provides opportunity for instruction in African languages? Should that practice not be extended to some of the other major hospitals in the province?

The MINISTER: Mr Chairman, the need for these courses has not been brought to my attention, but I will look into the matter.

Opening of schools

*12. Mr K M ANDREW asked the Minister of Education: Hansard 2/1/5/190

Whether it is his intention to ask parents whether they wish to have schools run by his Department opened to children of all races; if not, why not; if so, when?

B1122E

The DEPUTY MINISTER OF EDUCATION:

No. To date no requests have been received from parents or members of the public concerning the opening of schools, except the general demand by some groups that education must be "non-racial". The Department of Education and Training is in any case faced with the practical problem of already being unable to accommodate all black pupils in its schools satisfactorily.

Mr K M ANDREW: Mr Chairman, arising from the hon the Deputy Minister's reply I want to ask him, surely by implication, when he meets with NECC and many other Black teachers and so on and they call for a non-racial education system in all schools for all children, he could hardly have a more direct request that their schools, amongst other things, be opened to all?

The DEPUTY MINISTER: Mr Chairman, that is exactly what I said. I said in my reply that we had received general demands from some groups that education be non-racial.

The CHAIRMAN OF THE HOUSE: Order! I am not going to allow argumentative questions. If the hon member has a question to elicit information he may put the question, but I am not going to allow arguments to be put in the form of questions.

Mr K M ANDREW: Mr Chairman, arising out of the hon the Deputy Minister's original reply may I ask him, in the light of the fact that all other education departments will be open to some extent to children of all races, whether he will not take the initiative to see to it that the Department of Education and Training also does so as from next year?

The DEPUTY MINISTER: Mr Chairman, I am not able to accommodate all the clients of this Department right now. I think it would be absolutely senseless to consider opening the Black schools.

†Mr H A SMIT: He has no respect for the Chair! [The hon member for Overvaal thereupon withdrew from the Chamber.]

†The CHAIRMAN OF THE HOUSE: Order! I now once again call on the hon the State President.

†The STATE PRESIDENT: Mr Chairman, the hon the Minister of Justice said in public that he had informed me after I became leader of the NP and that I was aware of the fact that Mr Mandela would meet Mr P W Botha. On account of my line function prior to this, I was not involved with this matter. [Interjections.]

Ministers:

Question standing over from Tuesday, 22 May 1990:

Nuclear Non-Proliferation Treaty: signing

*20. Mr C W EGLIN asked the Minister of Foreign Affairs: Whether, subsequent to his reply to Question No 9 on 20 February 1990, the Government has taken a decision to sign the Nuclear Non-Proliferation Treaty; if not, why not; if so, when does it intend to sign the treaty?

The MINISTER OF FINANCE (for the Minister of Foreign Affairs):

The position of the Government has not changed in essence since I replied to Question No 9 on 20 February this year.

New questions:

Adoptions: different race groups

*1. Mr L FUCHS asked the Minister of National Health and Population Development:

Whether the race group of prospective adoptive parents is a factor in determining their suitability; if so, why?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes. The Child Care Act, 1983 (Act 74 of 1983) provides that the court shall not place a child in the custody of any person whose classification in terms of the Population Registration Act,

1950 (Act No 30 of 1950) is not the same as that of the child except where such person is the parent or guardian of the child.

Mr L FUCHS: Mr Chairman, arising out of the hon the Minister's reply, can she inform us as to whether any steps are being taken to do away with this discrimination?

†The MINISTER: Mr Chairman, the Government is committed to removing all discriminatory legislation, and this matter will receive attention when the Child Care Act is revised next session. [Interjections.]

†Mr H D K VAN DER MERWE: Mr Chairman, further arising out of the hon the Minister's reply, in the case of a White being married to a non-White, may a married couple adopt a child of any race group at present?

†The MINISTER: Mr Chairman, I think that is a hypothetical case. Each adoption is evaluated according to specific circumstances, and I do not want to speculate now, solely on the grounds of superficial remarks, on how a child may be placed.

Crossroads Town Committee: licences to carry fire-arms

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

Whether licences to carry firearms have been issued to certain members of the Crossroads Town Committee, Cape Town, whose names have been furnished to the South African Police for the purpose of the Minister's reply; if so, (a) for (i) how many fire-arms, and (ii) what types of firearms, in each case, (b) why and (c) what are the names of the members in question?

The MINISTER OF LAW AND ORDER:

(a) to (c) It can only be ascertained beyond doubt, whether a person is the holder of a fire-arm licence on the basis of the person's identity number and name. I can unfortunately not furnish the required information, owing to insufficient particulars furnished by the hon member.

Cape Town: deaths due to unrest-related incidents

*3. Mr P G SOAL asked the Minister of Law and Order:

Whether any persons died in Cape Town as a result of unrest on or about 6 September 1989 if so, how many?

†The MINISTER OF LAW AND ORDER:

No. As far as could be ascertained not in the area of jurisdiction of the Cape Town police station.

Durban academic hospital: earthworks programme delayed

*4. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether the Cabinet injunction not to proceed with major hospital construction has meant that the commencement of the earthworks programme for the new Durban academic hospital has been delayed; if so, (a) for how long has it been delayed and (b) what additional costs are likely to be incurred as a result;

(2) whether the University of Natal has been informed of the delay; if not, why not; if so, when;

(3) whether she will furnish the date on which the said earthworks programme will commence; if not, why not; if so, what is that date?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No;
(2) falls away;
(3) the existing planning provides for the calling of tenders during July 1990.

Mr R M BURROWS: Mr Chairman, arising from the reply of the hon the Minister, I wish to say that her reply now is in total contradiction to a reply to a similar question asked in respect of the Natal Provincial Administration's Hospital Services Section, which indicated that there had been a delay of six months in the earthworks commencement.

The CHAIRMAN OF THE HOUSE: Order! What is the hon member's question?

Mr R M BURROWS: Mr Chairman, is the hon the Minister aware of the position of the Natal Provincial Administration?

The MINISTER: Mr Chairman, the answer is yes. I stated during the discussion of my Vote that the situation at King Edward VIII Hospital is being considered as a priority.

*5. Mr R R Hulley — Law and Order. [Question standing over.]

Irradiated food: health problems

*6. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether she or her Department has received any reports of instances or alleged instances of individuals experiencing health problems as a result of the consumption of irradiated food; if so, (a) when, (b) from whom and (c) what was the (i) purport of and (ii) response to each such report?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No.

Harms Commission: evidence by Minister

*7. Mr C W EGLIN asked the Minister of Defence:

(1) Whether he, in his capacity as the Minister of Defence, is willing to give evidence in person before the Harms Commission; if not, why not; if so,

(2) whether he has indicated this willingness to the chairman of the Commission; if not, why not; if so, when?

†The DEPUTY MINISTER OF DEFENCE:

(1) Yes.

(2) Yes. By means of my legal representative during February 1990 and personally on 2 March 1990. The hon member is also referred to column 1631 of the Hansard of 26 February 1990.

Cycads illegally removed

*8. Mr R J LORIMER asked the Minister of Justice:

(1) Whether certain persons, particulars of whom have been furnished to the Minis-

Hospital probe postponed

8/1/90
By Mckeed Kotlolo,
Pretoria Bureau

98

The commission of inquiry looking into the causes and consequences of a week-long strike at Ga-Rankuwa Hospital near Pretoria was unexpectedly postponed yesterday to June 13.

The three-man Cillie Commission opened at the Medical University of Southern Africa at Ga-Rankuwa yesterday under the chairmanship of Mr Justice P M Cillie, with Professor Robert Lipschitz and Advocate H de W Botha assisting him.

Advocate R J Tucker, for the National Education, Health and Allied Workers Union, was granted his request for a postponement to allow him time to

conduct "intensive consultations" with his clients. The postponement will also give the legal teams a chance to reach agreement on certain issues.

The commission will look at whether any child or patient at the hospital died as a result of the strike, whether any person or organisation could be held responsible for the deaths, and whether any person or organisation was criminally liable for taking part in or organising the strike.

The commission will look into ways in which similar strikes can be prevented in future.

Unconfirmed reports alleged that more than 20 babies died at the hospital during the April 4-12 strike.

2 Order against suspension
1 Order for release

(ii) CLAIMS

Number	Result
3	Settled out of court
8	Not proceeded with by the plaintiff
36	Pending
1	Prescribed

APPLICATIONS BY WAY OF MOTION

Number	Result
1	Settled out of court
7	Pending

(2) (a) No.

(b) Yes — R162,363,28.

The amount includes settlements reached pursuant to letters of intention to institute action and actions instituted before 1989 but settled during 1989.

Publications Act: items declared undesirable

404. Mr P G SOAL asked the Minister of Home Affairs: *Answered 30/5/90*

(1) How many items were declared undesirable in 1989 in terms of section 47(2)(a), (b), (c), (d), (e) and (f), respectively, of the Publications Act, No 42 of 1974;

(2) whether any appeals were lodged against decisions to declare any such items undesirable; if so, how many cases in respect of each of the categories referred to in section 47(2) of the said Act (a) had been (i) upheld and (ii) dismissed and (b) were pending as at 31 December 1989? B951E

The MINISTER OF HOME AFFAIRS:

(1) Section 47(2)(a) — 123
Section 47(2)(b) — 6
Section 47(2)(c) — 1
Section 47(2)(d) — 1
Section 47(2)(e) — 1
Section 47(2)(f) — —

(2) Yes

(a) (i) Section 47(2)(a) — 15
Section 47(2)(b) — 1
Section 47(2)(c) — —
Section 47(2)(d) — —
Section 47(2)(e) — 2
Section 47(2)(f) — —

(ii) Section 47(2)(a) — 6
Section 47(2)(b) — 1
Section 47(2)(c) — —
Section 47(2)(d) — —
Section 47(2)(e) — —
Section 47(2)(f) — 2

(b) Section 47(2)(a) — —
Section 47(2)(b) — —
Section 47(2)(c) — —
Section 47(2)(d) — —
Section 47(2)(e) — —
Section 47(2)(f) — —

Publications and objects

275
16
5
8
68
—

Yes

15
1
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2
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6
1
—
—
—
2

Films

123
6
1
1
1
—

Yes

19
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1
1
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9
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Public entertainment

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No

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Publications Act: prohibitions

405. Mr P G SOAL asked the Minister of Home Affairs: *Answered 30/5/90*

Whether the possession of any publications or objects was declared prohibited in 1989 in terms of section 9(3) of the Publications Act, No 42 of 1974; if so, how many publications or objects in terms of section 47(2)(a), (b), (c), (d), (e) and (f), respectively? B952E

The MINISTER OF HOME AFFAIRS:

Yes

Section 47(2)(a) — 55
Section 47(2)(b) — 2
Section 47(2)(c) — 2
Section 47(2)(d) — 3
Section 47(2)(e) — 8
Section 47(2)(f) — —

Persons restricted

438. Mr S S VAN DER MERWE asked the Minister of Justice: *Answered 30/5/90*

(a) How many persons in the Republic were restricted under each specified section of the Internal Security Act, No 74 of 1982, as at 31 December 1989 and (b) how many restricted persons left the Republic in 1989? B1029E

The MINISTER OF JUSTICE:

(a) None.

(b) Falls away.

Certain Transvaal hospitals: bed occupancy
446. Dr Z J DE BEER asked the Minister of National Health and Population Development:

(1) (a) What is the current bed occupancy rate in the (i) White and (ii) Black sections of (aa) Welkom Provincial Hospital, (bb) Virginia Provincial Hospital and (cc) Odendaalsrus Provincial Hospital and (b) in respect of what date is this information furnished; *1/8*

(2) when is it anticipated that the hospital being built at Thabong will be completed? *Answered 30/5/90 B1038E*

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (aa) Welkom Provincial Hospital
(i) White — 38,14%
(ii) Black — 122,65%
(bb) Virginia Provincial Hospital

(i) White — 39,50%
(ii) Black — 93,63%

(cc) Odendaalsrus Provincial Hospital

(i) White — 23,21%
(ii) Black — 143,96%

(b) Financial year 1 April 1989 to 31 March 1990.

(2) building operations of the Thabong Hospital commenced during December 1988 and will in all probability be completed by December 1992.

Clinic Holdings margins suffer, earnings up 14%

CLINIC Holdings, SA's largest private hospital group, posted a 14% rise in attributable earnings in the six months to March, with profit margins suffering because of a hike in rent and ongoing salary demands.

Executive chairman Barney Hurwitz says these results are in line with projections made by management.

They follow a 10% growth for the year ended September.

The group, which controls Garden City Clinic, Park Lane Clinic and Mil-

ZILLA EFRAT

park Hospital, among others, achieved earnings of 10,01c (8,77c) a share.

It has declared a dividend of 4,5c (4c) a share, up 13% and covered 2,2 times.

Hurwitz says the reduced profit margins resulted from ongoing salary demands, coupled with a budgeted rise in rent because of the landlord's agreed capital expenditure.

However, he says future rental increases will, as from the next financial year, be proportionate to

increases in turnover.

While turnover rose 34%, both pre-tax profits and attributable earnings were up 14% at R19,8m (R17,4m) and R9,9m (R8,7m) respectively.

Hurwitz says the group traditionally earns an improved percentage of its turnover in the second half of its financial year.

With further facilities to be commissioned during the forthcoming months, he is hopeful meaningful growth in earnings will be achieved for the full financial year.

GSH cancer unit: Campaign begins

Staff Reporter

CHM News 2/6/90 98

THE first in a series of benefit functions and charity drives is to kick off later this month in an effort to raise R4 million to replace obsolete or broken equipment needed in Groote Schuur Hospital's cancer unit.

The effort, which is being spearheaded by Executive Womens' Club Committee chairman Ms Sue Lipschitz and called the GSH Cancer Crisis Campaign, will aim to raise R1,5 million locally by June 30 before the campaign becomes national.

The problem was highlighted in the media last month with reports that "hundreds" of newly diagnosed cancer patients could be denied radical curative treatment if a defunct computer planning machine was not immediately replaced.

The machine, which is expected to cost R1,5 million, is used to calculate the exact location of a tumour. Two other machines, also costing about R1,5 million, also need urgent replacing.

Ms Lipschitz said the first in a long line of events to raise the much-needed money would be a benefit show at the Theatre on the Bay on June 17.

Tickets for the event will cost R150 per person and can be obtained through Ms Lipschitz at 434-8478 (w) or Ms Val Christoffersen at 689-1875 (w).

W/E AR 64 2/6/70

Doctor held as workers stone police

PORT ELIZABETH. — A doctor was arrested when workers stoned police outside Livingstone Hospital after a march.

About 500 workers marched out of the hospital yesterday carrying ANC banners and placards.

They started toyi-toying on open ground opposite the hospital.

The doctor was arrested when the group started stoning the police while they were talking to him.

Teargas had to be used to disperse the mob. They regrouped, however, and tried to free the doctor, a police spokesman said. A private vehicle and two police vehicles were damaged in subsequent stoning.

The spokesman said the incident occurred when the crowd — all believed to be members of the National Health Worker's Union — marched from the hospital's premises.

Started toyi-toying

They marched across Stanford Road to open ground where they started toyi-toying.

Police requests that they disperse were ignored and when police approached a man whom they believed was the leader, the crowd started hurling stones at them.

The spokesman said the police had no option but to use teargas to disperse the mob. They regrouped, however, and tried to free their suspected leader. More stones were thrown and vehicles were damaged.

Activities at the hospital were reported to be back to normal yesterday afternoon, but telephone calls to the hospital remained unanswered.

No comment could be obtained from the union.
— Sapa.

Medical leader hits at 'inhuman hours'

CAPT Timp 5/6/90 (B) 98

By ANDRE KOOPMAN

MANY hospital doctors, specially registrars, interns and senior house officers, had to work "inhuman" shifts, in which 34 hours of non-stop duty was the norm, Dr Christopher Hugo-Hamman, chairman of the SA Registrars' Association (Sara), said last night.

He was addressing a meeting at UCT organised by Sara.

Minister of National Health Dr Rina Venter told the meeting her department was working on a "management model" which would give hospitals more leeway in determining shifts and salaries.

Registrars are doctors who practise in hospitals to receive training in specialist fields.

Dr Hugo-Hamman said that 18% of registrars served more than 80 hours per week and 4% more than 100 hours.

"Is it fair that a child in an intensive care unit can be the responsibility of a doctor who has, to take the worst possible but not uncommon scenario, not slept in 24, 30 or 34 hours — or that a

surgeon can operate on a patient having endured the same experience?

"The detrimental effect that sleep deprivation and demanding duty rosters have on doctors is not a figment of the imagination, but is well-documented. It is the daily experience of thousands of doctors in this country," said the professor.

"Suffice it to say that the courts have come to recognise the concept of diminished responsibility of the unfortunate doctor who errs under these circumstances.

"The system has been found culpable and it is the system which needs attention," he said.

While airline pilots and truck drivers were protected from the "deleterious effects of exhaustion", doctors were not.

Dr Hugo-Hamann said a change in the system was "morally and ethically obligatory". Shifts of 24 hours must be the maximum, as was already the case with anaesthetists.

Hospitals had "adequate staff" to implement a better system.

810-5/6/90

98

Residents opposed to trauma unit

By Shirley Woodgate

Plans for a R34 million sports rehabilitation centre, a clinic and a 24-hour trauma unit on the eastern border of Orange Grove, Johannesburg, are being hotly opposed by local residents backed by Councillor Clive Gilbert.

The application by Arlandia Investments for rezoning certain stands on 17th Street has been advertised in the press. It proposes a 10 000 sq m development with parking for 400 vehicles.

The developer at present has city council consent-use for office rights on certain stands, which would be incorporated in the total project.

Mr Gilbert said: "Residents argue that a polyclinic would be an asset to the neighbourhood, but a project of this size offers no benefit to the local inhabitants.

"It would destroy the ambience of the up-market suburb and attract traffic which would spill over into the neighbouring streets," he said.

"Orange Grove has been developed as a yuppie extension of Norwood, with many exclusive homes."

No comment was available from the developers.

Sick pour out of the wards

PATIENTS are leaving Baragwanath in pyjamas as the hospital crisis plunges into its seventh day today.

Even a six-member health union meeting with Health Minister Rina Venter in Cape Town on Friday morning failed to reach agreement on stopping the crippling health workers' strikes threatening a crisis in township health services.

After a two-and-a-half-hour meeting the union delegation and Venter issued a joint statement urging all concerned to seriously address that which had given rise to the crisis so the situation could be normalised and strikers could return to work.

The statement also said discussions covered a wide range of issues from the hospital crisis in the Transvaal to national health policy.

Health union organiser Monde Mditshwa said: "The parties agreed that a national health service based on the principles of accessibility, acceptability, affordability and a health system that is both equitable and based on high quality of health care with the accent on preventive, rather than curative, health care, is essential."

Venter had undertaken to convey Nehawu's concerns on the issues they had raised to the relevant organisations and departments, including the SA Nursing Council, the Nursing Association and the TPA, said Mditshwa.

Meanwhile, Frans Jiyane reports that Tembisa Hospital workers on Thursday decided to go on strike - in line with the one taking place at Baragwanath Hospital.

These workers hold a



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Contract profits Presmed

A DECISION to remain contracted into official medical aid tariffs has had a favourable impact on the occupancy and profit levels of President Medical Investments (Presmed) private hospitals and day clinics, Presmed chairman Naude Bremer says in the latest annual report.

Presmed operates and controls day clinics and hospitals throughout SA.

Bremer says the group's decision has had a direct impact on the bottom-line profit of the company with all three private hospitals run by Presmed — as well as the seven day clinics — contributing to profit.

In the year to February Presmed increased attributable income by 89% to R1,3m (equivalent to 15,4c a share). The dividend rose to 4c a share from 2,7c in 1989.

Bremer says construction of the R2m centre in Bedfordview — comprising a compact private hospital

EDWIN UNDERWOOD

and consultancy suites — should be completed by mid-1991. Construction on a R4m development in Rustenburg — comprising a private hospital of 65 beds and three operating theatres — is also expected to begin this year. (98)

Despite the expected tight economic conditions of the year ahead, Presmed is well placed to perform above expectations, Bremer says.

Nonetheless the group, which has a debt:equity ratio of 61,8, is expected to need additional finance in this financial year.

With new projects underway, he concedes the board will have to consider additional financing measures.

Financial director Chris Greyvensteyn said yesterday the board still had to decide how to raise the capital. A rights offer or loan were both possibilities.

- of Inquiry in connection with the alleged hit squads, if so, why;
- (2) whether any conditions were attached to this authorisation; if so, what are these conditions?

D213E

The MINISTER OF JUSTICE:

- (1) No.
- (2) Falls away.

For the sake of clarity, I would like to elaborate on the legal position which is as follows:

- (i) In terms of section 3(1) of the State Attorneys Act, 1957, the State Attorney is authorised to perform such work on behalf of the Government of the Republic as is by law, practice or custom performed by attorneys, notaries and conveyancers.

- (ii) Section 3(3) provides further that the State Attorney may, unless the Minister of Justice otherwise directs, perform like functions in connection with any matter in which the Government, though not a party, is interested or concerned in, or where in the opinion of the State Attorney it is in the public interest.

The State Attorney may, in terms of this section, namely 3(3), perform work on behalf of an individual, provided that the Government is interested or concerned in the matter. In such cases it is practice that an undertaking is made by the person

concerned, to the effect that if it appears at a later stage that the Government did not have any interest or concern in the matter, costs expended by the State on the individual's behalf, will be reimbursed by the latter.

The State Attorney, as is the case with any other attorney, receives his instructions from clients. The applicable section is 3(1). The State Attorney's clients are, *inter alia*, Government departments who issue the relevant instructions to the State Attorney. In such cases the approval of the Minister of Justice is not required.

In the case of the Harms Commission there are two legal teams, one on behalf of the South African Police and the other on behalf of the South African Defence Force, appearing before the said commission by direction of the State Attorney. The instructions to the State Attorney in this regard were given respectively by the South African Police and the South African Defence Force, as Department-clients of the State Attorney.

Another two legal teams, one on behalf of individual members of the South African Police and the other on behalf of the CCB, are also appearing before the Harms Commission by direction of private attorneys. These two legal teams were instructed by the South African Police and the South African Defence Force, respectively.

The legal costs are borne by the two departments concerned.

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Natal Provincial Administration hospitals: posts 408. Mr M J ELLIS asked the Minister of National Health and Population Development:

- (1) How many posts had been established as at 31 December 1989 for (a) nurses, (b)

paramedics, (c) medical staff, (d) administrative staff and (e) other staff at each hospital falling under the control of the Natal Provincial Administration;

- (2) whether any posts at these hospitals were frozen as at 31 December 1989; if so, how many in each category in respect of each hospital;

- (3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1989 and (b) how many applications were (i) granted and (ii) refused in each case?

B955E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1)	(a)	(b)	(c)	(d)	(e)
Addington Hospital	1 287	65	128	172	877
Ambulance/Emergency Medical Services	117	1	4	34	387
Christ the King Hospital	736	17	27	10	64
Clairwood Hospital		172	19	49	311
Central Radiological Division	226	3	9	1	10
Dundee Hospital	193	3	12	23	169
Esicourt Hospital	107	1	6	25	166
Emmaus Hospital	98	3	7	11	161
Empangeni Hospital	270	4	16	14	126
Eshowe Hospital	190	3	15	38	167
G J Crookes Hospital	744	17	51	36	144
Grey's Hospital	137	3	8	95	658
Greytown Hospital				20	117
Head Office	130	2	2	2	3
Hillcrest Hospital	51	1	2	9	114
Imbali C H C	7			7	24
Kearsney C H C	80	1	3	12	1
Kwadabeka C H C	1 980	71	224	2 991	37
King Edward VIII Hospital	692	11	33	28	104
King George V Hospital					591
Joint Establishment/University of Durban-Westville		19			5
Joint Medical Establishment	317		244	32	48
Lady'smith Hospital	1	6	23	45	73
Lamontville C H C	754	5	18	25	840
Midlands Hospital	6				
Melville C H C	150	5	10	26	176
Murchison Hospital	107			5	
Natal College of Nursing	206	3	6	23	162
Newcastle Hospital	420	9	39	70	300
Northdale Hospital	9				1
Newlands C H C	30			2	11
Newtown C H C					

HOUSE OF ASSEMBLY

Hanswani 98

	(a)	(b)	(c)	(d)	(e)
Osindisweni Hospital	387	6	14	33	259
Orthopaedic Services				9	76
Provincial Medical Rehabilitation Services			1	1	6
Provincial Medical Supply Centre				24	58
Port Shepstone Hospital	234	5	19	29	157
Regional Laboratory Services			35	39	517
Richmond C H C	17			1	7
R K Khan Hospital	671	21	72	123	402
R K Khan C H C	17			10	268
Regional Laundry Durban and Coastal				8	108
Regional Laundry Northern Natal				4	108
Regional Office	550	1	28	69	374
St Andrew's Hospital	132	1	4	10	54
St Appollinaris Hospital	246	3	6	15	106
Stanger Hospital	262	3	18	37	180
Taylor Bequest Hospital	129			12	98
Tongaat C H C	38			4	19
Underberg C H C	17			2	7
Usher Memorial Hospital	108	3	6	1	14
Umzinto C H C	17			6	101
Utrecht Hospital	33	1	2	2	36
Vryheid Hospital	152	3	8	23	137
Wentworth Hospital	493	20	37	48	430
TOTAL	12 548	492	1 189	1 626	10 257

(2) yes.

	(a)	(b)	(c)	(d)	(e)
Osindisweni	107	0	0	0	11
St Appollinaris	11	3	1	5	6
TOTAL	118	3	1	5	17

(3) (a) none,

(b) (i) and (ii) fall away.

Notifiable diseases: cases

461. Mr M J ELLIS asked the Minister of National Health and Population Development: How many cases of each notifiable disease were notified in respect of each race group in 1989? B1082E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Number of notified cases of all the notifiable medical conditions in the RSA (excluding TBVC), 1989
Hanswani 8/6/90 (as on 18 May 1990)

Condition	Indian	Black	Coloured	White
Cholera	0	2	1	0
Typhoid fever	1	28	0	0
Paratyphoid fever	0	0	0	0
Tuberculosis (all forms)	611	44 520	17 197	697
Plague	0	0	0	0
Anthrax	0	1	0	0
Brucellosis	0	3	5	10
Leprosy	0	33	6	0
Diphtheria	0	6	3	0
Meningococcal infection	21	358	414	75

HOUSE OF ASSEMBLY

Hanswani 8/6/90

Condition	Indian	Black	Coloured	White
Tetanus	0	119	3	2
Poliomylitis	0	8	3	0
Smallpox	0	0	0	0
Measles	49	8 676	468	191
Yellow fever	0	0	0	0
Haemorrhagic fevers of Africa	0	1	2	9
Rift Valley fever	0	0	0	0
Viral hepatitis	63	816	561	656
Rabies	0	6	0	1
Psittacosis	0	1	0	2
Trachoma	0	300	2	0
Typhus fever	0	0	0	0
Malaria	3	6 030	18	193
Trypanosomiasis	0	0	0	0
Leptospirosis	0	0	0	0
Toxoplasmosis	0	2	0	0
Primary malignancy, Bronchus	22	98	131	169
Primary malignancy, Lung	32	49	42	83
Primary malignancy, Pleura	0	16	14	10
Poisoning from agricultural remedies	0	67	42	24
Lead poisoning	0	5	1	0

OFS Region: farm schools for Blacks

473. Mr R M BURROWS asked the Minister of Education: *Hanswani* 8/6/90

(1) How many (a) primary and (b) secondary schools for Blacks were located on farms in the Orange Free State Region in 1989;

(2) how many pupils were attending such (a) primary and (b) secondary schools as at the latest specified date in 1989 and 1990, respectively, for which figures are available? B1098E

The MINISTER OF EDUCATION:

(1) (a) 1 053

(b) none.

(2) (a) 1989 — 61 395

1990 — 59 830

(b) 1989 — none

1990 — none.

Own Affairs:

Teachers/administrative staff employed

87. Mr J J WALSH asked the Minister of Education and Culture: *Hanswani* 8/6/90
 How many (a) teachers and (b) administrative staff were employed by each of the provincial

education departments as at 31 December 1989? *Hanswani* 8/6/90 B64AE

The MINISTER OF EDUCATION AND CULTURE:

	(a)	(b)
Cape	16 522	2 002
Natal	7 357	953
Orange Free State	5 050	627
Transval	30 462	4 449

* excluding professional, technical and scheduled departmental personnel.

Cape Province/Natal: school attendance/absenteeism

130. Mr R M BURROWS asked the Minister of Education and Culture: *Hanswani* 8/6/90

Whether, with reference to his reply to Question No 18 on 28 February 1990, the 1989 statistics relating to school attendance and absenteeism for the Cape Province and Natal are available as yet; if not, why not; if so, what was the daily average (a) number of pupils attending (i) primary and (ii) secondary school, and (b) percentage absentee rate at (i) primary and (ii) secondary schools, in (aa) the Cape Province and (bb) Natal in that year? B1220E

HOUSE OF ASSEMBLY

Doctor held after protest

PORT ELIZABETH.— A doctor suspected by police of being the "leader" of a worker protest at Livingstone Hospital, Dr Reno Morar, has been arrested and charged with public violence.

He was released pending a further appearance on June 14.

Patients at the hospital received an unwelcome dose of teargas during the protest when police dispersed a crowd of some 300 toyi-toying health workers demonstrating against the Labour Relations Amendment Act.

The chairperson of the workers' committee, Elijah Magazi, said demonstrating workers moved from the grounds to open ground across the road from the hospital. *South 7/6/90 - 13/6/90*

Police arrived and gave them three minutes to disperse.

While Dr Morar was explaining the situation to the workers, five policemen had grabbed him, Magazi claimed.

When workers tried to "pull him back", the police had fired teargas. He denied police allegations that the crowd stoned the police and damaged vehicles. Another worker, who said he had been standing close to Dr Morar, also said he had seen no stone-throwing.

A police spokesperson said the protesters had ignored a warning to disperse. As police approached a man they believed to be the leader, stones were thrown. The police then fired teargas.

The crowd had regrouped and tried to free the man. A private vehicle and two police vehicles were damaged in the subsequent stoning, police alleged.

The superintendent, Dr Graham White, confirmed that some patients in maternity had been affected by teargas.

He denied calling in the police, saying he had been informed about the protest beforehand, and was not concerned as the workers' action did not affect patient care. He had become concerned when the protest moved from the hospital grounds, he said.

Meanwhile pamphlets urging nurses not to succumb to pressure to "lower the status of the nurse to the level of a worker", have appeared at Livingstone

and other Eastern Cape hospitals.

Produced by the South African Nursing Association, the pamphlets say Sana represents nurses and meets their needs.

No other organisation was recognised as representative of nurses. Other bodies considered "a nurse to be just another health worker, thus stripping nurses of their professional status".

Sana executive director, Suzanne du Preez, said the association regularly compiled and distributed pamphlets.

Patient care at Livingstone was recently jeopardised when general assistants and a number of nurses stopped work for three days to demand higher wages.

- Pen

11/6/85 S/6/90

Troubling questions on new Groote Schuur

98

An open letter to the Minister of National Health and Population Development, Dr RINA VENTER, from Professor S R BENATAR, Professor of Medicine at UCT

IN the short time since you took up the position of Minister of Health and Population Development, you have worked with great dedication to come to grips with the complexities of the dilemmas of health care delivery in South Africa. Your office has received many who have wished to place their viewpoint before you and from my own personal experience, I know that you have welcomed open debate on controversial issues. I am sure that you have heard many conflicting views and that it has not been easy in terms of such rapid social change to formulate policies which will meet with the approval of all. You have in addition been faced with difficulties imposed by strikers in hospitals and cuts imposed on the health budget by the Minister of Finance. All of these additional problems have magnified the difficulty of your own task.

While recognising and appreciating all of these problems and both welcoming and applauding the recent announcement that hospital apartheid is to be abolished, I should like to question some aspects of recent decision making which I believe require more explicit public exposure. I refer to the cuts imposed on Groote Schuur

Hospital at a crucial time in its development and to the harsh responses to requests for reconsideration with regard to some vital equipment.

First let me point out that when the decision to build a new GSH was taken in the early 1970s many of us questioned the wisdom of this decision and we advocated building two smaller community hospitals instead. This would have preserved and protected a smaller tertiary institution and encouraged the extension of teaching medicine into community hospitals. This alternative was rejected and building of the new GSH began in 1984. Having embarked on this project in which a great deal of energy and money have now been invested, it seems illogical to waste much of this by failing to implement even the stages of the project which will allow us to occupy the same number of beds as were being used in the old GSH.

The estimated equipment budget for the 1990/91 financial year is in the region of R40-million. Much of this is needed to replace outdated and malfunctioning equipment which, in anticipation of the move to the new GSH, had not been replaced in the old hospital in order to save the expense of double installation and transfer. The cut in the equipment budget for the new hospital from R40-million first to R20-million, then to R11-million, and ultimately to R6.4-million shortly before some of the last departments could be transferred to the new GSH is a crippling blow not only to progress, but indeed to maintaining the services we have been able to offer in the past. A cut of this magnitude is considered by the GSH/UCT staff and by



Professor S R Benatar

the public to be vicious particularly when coupled to a further 15-20 percent cut in the budget for running costs for this financial year.

I know that the Provincial budget has been cut by approximately 20 percent, but I should like to specifically question whether this 20 percent has merely been passed on indiscriminately to all institutions or whether some at-

tually the expenditure of the Groote Schuur Hospital region which includes several hospitals, primary health units and community services. The expenditure for Groote Schuur Hospital itself cannot easily be separated from the total expenditure for the region which includes all administrative, professional and technical personnel costs of the GSH region.

□ The nature and extent of the services provided by GSH regional complex has changed and expanded considerably in the past 10-15 years and there have also been enormous increases in the complexity and intensity of our work and services. Analysis of patient day costs between 1976 and 1986 has shown that with adjustments for the consumer price index, there was no increase in patient day costs in the GSH region. This is remarkable in the context of having to provide more intense and complex health care to a growing number of patients in a fixed number of beds and while all staff had to be heavily involved in planning a new hospital on site. The increased costs since 1987 were due to expenditure on equipment and operating costs for commissioning the new hospital and some additional personnel for this purpose.

□ Academic productivity of the hospital/Medical School complex has remained admirably high during this time. This success in cost containment without loss of productivity has only been achieved through dedicated efforts and extremely hard work on behalf of all staff in many departments. Detailed information is available supporting all the points I have made.

□ From the annual reports of various hospitals to the Directors of Hospital Services, it should be possible to evaluate the performance indicators for other major institutions within the Cape Province and in other provinces. May I enquire whether this was done prior to making uniform cuts in the budgets of all institutions? If so, I believe the data regarding these various performance indicators should be made public. If not, then I believe that it would be appropriate to respectfully request reconsideration of the draconian cuts applied to a vital institution at a critical point in its development.

We admire and respect the decision to provide additional resources for primary health care. I should, however, like to remind you that many people have devoted the best part of their lives to building a national resource of excellence at the GSH/UCT medical complex. They and the public deserve the opportunity to review the rationale for the cuts imposed in comparison with the performance indicators and cuts imposed on other institutions. It is such accountability which is necessary if the credibility of your office and of the administration is to be preserved for the difficult tasks ahead.

It is with reluctance that I write an open letter requesting this information, but other attempts to obtain open and frank answers to these questions have been unsuccessful. I look forward to a full and detailed reply from you.

S R BENATAR
Professor of Medicine, UCT
Observatory

Venter challenged to explain hospital cut ⁹⁸

Medical Reporter *AAAS/6/90*

THE Minister of Health, Dr Rina Venter, has been challenged in an open letter to give details of how the "draconian" budget cut for Groote Schuur Hospital was decided on.

Professor S R Benatar, head of the Department of Medicine at the University of Cape Town, said to the Minister "it is with reluctance that I write an open letter requesting this information but other attempts to obtain open and frank answers have been unsuccessful".

He said the wisdom of the decision to build a new Groote Schuur Hospital had been questioned in the early 1970s.

However, now that the project had been embarked on it seemed "illogical" to fail to implement the final stages which would allow the same number of beds as were being used in

the old Groote Schuur Hospital to be occupied.

The cut in the budget shortly before some of the last departments could be transferred to the new hospital was "a crippling blow, not only to progress, but indeed to maintaining the services we have been able to offer in the past".

A cut of this magnitude was considered by the staff and public to be "vicious" particularly when coupled to a 20 per cent cut in the budget for running costs, he added.

● The full text of the letter appears on page 10.

(1)

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Star

12/6/92

Open hospitals 'political'

The decision to open hospitals to all races was made because of political pressure and not to improve health care in South Africa, Dr Willie Snyman (CP, Pietersburg), said yesterday.

Opposing the National Health and Population Development vote, he said the Conservative Party was not against funds being made available.

But it was against political management in health organisations "to please the African National Congress and those outside."

Supporting the vote, Mr Mike Ellis (DP, Durban North) said there was an urgent need to make health services available to everyone.

"And the opening of all hospitals is of utmost importance". — Sapa.

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Questions standing over from Tuesday, 5 June 1990:

Cape Province: hospitals for Whites only

*1. Mr K M ANDREW asked the Minister of Health Services, Welfare and Housing:

- (1) Whether there are at present or were in May 1990 any hospitals for Whites only in the Cape Province; if so, (a) which hospitals and (b) why; **98**
- (2) whether all the services provided by these hospitals are now available to all races; if so, since when; if not, why not;
- (3) whether any change is planned in regard to such hospitals; if so, what change? **B1161E**

†The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

(1) (a) and (b) No. Four provincial hospitals in the Cape Province were transferred to the Administration: House of Assembly in terms of the Republic of South Africa Constitution Act, 1983.

(2) Yes. All the services provided by these hospitals have always been available to all races subject to the availability of funds.

(3) No.

Mr K M ANDREW: Mr Speaker, arising from the hon the Minister's reply, is he aware that as recently as this month people phoning Conradie Hospital in Cape Town for information about admission have been asked what their colour is? [Interjections.]

†The MINISTER: Mr Speaker, to the best of my knowledge, the four hospitals that are under discussion here are the Volks Hospital, William Slater Hospital, the Port Elizabeth General Hospital and the Walvis Bay Hospital. It seems to me that the hon member for Cape Town Gardens directed his question to the wrong address.

*2. Mr K M ANDREW — Health Services, Welfare and Housing. [Question standing over.]

New questions:

White teachers' colleges: persons of colour

*1. Mr A GERBER asked the Minister of Education and Culture:†

Whether it is his Department's policy that persons of colour be permitted (a) to receive education and (b) to reside in hostels at White teachers' colleges; if not, why not; if so, how many persons of colour are currently (i) studying, and (ii) residing in hostels, at teachers' colleges under his Department's control? **B1185E**

†The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING (for the Minister of Education and Culture):

(a) Yes, in terms of Items 2 and 14 of Schedule 1 of the Constitution, service is rendered at three teachers' colleges,

- (i) 285 distance teaching students at the Natal College of Education, 11 B Prim Ed students at the Edgewood College of Education and 53 B Prim Ed students at the Johannesburg College of Education;

(b) no, because the Department does not render a service in this respect,

(ii) falls away.

†Mr A GERBER: Mr Speaker, arising out of the hon the Minister's reply, can he tell us whether tuition at the teaching college and residency in hostels of that teaching college are also regarded as services to persons of colour?

†The MINISTER: Mr Speaker, the hon member for Brits will surely not take offence if I do not reply to his supplementary question. I believe he must utilise the opportunity and put the question to my hon colleague, the hon the Minister of Education and Culture. [Interjections.]

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Homes for the aged: already non-racial

*2. Mr H D K VAN DER MERWE asked the Minister of Health Services, Welfare and Housing:† **12/6/90**

Whether the homes for the aged falling under his Department are non-racial already; if so, from what date; if not, why not? **B1187E**

†The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

The Department at present subsidises 428 homes for the aged. The policy in respect of admittance to these homes is determined by the managements and owners of the homes concerned. The Department subsidises only Whites who are admitted to these homes.

The Department of Health Services and Welfare controls and operates four homes for the aged, namely Tini Vorster Home, Sonop, Karatara and Silwerkroon. At present only Whites are admitted to these homes as they are community orientated.

Lumpy-skin disease: shortage of vaccine

*3. Mr W L VAN DER MERWE asked the Minister of Agricultural Development:†

- (1) Whether any shortage of vaccine supplied by Onderstepoort for the combating of lumpy-skin disease has been experienced since 1 January 1989; if so, why;

(2) how many doses of vaccine have been provided (a) in the Republic and (b) to African states and other countries since that date;

(3) in respect of what date is this information furnished? **B1226E**

†The MINISTER OF AGRICULTURAL DEVELOPMENT:

(1) Yes, a shortage of lumpy-skin disease vaccine was experienced due to the fact that the disease took on epidemic proportions at the end of 1989. One of the reasons for this is that farmers neglected to immunise their stock the preceding period. The supply and production of vaccine coincided with the demand because the vaccine does not have a long shelf-life. There has not been a shortage of lumpy-skin disease vaccine since mid-April 1990.

- (2) (a) 4 409 900 doses were supplied in the RSA between 1 January 1989 and 31 May 1990.

(b) 144 900 doses (that is 3,18% of the total 4 554 800 doses manufactured) were supplied to foreign countries (including African states) during the same period. **12/6/90**

(3) The period in respect of which this information is supplied is 1 January 1989 to 31 May 1990. **12/6/90**

For written reply:

General Affairs:

Harms Commission: counsel for SAP

299. Mr S S VAN DER MERWE asked the Minister of Law and Order: **12/6/90**

(1) (a) (i) What are the names of the senior and junior counsel appearing for the South African Police before the Harms Commission and (ii) how many years has each such counsel been in practice and (b) what arrangements have been made between the Police and such counsel regarding remuneration to be paid to them;

(2) whether any counsel are being paid retainers; if so (a) to whom are such retainers being paid and (b) (i) how much is being paid, and (ii) why, in each case;

(3) whether any arrangement has been made between the Police and any counsel regarding the (a) duration of services and (b) length of notice required for the termination of such services; if so, (i) what are these arrangements, and (ii) why were they made, in each case? **12/6/90 B776E**

†The MINISTER OF LAW AND ORDER:

- (1) (a) (i) Advocate L Visser (SC) Advocate S J Maritz (SC) Advocate M D Du Preez Advocate P Kemp

- (ii) 20 years
- 17 years
- 14 years
- 11 years

(b) The fee structure of the advocates was compiled beforehand by way of agreement.

(2) No.

(a) and (b) Fall away.

partment of National Health and Population Development.

It is also pointed out to the hon member that dietary punishment as a general sentence option no longer appears in section 92 of the Magistrates' Court Act, 1944 (Act No 32 of 1944).

Own Affairs:

Volks Hospital, Cape Town

128. Mr K M ANDREW asked the Minister of Health Services, Welfare and Housing:

- (1) What is the nature of the services provided by the Volks Hospital, Cape Town;
- (2) whether all the services so provided are available to (a) all age groups, (b) both sexes and (c) all races; if not, (i) why not and (ii) to which categories of persons is each such service available.;
- (3) (a) how many beds are there at this

hospital and (b) what was the average bed occupancy rate in respect of the latest specified calendar year for which figures are available?

Answer 12/6/90 B1110E
The MINISTER OF HEALTH SERVICES, WELFARE AND HOUSING:

(1) The following services are provided:

(a) General medical services.

(b) High care unit.

(c) Rehabilitation unit.

(2) (a) Yes.

(b) Yes.

(c) Yes.

(3) (a) 128.

(b) 42.1%.

HOUSE OF REPRESENTATIVES

That, however, does not mean that we are not negotiating for more land for Reiger Park. We are dealing with the housing shortage as a matter of urgency.

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

Reiger Park: building of houses

Mr J A RABIE asked the Minister of Housing:

Whether his Department intends building houses or having them built on the available land at Reiger Park; if not, why not; if so, what are the relevant details?

C105E.INT

The MINISTER OF HOUSING: Mr Chairman, the answer is no. It is a well-known fact that Reiger Park suffers from a scarcity of land for future development of housing. I want to emphasise that the hon member asked about Reiger Park specifically.

The department does not own any land for housing purposes. During May 1989 a loan of R8,6 million from the Housing Fund was granted to the local authority for the provision of services and the erection of 320 dwellings. The local authority recently applied for a further advance to service an additional 63 erven as well as for the construction of dwellings on these erven. Due to the shortage of funds and the general need for housing in the Transvaal this application could unfortunately not be favourably considered by the Housing Board. The local authority was thus advised to have the 63 erven serviced by private developers after which the erven could be sold to individuals.

All other serviced land in Reiger Park or land available for development is privately owned.

Rand Mines have offered a portion of their land between Reiger Park and Germiston south of Esburgdam. As most of this land is of use for development and adjoins Reiger Park the Development Board has granted permission for negotiations to proceed with Rand Mines.

I want to repeat that we are negotiating for land for Reiger Park. In his question the hon member confined me to Reiger Park itself. That is why I stated that the department does not own land.

*Mr J A RABIE: Mr Chairman, I was not trying to indicate in my question that the department did own land. The hon the Minister will know that over the years I have negotiated for decent housing for the residents of Reiger Park.

Land was proclaimed for incorporation into Reiger Park in 1981. The then Department of Community Development was to have been the developer of the land at that stage with regard to expropriation, the provision of services and so on. I am aware of the fact that the land belongs to private owners. The hon the Minister mentioned Rand Mines, for example. I put the question to emphasise the matter of Reiger Park once again.

Reiger Park was established there in 1964 for the resettlement of people from Germiston, Benoni, Edenvale and Heidelberg. As far as the authorities were concerned, very little was done as regards the development and provision of housing in Reiger Park. When I arrived in Reiger Park, only 20 houses had been built and there were 60 in Little Germiston. Subsequently one had to have the land that was available serviced and utilised as best one could. In this way other housing came into existence within the boundaries of the then limited boundaries of Reiger Park.

The areas were proclaimed in 1981. The mine gobbled up all the land that had been proclaimed with their development, and now we are struggling. The hon the Minister is aware of that. Klippoortjie, to which he has just referred, is one of the areas that we are trying to get incorporated into Reiger Park. This also applies to the area to the north of Reiger Park, which borders on Commissioner Street, and also Angeto and the area opposite Cinderella Dam.

Mention has been made, however, of the available land which was proclaimed as part of Reiger Park where development ought to take place. At one stage there was a city committee which operated under the then Department of Community Development. Subsequently it petered out, but when the new dispensation, the tricameral Parliament, came into existence, I insisted that it start to function again. It now functions under the Department of the hon the Minister. That is

the money is...

'Keep politics apart from health issues'

ARGUS 12/6/70
98

By ANDREA WEISS, Medical Reporter
CAPE Administrator Mr Kobus Meiring has appealed to public figures, academics and the media not to descend to "ill-considered petty politics" when talking about the financial problems of health institutions.

Mr Meiring was addressing the National Cancer Association's annual general meeting in Milnerton today.

"Just as elsewhere in the country, health institutions in the Cape are under pressure financially and therefore it is of the utmost importance that we do everything possible to maintain standards of service," Mr Meiring said.

Reports in which institutions were played off against each other and untested allegations were thrown around did not improve health care.

"Sensible suggestions and cool behaviour aimed at best using available resources are of value.

VITAL SERVICES

"Also, the willingness of the private sector and the public to contribute financially to the maintenance of vital services like cancer care is worthy of thanks."

Mr Meiring said lip service to the ideal of maintaining standards was no longer enough. Institutions would have to harness their strengths and abilities.

"The wider community must always be put first — even if this requires rationalisation, the better use of equipment and great sacrifices from manpower."

With coronary heart disease, cancer still claimed the most South African lives.

Therefore continued research, the imparting of information and the care of cancer patients would have to be supported by community awareness, he said.

WIN A CAR! New Argus-Atkinson's Toyota Stick-a-Pic clue on page 21

Why I wept in joy and sorrow

I WEPT when they told me why.

It was the stories — of heartbreak and compassion — behind the donations, the large and the small, to the Grootte Schuur cancer unit fund.

Yes, manning the phones for the ARGUS WOMAN — Women can make it happen — appeal to help raise R1.5-million by the end of the month — has been not only an education about the generosity and compassion of people, but also a deeply emotional sharing.

By MAUREN PITHEY
Argus Woman's editor



Heartbreak 1: A woman from the Muizenberg area, who insisted on remaining anonymous, gave R10 000 in memory of four members of her family she had lost to the disease.

Another cheque for the same amount came from a couple in their late 70s. They, too, wanted to be anonymous.

Both have been seriously ill in the past but, said the husband: "We're making this donation with grateful thanks for the good health we enjoy now."

Heartbreak 2: A mother called. Quietly, she told me her 18-year-old daughter had died from a brain tumour.

"I could do nothing," she said. "All the love in the world couldn't save her or make it less painful. I've sent a cheque to the fund. I hope it helps to save some other child — and some other mother."

Argus 12/6/90

WOMAN

WOMEN CAN MAKE IT HAPPEN

GROOTE SCHUUR CANCER UNIT APPEAL

Then she cried. And we wept together.

Someone who had made a private collection among friends, told how she had asked a Somerset West pen-

sioner for a small contribution.

"She insisted on giving me R100," said my caller, crying into the phone, "but it's too much — I know she can't afford it!"

She went on to say the elderly lady does intricate crochet work to make a little extra pocket money.

"Do you know how many nights she will sit working up that money?"

Many letters to the Grootte Schuur fund tell of relatives who suffered from cancer —

Fund leaps

THE fund to raise R1,5m for vital equipment for Grootte Schuur hospital's cancer unit is nearing R200 000.

At the latest count the total stood at R197 000 — an increase of R95 000 since the weekend.

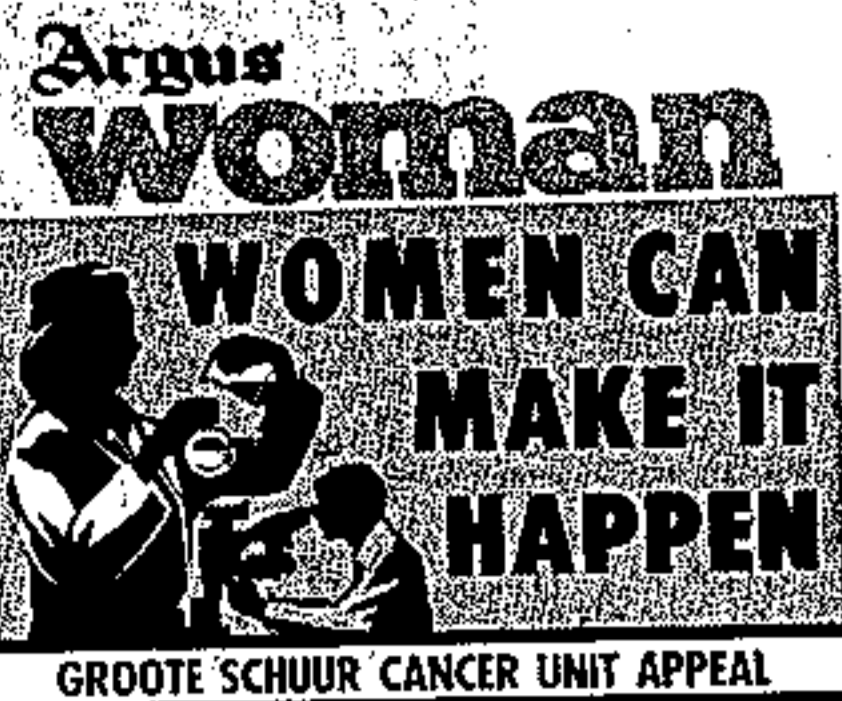
● See page 12.

and of the "incredible kindness and understanding" at the unit.

"I know what wonderful work the cancer unit does," wrote a reader whose granddaughter is being treated after a mastectomy. "I pray your appeal succeeds beyond your expectations."

If tears were wishes there would be no need for a public appeal to raise the R1.5 million needed to buy vitally-needed equipment for the cancer unit.

Unfortunately, they're not. That's why it needs not only tears, but all our efforts and generosity to make sure the money is raised.



Cancer fund reaches ^{ARGUS} first ^{13/6/90}

R250 000 ⁹⁸

By MAUREEN PITHEY
Argus Woman Editor

THE Groote Schuur cancer unit fund has reached its first R250 000, a week after ARGUS WOMAN launched its "Women can make it happen" appeal.

Donations from R5 upwards have come in, many anonymously, hundreds "in memory" of former cancer patients or "in grateful thanks" from sufferers who — after treatment at the unit — have lived.

The response from people has been spontaneous, immediate and stunning.

Now we're hoping the business sector will make its contribution in the quest to raise R1.5m by the end of the month.

SA BREWERIES RESPONDS

One of the first companies to respond was SA Breweries, Western Cape Region.

In response to an appeal from its women staff, the company started a fund with a R10 000 kickoff — then challenged its female staff to make the fund grow.

Ms Ann Furness, secretary to general manager Mr Sam Montsi, spoke on behalf of colleagues: "Women staffers are all doing something to make the fund grow. Not simply putting in a cheque for R10 — we're all doing something to make that little bit extra and engaging the help of our male colleagues in the process.

"Some of the women are contributing to cake sales in the company, others are canvassing friends and neighbours for donations."

The company has also challenged other big businesses to follow suit.

● See page 9.

14/6/90

110 152 98 513

'137 percent more deaths during strike'

Own Correspondent

PRETORIA — The commission of inquiry into allegations that 22 babies died as a result of strike action at Ga-Rankuwa Hospital has heard that the mortality rate in the neo-natal ward rose by about 137 percent during the strike.

The hospital's former chief medical superintendent, Dr Louis van Heerden, said the allegations arose after the strike, which ran from April 4 to April 12, ended. When the strike began about 2 000 patients were being accommodated and the paediatric section had an occupancy rate of about 175 percent, he said.

The commission, chaired by Mr Justice Cillie, is also investigating the causes and other possible consequences of the strike as well as the possible criminal liability of the workers and nursing staff involved.

High mortality

Counsel for the National Education, Health and Allied Workers' Union (Nehawu), Mr G Josman, said the deaths of the babies were not necessarily attributable to the strike and that the neo-natal ward normally had a high mortality rate.

Dr van Heerden told the commission that strikers had hindered nurses, held up supplies of medicines to the wards, and cut supplies of medical gases needed in theatres and intensive care units for essential services.

He said the hospital's workers' committee had approached management with a list of grievances on March 29 which included, among others, that

they objected to being called "kaffirs" and "pigs" by superiors, that the distribution of office equipment and promotions were handled on a racist basis, and that workers were being forced into signing "leave without pay" forms.

The workers had also demanded the resignation of two officials, Mr A J Boshoff and Mr H Swanepoel, whom they claimed had proved to be "racists who continue to harass, victimise and even intimidate workers".

Dr van Heerden said he had issued a general warning concerning the use of "unacceptable" language, and denied that equipment distribution or promotions were being handled unfairly. A report-back meeting had been arranged between the two parties for April 4 at 9 am. However, workers had begun striking earlier that morning.

He said a decision was taken on April 9 to evacuate patients and that orders were given to transport patients to other medical institutions.

Academic staff had objected to the evacuation on the basis that previous strikes had already disrupted student training.

Mr Josman indicated he would lead evidence that the decision to evacuate had also had some bearing on the alleged deaths in the neo-natal ward.

Dr van Heerden also testified that nurses had been physically dragged out of their wards by strikers and that police intervention on April 9 had resulted in police dogs and their handlers entering theatres in pursuit of strikers who failed to respond to an interdict banning the strike.

HOUSE OF DELEGATES

QUESTIONS

+ Indicates translated version.

For written reply:

Own Affairs:

Certain schools: renovations/lease/purchase

50. Mr D K PADIACHEY asked the Minister of Education and Culture:

- (1) Whether, with reference to his reply to Question No 31 on 8 May 1990, tenders have been received in respect of the renovations to the Johannesburg Secondary School; if not, why not; if so, (a) when, (b) (i) by and (ii) from whom, (c) for what amounts in each case and (d) what are the particulars of the successful tender;

- (2) whether approval has been obtained from the Transvaal Provincial Administration for a separate sub-station to be built to electrify the new section of this school; if so, (a) when and (b) how soon can electricity be supplied to this section;
- (3) whether permission has been granted for the Goedehoop Primary School in Mayfair to be leased or purchased; if not, why not; if so, (a) (i) (aa) by and (bb) to whom and (ii) when was such permission granted and (b) when is it anticipated that the said school will be so leased or purchased?

D2222E

The MINISTER OF EDUCATION AND CULTURE:

- (1) No.
In reply to Question No 31 on 8 May 1990, the answer given was "YES".

When the school was taken over by my Department, it was our intention to effect major renovations and repairs.

However, when it was later discovered that the property was incorporated in a proposed road development project and that the life span of the school would be about five years, it was decided not to proceed with major renovations and repairs but to facilitate maintenance only, ie to keep the school in reasonably good condition.

Recently the Department was informed that the above-mentioned road project had been shelved. Then, once again it was decided to carry out renovations and repairs. Hence the answer "yes" to Question No 31.

In the meantime, negotiations were in progress for the acquisition of "John Ware School". Thus it has now been decided not to invite tenders for renovations and repairs; an additional point for consideration is also the high cost of ±R250 000 for repairs and renovations.

- (a), (b), (c) and (d) fall away.

(2) No.

Approval has not been obtained from the Transvaal Provincial Administration for a separate sub-station to be built. However, on request by Messrs C A du Toit Electrical Engineers, the Johannesburg City Council has approved of the erection of an Electrical sub-station.

- (a) and (b) fall away.

(3) No.

Permission has not yet been granted by the Transvaal Provincial Administration either for the leasing or purchasing of the Goedehoop Primary School in Mayfair. The reason for the delay has not yet been made known to my Department.

- (a) and (b) fall away.

HOUSE OF ASSEMBLY

QUESTIONS

+ Indicates translated version.

For written reply:

General Affairs:

OFS Provincial Administration hospitals: posts

409. Mr M J ELLIS asked the Minister of National Health and Population Development:

- (1) How many posts had been established as at 31 December 1989 for (a) nurses, (b)

paramedics, (c) medical staff, (d) administrative staff and (e) other staff at each hospital falling under the control of the Orange Free State Provincial Administration;

- (2) whether any posts at these hospitals were frozen as at 31 December 1989; if so, how many in each category in respect of each hospital;

- (3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1989 and (b) how many applications were (i) granted and (ii) refused in each case?

B956E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1)	(a)	(b)	(c)	(d)	(e)
Bothaville	45			4	31
Clocolan	29			3	28
Ficksburg	30	1		4	27
Frankfort	31			4	28
Harrismith	51	1		5	55
Heilbron	42	1		5	46
Hoopstad	31			4	32
Jagerfontein	34			5	45
Ladybrand	29			3	28
Parys	63	1		9	44
Reitz	36			4	33
Senekal	36			6	39
Smithfield	29			3	28
Vrede	30			3	29
Winburg	34			4	33
Zastron	29			4	43
Sasolburg	102	4	2	17	124
Odendaalsrus	90	1		8	82
Virginia	85	1	1	9	90
Boitumelo (Kroonstad)	288	8	1	41	212
Voortrekker (Kroonstad)	173	9	5	26	266
Bethlehem	119	7	3	16	102
Phekolong (Bethlehem)	128	3	5	17	120
Welkom	360	21	7	50	309
Oranje Hospital	425	12	36	24	85
Botshabelo	659	8	33	53	123
Pelonomi	1 606	158	2	233	1 041
Universitas	1 084	382	384	279	2 157
TOTAL	5 698	618	488	843	5 280

(2) yes,	(a)	(b)	(c)	(d)	(e)
Bultfontein	1				
Bethlehem	52	1		6	32
Bothaville	15	1		3	8
Botshabelo	51	1	14	13	28
Clocolan	8				3
Ficksburg	15			1	16
Frankfort	5			1	7
Harrismith	19			1	4
Heilbron	4			2	4
Hoopstad	13			1	4
Jagersfontein	11			1	2
Voortrekker (Kroonstad)	60	1	4	5	21
Boitumelo (Kroonstad)	84			2	26
Ladybrand	7			2	2
Odendaalsrus	10		1	2	15
Parys	14			2	8
Reitz	6	1		1	5
Sasolburg	43			3	26
Smithfield	9				5
Virginia	17			1	9
Vrede	6				3
Winburg	9				2
Zastron					
Central Laundry (Kroonstad)				2	8
NKOFs	6			2	6
Central Laundry (Bloemfontein)				1	12
Phekolong	22			3	14
Welkom	169	6		8	103
Oranje	66	3	5	9	42
Pelonomi	46		31	10	70
Mankofs (Mangaung)	12				3
Universitas	716	112	189	79	242
Head Office	52			15	15
Regional Office					
District Surgeon Bloemhof				1	3
TOTAL	1 548	126	244	175	749

(2) yes,	(a)	(b)	(c)	(d)	(e)
Odendaalsrus	10	0	1	0	15
Parys	14	0	0	2	8
Reitz	6	1	0	1	5
Sasolburg	43	0	0	3	26
Smithfield	9	0	0	0	5
Virginia	17	0	0	1	9
Vrede	6	0	0	0	1
Winburg	9	0	0	0	1
Zastron	0	0	0	0	0
Central Laundry (Kroonstad)	0	0	0	2	8
NKOFs	6	0	0	2	6
Central Laundry (Bloemfontein)	0	0	0	1	12
Phekolong	22	0	0	3	14
Welkom	122	2	0	0	100
Oranje	66	3	5	9	42
Pelonomi	46	0	31	10	70
Mankofs (Mangaung)	12	0	0	0	3
Universitas	716	112	189	79	242
Family Planning: Head Office:					
Bloemfontein	44	0	0	14	12
Regional Office	0	0	0	0	3
District Surgeon: Bloemhof	0	0	0	0	1
Primary Health: Hoopstad	0	0	0	0	1
Bloemfontein	6	0	0	0	3
Vrede	0	0	0	0	2
Bethlehem	15	0	0	0	3
Kroonstad	8	0	0	0	3
Welkom	3	0	0	0	3
Frankfort	0	0	0	0	1
Fouriesburg	0	0	0	0	1
Dentistry	0	0	0	1	0
TOTAL	1 558	126	244	175	757

(b) (i) 2 860

(ii) none.

Irradiated foodstuffs

441. Mr M J ELLIS asked the Minister of National Health and Population Development:

(1) (a) What foodstuffs may currently be irradiated in South Africa and (b) what is the dosage of irradiation in each case;

(2) whether South Africa (a) imports and/or (b) exports irradiated foodstuffs; if so, (i) what quantities of each specified foodstuff were (aa) imported and (bb) exported in 1989 and (ii) what was the dosage of irradiation in each case?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) and (b)	Average dosage absorbed (KGY)
Almonds	10
Beef biltong	9
Shoulder bacon	4,5
Bread and cake crumbs	2
Egg pulp (frozen)	4
Egg white powder	10
Vegetables (dehydrated)	10
Rollled oats	1
Whole egg powder	4,5
Chicken	2,5
Cheese flavouring compounds	8
Bee-pollen capsules	10

Hospital chief 'not tough enough'

Pretoria Correspondent

A far harder line could have been taken by the temporary chief medical superintendent when investigating a list of workers' grievances received by GaRankuwa Hospital management before an eight-day strike at the hospital, a commission of inquiry into the causes and consequence of the strike was told.

Dr L van Heerden admitted during cross-examination yesterday that he could have "been rougher" on staff guilty of racist actions.

The commission, chaired by Mr Justice van Heerden, is also investigating allegations that 23 premature babies died as a result of the strike in April.

Racism

Dr van Heerden testified that much of the investigation into the grievances was handled by the deputy director of administration, Mr A J Boshoff.

Mr Boshoff and another hospital official, H Swanepoel, were described in the list as

being "racists who continue to harass, victimise and even intimidate workers".

No official complaints about Mr Boshoff were made to Dr van Heerden, who said he had known him for several years and had never found him "rude, aggressive or racist".

But he knew that relations between Mr Boshoff and hospital staff were strained, and said that complaints about Mr Swanepoel's behaviour towards workers had been made.

The hearing continues.

Star
15/6/92
78
78
78

Coconut	10
Garlic	0,17
Queen-bee jelly	10
Condiment paste	10
Herb mixtures	8
Sweets	10
Milkshake powder	10
Muesli mixtures	4,5
Pink viennas	4,5
Rooibos tea	10
Seaweed (dried)	4,5-9
Soya powder	7
Soya fibre	8
Soup powder	0,75
Sorghum malt	10
Spices	4-7
Sugar solutions	4,5
Yeast powder	4
Tonlite yeast	10
Reverse osmosis concen- trated egg white	5
Onion powder (dried)	4
Pork crackling	9
Slimming aids	4,5
Fibre (fraw)	8
Mango achar	4
Fish	0,5-2
Meat extract	9
Food supplements	2,5
Fruit (dried) and nuts	4,5
Fruit jam	4
Fruit pulp	8
Figs (dried)	9

(2) (a) no, no irradiated foodstuffs were imported in 1989,

(b) yes, it is possible. Except that foodstuffs destined for the export market must also conform to the requirements of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), the Department does not control the export of such foodstuffs,

- (i) (aa) none,
 (bb) unknown,
 (ii) (aa) not applicable,
 (bb) unknown.

Irradiated foodstuffs: labelling

442. Mr M J ELLIS asked the Minister of National Health and Population Development:

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:
Foreign patients treated in South African provincial hospitals: period 1988/09/01 to 1989/08/31

Country/City origin	Province concerned	No of patients	Collectable		Hospital fees		Written off
			R	c	R	c	
Australia	Cape	9	313,05		313,05		
	Natal	3	1 096,00		1 096,00		
Austria	Cape	1	341,00		,00		
Bahamas	Cape	2	142,95		142,95		
Belgium	Cape	4	195,75		195,75		
	OFS	1	40,00		40,00		
Botswana	Transvaal	305	691 643,90		473 724,21		
	Cape	9	985,05		551,55		
	Natal	6	4 315,00		3 730,50		
Brazil	OFS	4	560,00		560,00		
	Cape	3	2 238,60		2 238,60		
	OFS	1	20,00		,00		20,00
Bulgaria	Cape	3	1 890,70		1 890,70		
Burma	Cape	1	1 936,50		,00		
Canada	Cape	5	695,05		496,05		
Chile	Cape	2	50,00		,00		
China	Cape	4	1 061,10		859,10		
Cyprus	OFS	1	220,00		220,00		
Comoro	Transvaal	1	13 502,07		,00		
Korea	Cape	4	1 212,90		1 212,90		
France	Cape	20	4 901,95		4 282,55		
Germany	Cape	84	29 579,40		9 661,20		
	Natal	3	351,50		351,50		
	Cape	6	8 624,03		2 326,55		
Greece	OFS	3	300,00		300,00		
India	Cape	10	19 075,45		17 496,50		
Ireland	Cape	4	5 964,80		,00		
Israel	Cape	6	628,10		628,10		
Italy	Cape	12	2 771,15		992,35		
	OFS	1	132,00		132,00		
Japan	Cape	11	6 278,10		6 160,60		
	OFS	3	3 520,00		3 520,00		
Kenya	OFS	7	770,00		770,00		
Lesotho	Transvaal	1	56,00		56,00		
	Cape	152	76 241,25		1 502,50		16 972,85
	Natal	20	2 075,00		1 391,00		39,00
Madeira	OFS	1 533	1 071 904,26		731 449,27		1 592,00
Malawi	Cape	1	71,00		,00		
	Transvaal	24	76 981,62		29 516,21		
	Cape	56	27 326,55		12 319,85		
	Natal	3	1 170,50		,00		
	OFS	8	990,00		990,00		
Mauritius	Transvaal	43	372 921,06		347 121,55		
	Cape	264	144 336,83		91 544,70		
	Natal	31	68 249,50		68 249,50		
	OFS	77	8 470,00		550,00		
Mozambique	Transvaal	66	185 896,45		125 493,93		

State-financed hospitals: foreign patients

460. Mr M J ELLIS asked the Minister of National Health and Population Development:

(a) How many foreign patients, including those from the four independent Black states, were treated in State-financed hospitals in each province in 1989, (b) from which countries did these patients come, (c) what was the total cost of these patients to each province and (d) what amount of the fees payable was recovered from these patients in respect of each province?

B1081E

Country/City origin	Province concerned	No of patients	Collectable		Hospital fees		Written off
			R	c	R	c	
Netherlands	Cape	6	3 700,00	56,70	3 700,00		
Netherlands	Cape	48	2 197,15	1 718,25			
New Zealand	OFS	13	1 340,00	350,00			
New Zealand	Cape	3	202,00	202,00			
Pakistan	Natal	1	10,00	10,00			
Philippines	Cape	1	32,35				
Poland	Cape	3	969,70	420,15			
Portugal	Cape	3	3 716,00	2 157,00			
Rumania	Transvaal	1	34 572,07	26 000,00			
Rumania	Cape	17	6 800,65	4 287,80			
Russia	Cape	15	17 333,45	15 923,45			
Scotland	Cape	21	7 742,05	7 742,05			
Seychelles	OFS	2	1 210,00	1 210,00			
Spain	Cape	6	2 159,50	86,30			
St Helena	Cape	3	2 268,60	516,35			
Swaziland	Cape	50	22 407,50	12 830,05			
Sweden	Cape	14	10 996,05	10 996,05			
Switzerland	Transvaal	96	216 523,90	134 881,18			
Taiwan	Cape	3	1 412,00	1 342,00			
Tristan Da Cunha	Natal	16	7 518,50	4 869,00			
Turkey	OFS	10	850,00	770,00			80,00
United Kingdom	Cape	4	113,40	113,40			
United Kingdom	Transvaal	1	484,92	484,92			
United States of America	Cape	11	738,65	654,70			
United States of America	Cape	11	421,55	103,35			
United States of America	Cape	5	4 314,80	4 314,80			
United States of America	Cape	2	533,35	28,35			
United States of America	Cape	88	22 944,02	11 455,05			
United States of America	Natal	6	1 119,50	1 119,50			
United States of America	OFS	17	2 240,00	1 650,00			
West Germany	Transvaal	1	2 084,34	2 084,34			
West Germany	Cape	35	7 438,64	5 921,38			8,00
West Germany	Natal	1	13,00	13,00			
Zambia	OFS	8	1 760,00	660,00			
Zambia	Transvaal	1	489,65	489,65			
Zaire	OFS	3	220,00	220,00			
Zaire	Transvaal	8	3 810,78	2 037,89			
Zaire	Cape	12	4 935,00	2 130,05			
Zimbabwe	Natal	3	1 144,00	1 144,00			
Zimbabwe	OFS	4	1 943,54	1 743,68			
Zimbabwe	Transvaal	3	6 398,36	6 398,36			
Zimbabwe	Cape	5	9 176,25	7 761,25			
Zimbabwe	Transvaal	50	120 482,07	47 504,50			
Zimbabwe	Cape	345	180 154,31	90 474,25			
Zimbabwe	Natal	15	14 030,00	9 406,50			
Zimbabwe	OFS	19	2 220,00	1 700,00			
TOTAL	Cape	1 114	504 681,25	221 244,40			33,00
TOTAL	Natal	62	43 402,60	37 422,60			3 885,00

Country/City origin	Province concerned	No of patients	Collectable		Hospital fees		Written off
			R	c	R	c	
OFS	OFS	1 751	1 647 780,33	1 052 330,53			815,00
Transvaal	Transvaal	615	1 585 380,40	799 398,46			
TOTAL	RSA	3 542	3 781 244,58	2 110 395,99			4 773,00

Information regarding the TBVC states is not readily available.

Own Affairs:

Hoërskool Ontdekkers: investigation of closing

132. Mr A GERBER asked the Minister of Education and Culture:†

- (1) Whether his Department is investigating or has investigated the closing of the Hoërskool Ontdekkers; if so, what are the relevant details;
- (2) (a) what is the enrolment at this school and (b) in respect of what date is this information furnished;
- (3) whether he will make a statement on the matter?

† Hans Saef 15/6/90 B1232E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes, at the request of the local School Board and the Management Council of the school possibilities for rationalisation are being investigated;
- (2) (a) 442,
- (b) 1990-01-22;
- (3) no.

White schools in West Rand: closing

133. Mr P H DE LA REY asked the Minister of Education and Culture:†

† Hans Saef 15/6/90

- (1) Whether his Department is considering closing any White schools in the West Rand region at present; if so, (a) which schools, (b) for what reasons in each case and (c) (i) what is the present number of pupils of each such school and (ii) in respect of what date is this information furnished;
- (2) whether he will make a statement on the matter?

B1234E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes,
- (a) at this stage Hoërskool Ontdekkers,
- (b) at the request of the local School Board and the Management Council,
- (c) (i) 442,
- (ii) 1990-01-22;
- (2) no.

Cape Province teachers: payment of salaries

134. Mr A GERBER asked the Minister of Education and Culture:†

† Hans Saef 15/6/90 B1250E

- (1) Whether there are any teachers in the Cape Province whose salaries have not been paid punctually each month since January 1990; if so, (a) how many teachers have not yet received their salaries for each month since January 1990 and (b) what are the reasons therefor;
- (2) whether he will make a statement on the matter?

The MINISTER OF EDUCATION AND CULTURE:

- (1) Not to my knowledge, but it is quite possible that such cases, for which special alternative provision is made, may occur;
- (a) statistics of this nature are not kept;
- (b) there are many possible reasons, including late receipt of nomination forms, lack of relevant information, failure by teachers to submit work permits required for immigrants and insufficient proof of previous service and qualifications;
- (2) no.

23 dead babies: doctor tells of strike crisis

Star 19/6/90

Pretoria Correspondent

Documentary evidence substantiating allegations that 23 premature babies died as a direct result of strike action at Ga-Rankuwa Hospital earlier this year has been handed to a Commission of Inquiry investigating the causes and consequences of the eight-day dispute.

The evidence was contained in a letter written by a paediatric consultant, Dr M van Dyk, to the temporary chief medical superintendent, Dr L van Heerden, on April 17 — five days after the strike ended.

"In the neo-natal intensive care unit we had to diagnose and treat critically ill babies without supporting laboratory facilities. We had 23 deaths between April 4 and April 10," wrote Dr van Wyk.

The letter, submitted as evidence yesterday, said no cleaning was done in the neo-natal section during the strike and neither were the bodies of

dead babies collected for removal to the mortuary. The tiny patients' food was delivered late and on April 10 and 11 none of the babies received medication as their nurses had been "intimidated to join the strike".

"I have to state that this was a most unethical way to care for patients. I would appreciate it if you (Dr van Heerden) could let the parties involved in the strike know what the results of their actions were. The responsibility for those patients already dead, as well as those who will die due to poor care, should be placed on the strikers."

The legal representative for the National Education, Health and Allied Workers Union, Mr G Josman, said on the first day the Commission of Inquiry sat that he would show the attempted evacuation of patients during the strike had some bearing on the alleged deaths of the infants.

However, Dr van Heerden said yesterday that he was not aware that any of the babies in the neo-natal ward had been evacuated.

- (2) (a) 25 764
- (b) 4 320
- (c) 1 535

NOTE: A large number of the stolen vehicles are taken to countries such as Mozambique, Zimbabwe, Zambia, Zaïre, Tanzania, Malawi, Botswana, Swaziland and Lesotho. Although some of these vehicles are identified in the countries concerned, it is difficult to retrieve them as the co-operation of the authorities of these countries cannot be obtained.

Police Force: resignations/shortage

501. Mr S S VAN DER MERWE asked the Minister of Law and Order:

- (1) (a) How many policemen of each rank resigned from the Police Force (i) in 1989 and (ii) from 1 January 1990 up to the latest specified date for which information is available and (b) how many new recruits were there during each of these periods;
- (2) what was the shortage of policemen of each rank in each province as at (a) the latest specified date for which figures are available and (b) 31 December 1989?

B1155E

The MINISTER OF LAW AND ORDER:

- (1) (a) (i) 3 048 in 1989.
- (ii) 2 589 until 31 May 1990.
- (b) (i) 3 716 in 1989.
- (ii) 4 154 until 31 May 1990.
- (2) (a) On 31 May 1990, 4 925 posts were vacant country-wide.
- (b) On 31 December 1989, 5 304 posts were vacant country-wide.

PE area: technicians

505. Mr E W TRENT asked the Minister of National Education:

- (1) (a) How many technicians for (i) Whites, (ii) Blacks, (iii) Coloureds and (iv) Indians are there in the Port Elizabeth area and (b) in respect of what date is this information furnished;

- (2) what was the (a) capacity of and (b) enrolment at each such technician as at the latest specified date in 1990 for which information is available;

Whether there are any clinics for the termination of pregnancies in South Africa; if so, (a) (i) what are their names and (ii) where is each located and (b) in respect of what date is this information furnished?

B1266E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No, there are no specific clinics for the termination of pregnancies but abortions are carried out at provincial hospitals and some private hospitals

- (a) (i) and (ii)

provincial hospitals,
Sandton Clinic,
Louis Leipoldt Hospital, Bellville, and
Poli Clinic, Port Elizabeth

- (b) 11 June 1990.

Diarrhoea/dysentery: child deaths

541. Mr M J ELLIS asked the Minister of Home Affairs:

Whether the Central Statistical Service keeps statistics of the number of (a) White, (b) Coloured, (c) Indian and (d) Black children who died of (i) diarrhoea and (ii) dysentery; if not, why not; if so, what are the relevant

statistics for 1989 or the latest specified year for which they are available?

B1276E

The MINISTER OF HOME AFFAIRS:

Statistics on children who died of diarrhoea and dysentery are not kept separately. In the compilation of statistics on deaths, the Statistical Classification of Diseases, Injuries and Causes of Death (which is based on the International Classification of Diseases) is used to distinguish the different causes of death. Diarrhoea and dysentery are not identified separately but fall under Ill-defined Intestinal Infections in the group Intestinal Infectious Diseases. Child deaths in this category during 1988 (the latest year for which such statistics are available) were:

Children*

- (a) 15
- (b) 805
- (c)** 11
- (d) 3 892

* Children under one year of age. This age group is normally used to calculate the infant mortality rate.
** Asians are shown. Data on Indians are not separately available.

Unemployment Insurance Fund benefits: OFS

519. Mr L FUCHS asked the Minister of Manpower:

- (1) What total amount was paid out in Unemployment Insurance Fund benefits in the Orange Free State in the 1988-89 and 1989-90 financial years, respectively;
- (2) in respect of each of these financial years, (a) how many (i) Blacks, (ii) Whites, (iii) Coloureds and (iv) Indians received such benefits and (b) what was the total amount involved in each case?

The MINISTER OF MANPOWER:

- (1) 1988 — R21 518 683
- 1989 — R30 336 445

- (2) (a) and (b) Figures for the different population groups are not readily available.

NOTE: The figures are for the period 1 January to 31 December of each year concerned.

Clinics for termination of pregnancies

531. Mr A J LEON asked the Minister of National Health and Population Development:

19/6/90

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These statistics exclude taxpayers falling under the final deduction system (ie those earning less than R8 000 per annum in the 1987 and 1988 tax years) and the standard income tax on employees (married woman earning less than R20 000 per annum or other taxpayers earning less than R12 000 per annum, for the 1989 tax year).

INCOME GROUP	NUMBER		
	1987	1988	1989
Loss	215	172	34
0 — 5 000	265	239	245
5 001 — 10 000	496	390	142
10 001 — 15 000	664	558	366
15 001 — 20 000	630	579	475
20 001 — 25 000	587	541	555
25 001 — 30 000	457	455	422
30 001 — 35 000	329	384	282
35 001 — 40 000	246	300	245
40 001 — 45 000	149	198	176
45 001 — 50 000	84	142	126
50 001 — 60 000	101	154	118
60 001 — 70 000	48	59	57
70 001 — 80 000	33	43	35
80 001 — 90 000	16	30	18
90 001 — 100 000	16	16	4
100 001 — 150 000	33	41	18
150 001 — 200 000	17	15	1
200 001 — 250 000	6	4	3
Over 250 000	2	6	2
Total	4 394	4 326	3 324

Taxpayers

436. Mr H H SCHWARZ asked the Minister of Finance:

(a) What was the (i) number of individual taxpayers in each income category and (ii) tax assessed in each income category expressed as a percentage of total tax assessed in the 1988-89 tax year and (b) what percentage of each group of taxpayers is Black?

B1022E

The MINISTER OF FINANCE:

During this session, as in past sessions, several questions have been asked concerning the number of taxpayers or tax assessed in various income categories, split up on the basis of the different race groups. Up to and including the 1984 tax year, when all taxpayers were required to submit returns for assessment, the replies furnished to questions of this nature, which were prepared from an analysis of assessments raised, provided an accurate indication of the relative contribution made by each race group.

Since the introduction of the final deduction system in the 1985 tax year, and more particularly since the introduction of the SITE system in the 1989 tax year, an ever increasing number of taxpayers do not submit returns. The stage has been reached where an analysis of assessments issued presents a misleading picture of the relative contribution made by the different race groups. For example, in the reply furnished below, which is based on assessments issued to date in respect of the 1989 tax year, Blacks are seen to comprise approximately 20% of the number of taxpayers earning R10 000 or less. However, on the basis of statistical returns furnished by employers, Blacks would appear to comprise in excess of 65% of the taxpayers in this income group.

Thus, while answers to this and similar questions have been furnished in the form requested, and represent the most accurate information available, it must be stressed that they do not fairly represent the relative contribution to total direct tax made by each race group.

Income category	R	Number of individual taxpayers in each category	Tax assessed in each income category expressed as a percentage of total tax assessed in the 1988-89 tax year	
			%	%
Loss		16 896	0,00	0,54
0 — 5 000	262 684	262 684	0,05	22,39
5 001 — 10 000	120 108	120 108	0,19	14,11
10 001 — 15 000	315 887	315 887	2,03	26,10
15 001 — 20 000	309 474	309 474	4,67	21,43
20 001 — 25 000	223 521	223 521	6,26	11,95
25 001 — 30 000	185 484	185 484	7,91	5,81
30 001 — 35 000	149 979	149 979	8,91	2,96
35 001 — 40 000	118 788	118 788	9,17	1,86
40 001 — 45 000	87 777	87 777	8,41	1,08
45 001 — 50 000	65 974	65 974	7,58	1,00
50 001 — 60 000	82 642	82 642	11,77	0,73
60 001 — 70 000	42 997	42 997	7,84	0,52
70 001 — 80 000	23 981	23 981	5,33	0,44
80 001 — 90 000	14 078	14 078	3,70	0,36
90 001 — 100 000	8 587	8 587	2,61	0,24
100 001 — 150 000	16 006	16 006	6,44	0,18
150 001 — 200 000	4 345	4 345	2,66	0,14
200 001 — 250 000	1 534	1 534	1,25	0,32
250 001 +	2 076	2 076	3,22	0,29
	2 052 818	2 052 818	100,00	

Note: These statistics represent 71,81% of the income tax register.

Hillbrow hospital workers: representations

444. Mr L FUCHS asked the Minister of National Health and Population Development:

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

- (1) Whether any representations on behalf of workers at the Hillbrow Hospital have been made to any Government Department or the Transvaal Provincial Administration; if so, (a) (i) by whom, (ii) to which Department and (iii) when were such representations made and (b) what was the (i) purport of and (ii) response to each such representation:
- (a) (i) the Chairman of the Hillbrow Hospital Administration Advisory Committee, (ii) the Chief Medical/Dental Superintendent of the Hillbrow Hospital (Transvaal Provincial Administration).
- (b) (i) the representations were in respect of:
- (ii) various dates from November 1989 to 18 April 1990.

(2) whether she, any Department or the provincial authorities concerned have been approached by any members of the medical staff of the Hillbrow Hospital; if so, (a) what are the names or status of these persons and (b) (i) when, and (ii) for what reasons, in each case?

B1035E

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- * permanent appointment of General Assistants,
- * night duty allowance to administrative staff, porters and general assistants,
- * travelling allowance to administrative staff, and
- * the recognition of the National Education Health and Allied Workers Union as union,

(ii) * salaries of General Assistants have been adjusted with effect from 1 April 1990 due to representations by various departments/administrations,

* the Chairman of the Hillbrow Hospital Administration Advisory Committee was notified in writing that Ursula Mansions is not situated on the premises of the Hillbrow Hospital, the Hillbrow residential area had not been declared a free settlement area and the request to be accommodated in Ursula Mansions cannot be acceded to,

* approval had been granted for certain staff at Hillbrow Hospital to be accommodated in the Nursing Residence of the Johannesburg Hospital.

* the representations regarding permanent appointment, night duty allowance and travelling allowance have been submitted to the Office of the

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Commission for Administration, discussions between the Hospital Management, staff of the Director General's office and the workers took place and communication channels between the Labour Union NEHAWU and the Transvaal Provincial Administration had been established;

(2) no, (a), (b) (i) and (ii) fall away.

CPA hospital posts

453. Mr A E DE WET asked the Minister of National Health and Population Development:

(1) How many posts had been established as at 31 December 1989 for (a) nurses, (b) paramedics, (c) medical staff, (d) administrative staff and (e) other staff at each hospital falling under the control of the Cape Provincial Administration;

(2) whether any posts at these hospitals were frozen as at 31 December 1989; if so, how many in each category in respect of each hospital;

(3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1989 and (b) how many applications were (i) granted and (ii) refused in each case?

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B1046E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1)	(a)	(b)	(c)	(d)	(e)
Adelaide Clinic	3	—	—	—	2
Aliwal Hospital	62	2	5	2	56
Andries Vosloo Hospital	92	1	6	1	103
Avalon Treatment Centre	17	2	1	—	26
Barkly West Hospital	26	—	1	—	21
Bedford Hospital	46	—	—	—	34
Bill Pickard Hospital	28	1	1	1	32
B J Kempen Memorial	30	—	1	—	31
Brewelskloof Hospital	179	3	6	1	133
Brooklyn Chest Hospital	128	2	5	1	169
Burgersdorp Hospital	27	—	1	1	36
Caledon Hospital	64	1	—	1	70
Cathcart Hospital	69	1	2	1	39

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(1)	(a)	(b)	(c)	(d)	(e)
Ceres Hospital	50	1	2	1	41
Citrusdal Hospital	24	—	1	1	27
Cloete Joubert Hospital	34	1	1	1	41
Colesberg Hospital	39	—	1	1	35
Connie Voster Hospital	37	1	1	1	46
Conradie Hospital	743	51	60	7	586
Craddock Hospital	119	1	8	2	134
Day Hospitals: Karl Bremer	72	1	20	4	116
Delft Animal Centre	—	—	—	—	67
Dora Nginza Hospital	405	9	28	5	328
Dr Van Niekerk Hospital	49	1	7	2	42
Eben Dönges Hospital	230	6	26	3	257
Elizabeth Donkin Hospital	137	1	5	1	124
Empilweni Hospital	118	1	4	1	105
Frere Hospital	1 275	61	126	11	1 033
Frere Hospital (Hospital for Infectious Diseases)	74	—	126	11	67
Fort Beaufort Hospital	100	2	—	1	90
Fort England Hospital	194	1	4	1	369
Fritz Visser Hospital	35	—	3	1	35
Family Planning: Northern Cape	196	—	2	—	136
Family Planning: Eastern Cape	352	—	2	—	252
Family Planning: Western Cape	298	—	2	—	317
Frontier Hospital	265	3	10	4	249
Grey Hospital	183	5	19	3	176
G F Jooste Hospital	85	4	19	1	75
Gordonia Hospital	140	3	13	2	132
Groote Schuur Hospital	3 126	353	831	76	4 841
Hermanus Hospital	30	—	2	1	24
Hester Malan Hospital	28	—	—	1	31
Hotentots Holland Hospital	105	1	16	1	77
Humansdorp Hospital	49	—	2	1	51
Joubertina Day Hospital	5	—	1	—	3
Khayelisha Day Hospital	29	2	5	—	32
Kimberley Hospital	757	22	74	9	731
Knysna Hospital	113	4	18	1	118
Komani Hospital	474	3	10	2	383
Cross Roads 1 Day Hospital	10	—	2	—	8
Cross Roads 2 Day Hospital	11	—	3	—	17
Kuruman Hospital	42	—	3	1	39
Kwa Nabuhle Day Hospital	28	—	1	—	10
Kwazakhele Day Hospital	33	—	2	—	25
Laboratory for Tissue Immunology	3	—	5	—	90
Ladismith Hospital	29	1	1	1	23
LAPA Munnik Hospital	25	1	1	—	20
Livingstone Hospital	1 450	48	172	11	956
Midlands Hospital	106	2	—	2	96
Montagu Hospital	37	2	2	1	33
Mosselbaai Hospital	88	2	15	1	80
Motherwell Community Health Centre	63	—	3	—	50
Mowbray Maternity Hospital	266	1	—	—	141
Nanagal Paterson Clinic	3	—	—	—	2
Nolungile Dayhospital	19	—	3	—	10

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(1)	(a)	(b)	(c)	(d)	(e)
Emergency Centre: East Cape	1	—	—	—	—
Emergency Centre: West Cape	1	—	—	—	—
North Cape Region	8	—	—	—	8
North Cape Region, N H P D	13	1	1	6	46
East Cape Region	35	1	4	2	26
East Cape Region, N H P D	103	—	3	11	83
Orthotic and Prosthetic Centre:					
East Cape	4	—	—	—	113
Orthotic and Prosthetic Centre:					
Rondebosch	—	—	—	—	45
Orthotic and Prosthetic Centre:					
Kimberley	—	—	—	1	74
Orthotic and Prosthetic Centre: Frere	—	—	—	—	18
Ouma Cillie Hospital	45	—	—	—	44
Paarl Hospital	303	3	1	1	38
Port Alfred Clinic	6	—	21	4	225
Port Nolloth Hospital	10	—	—	—	3
Postmasburg Hospital	47	1	1	—	7
Provincial Hospital Elliot	33	—	2	1	47
Provincial Hospital Port Elizabeth	995	65	77	11	38
Reivilo Hospital	27	—	1	1	22
Riversdal Hospital	69	1	5	1	76
Robertson Hospital	45	1	2	1	31
Red Cross War Memorial Hospital	453	46	109	15	1 056
Central Karoo Hospital	94	1	6	2	86
Settlers Hospital	252	7	20	3	294
Stellenbosch Hospital	130	—	14	3	109
Steynsburg Hospital	26	10	2	1	30
Stikland Hospital	324	—	20	2	356
Sutherland Hospital	11	—	2	1	13
Swarland Hospital	138	1	10	4	120
Swellendam Hospital	41	1	2	1	38
Central Stores Organisation (West Cape)	—	—	—	2	34
Central Laundry: Conradie Hospital	—	—	—	—	296
Central Laundry: Frere Hospital	—	—	—	—	67
Central Laundry: Livingstone Hospital	—	—	—	—	131
Central Laundry: North Cape	—	—	—	—	42
Central Laundry: Tygerberg Hospital	—	—	—	—	194
Central Regional Store: East Cape	—	—	—	—	21
T C Newman Memorial Hospital	81	3	6	—	105
Tygerberg Hospital	2 727	294	628	51	3 818
Tower Hospital	269	1	3	2	263
Technical Workshop: East Cape	—	—	—	—	15
Technical Workshop: West Cape	—	—	—	—	44
Dental Surgery: North Cape	—	3	1	—	13
Dental Surgery: East Cape	—	5	2	—	47
Dental Surgery: West Cape	5	9	2	—	84
Uitenhage Hospital	427	8	18	5	348
Valkenberg Hospital	388	7	71	3	400
Van Rooyen Hospital	21	—	—	—	25
Valks Hospital	96	5	1	—	89
Voortrekker Hospital	27	1	1	—	28
Vredenburg Hospital	50	2	5	1	40

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(1)	(a)	(b)	(c)	(d)	(e)
Vredendal Hospital	53	1	4	1	54
Vryburg Hospital	71	1	5	2	87
Walvisbay Hospital	108	3	7	3	127
Walmer Health Centre	15	—	1	—	15
West End Hospital	205	3	6	1	146
West End T B Hospital	18	1	1	—	22
Western Cape Regional Office	19	1	4	11	100
Western Cape Regional N H P D	22	1	35	1	222
Westleur Hospital	47	2	2	—	35
Wilhelm Stahl Hospital	63	1	1	1	64
William Slater Hospital	6	—	—	—	10
Carines Nursing College	301	—	—	—	67
Charlotte Searle Nursing College	85	—	—	—	15
Frere Nursing College	26	—	—	—	8
Henrietta Stockdale Nursing College	15	—	—	—	7
Nico Malan Nursing College	277	—	—	1	190
Otto Du Plessis Nursing College	436	—	—	—	24
Sarley Dollie Nursing College	530	—	—	—	23
Sharley Cribb Nursing College	29	—	—	—	59
Pharmaceutical Depot: West Cape	—	—	—	—	63
Karl Bremer Hospital	399	7	—	3	334
Somerset Hospital	921	22	2	7	663
Joint Medical Services	—	—	39	—	—
North Block (Somerset Hospital)	—	—	25	—	—
West Block (Somerset Hospital)	—	—	20	—	—
Victoria Hospital	269	17	52	—	251
Eaton Convalescent Home	85	3	3	—	50
Lady Michaelis Orthopaedic Hospital	41	2	4	—	31
False Bay Hospital	83	4	13	—	86
Princess Alice Orthopaedic Hospital	125	18	12	—	95
Mac Gregor Hospital	—	—	—	8	107
Woodstock Hospital	202	12	35	4	213
George Hospital	263	5	30	3	199
Laundry (George Hospital)	—	—	—	—	38
Oudshoorn Hospital	213	5	20	2	185
National Accelerator Centre	24	1	—	—	32
Beaufort West Hospital	69	—	—	1	58
Otto Du Plessis Hospital	32	1	—	1	29
Total:	25 314	1 203	2 042	346	27 128

- (2) yes, vacant posts are frozen for a period of 3 months as a saving measure. The required statistics per hospital and category are not available. Vacancy position was 5 213 as at 31 December 1989;
- (3) (a) statistics are not available;
- (b) (i) and (ii) fall away.

Garankuwa hospital management probed

Reaction to workers' grievances queried

Sowetan 21/6/90

98

LEGAL representatives for the strikers involved in a eight-day labour dispute at Garankuwa hospital in April yesterday questioned the way hospital management reacted to workers' grievances.

A document submitted by Mr G Josman and Mr L Nowosenetz to the Commission of Inquiry investigating the causes and consequences of the strike said it was important to ascertain whether management had acted impartially and rationally.

The two men are appearing on behalf of the National Education, Health and Allied Workers Union (Nehawu).

The document questioned the involvement of Mr A J Boshoff, then deputy director administration at the hospital - in much of the investigations into workers' grievances.

Boshoff's conduct and that of another hospital official, Mr H Swanepoel, was a major cause for complaints among the workers.

They were described in a list of workers' grievances handed to management prior to the strike as "racists" who victimised their subordinates.

The list demanded the two officials be removed from their duties from the hospital.

Nehawu's legal representatives have questioned whether the head of management at the hospital Dr L van Heerden "showed an inability or a reluctance to assert his authority in relation to Boshoff."

They have also queried why initial inquiries by the Transvaal Provincial Administration's (TPA) head office regarding the grievances were directed to Boshoff. This, they claimed, cast doubt on the impartiality

of the management's handling of the strike.

The commission has previously heard evidence that the TPA's refusal to dismiss the two officials sparked a full-scale strike.

Proceeding

1919

THURSDAY, 21 JUNE 1990

Hansard

1920

Total number (metric tons) of products irradiated commercially in the RSA for the period 1 July 1989 to 31 December 1989

Product	Mass (metric tons)		Total
	1/7/89-30/9/89	1/10/89-31/12/89	
Torulite yeast	209,725	196,200	405,925
Meat	—	1,090	1,090
Mushrooms	—	0,053	0,053
Chicken	—	0,278	0,278
Strawberries	—	0,016	0,016
Dehydrated vegetables	3,630	5,174	8,804
FRN Squizy	—	0,640	0,640
Dried figs	4,660	18,065	22,725
Queen jelly	1,390	—	1,390
TOTAL	1 522,288	1 550,838	3 073,126

Minister of National Health and Population

Development: lawsuits

452. Mr A E DE WET asked the Minister of National Health and Population Development:

(1) Whether any lawsuits were brought against (a) her/his predecessor in her/his capacity as Minister of National Health and Population Development and/or (b) any specified chief executive director of provincial hospital services in 1989; if so, what (i) were the circumstances of each lawsuit and (ii) was the outcome in each case; *Hansard 21/6/90*

(2) whether (a) her/his predecessor and/or (b) any specified chief executive director of provincial hospital services paid out any money in 1989 (i) as a result of successful lawsuits brought against them and (ii) in out-of-court settlements; if so, what amount in respect of each case? **B1045E**

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (i) and (ii) Yes,

- application for military pension or alternatively a gratuity: Out-of-court settlement — no costs;
- injury on duty. Application for pension, indemnification and sick leave with full pay: Case pending;
- application for payment of medical expenses by medical scheme: Minister as second respondent won't oppose the

- dispute between employer and employee over date of retirement: Minister as second respondent won't oppose the application and will abide by the decision of the court;
- dispute between employer and employee over a debt which was recovered from such employee's pension: Minister as second respondent won't oppose the application and will abide by the decision of the court;
- employee on bicycle colliding with plaintiff's car: Case pending.

(b) (i) and (ii) Yes,

- fracture due to a motor vehicle accident. Experiences problems after removal of plaster of Paris. Private orthopaedic surgeon alleged negligence; graphic examination;
- patient loses his sight after several tests performed on him in hospital;
- alleged undiagnosed head injury;
- intra-muscular injection caused gangrene;

- None of the cases mentioned below have been finalised or withdrawn. Negotiations are still in progress in all of the cases.
- Allergic reaction to iodine after angiographic examination;
- fracture due to a motor vehicle accident. Experiences problems after removal of plaster of Paris. Private orthopaedic surgeon alleged negligence;
- patient loses his sight after several tests performed on him in hospital;
- alleged undiagnosed head injury;
- intra-muscular injection caused gangrene;

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- ulna nerve injured from elbow to fingers due to alleged negligent administration of anaesthetic;
- facial paralysis due to Meniere's disease;
- chemical burns to both eyes and forehead due to Cidex left in the anaesthetic mask;
- patient allegedly treated incorrectly after snakebite;
- patient goes into a coma after administration of anaesthesia resulting in loss of sight;
- baby suffers brain damage during birth due to alleged negligent conduct during the labour process;
- charges of assault laid against the medical officer by a patient referred for a blood alcohol test;
- treatment of injured finger leading to amputation of the finger;
- baby suffers injury during birth;
- operation on left instead of right ear;
- needle breaks off in breast during operation;
- peripheral neuropathy due to alleged "Amiodarone" toxicity;
- patient dies after erroneous dosage of medication;
- allegation that irradiation was done negligently in an incorrect position. Patient experiences discomfort due to the alleged negligence.
- brain damage due to cardiac arrest during a tonsillectomy;
- patient suffers injuries to his ankle. Alleged irregular treatment as out-patient;
- both legs were later amputated after medication was administered for pain in the legs;
- alleged negligence during labour procedure;
- patient complains of pain. No problem can be traced during examination. Patient discharged and dies that same evening;
- septicæmia of operation wound;
- patient starts to haemorrhage during a confinement whereupon a catheter is applied which broke off in the vein;
- finger amputated after it turned septic due to a fish bone which was not removed;
- alleged incorrect diagnoses resulting in the amputation of both legs of a toddler.

Administrator: Orange Free State Provincial Administration

Administrator: Transvaal Provincial Administration

Administrator: Natal Provincial Administration

Administrator: Natal Provincial Administration

None of the cases mentioned below have been finalised or withdrawn. Negotiations are still in progress in all of the cases.

- Injured right toe and leg on hospital premises;
- alleged negligence in the repair of a subtrochanteric fracture;
- corrugated drain left during operation;
- patient underwent an unrequested tubal ligation during a gynaecological procedure;
- allegation that negligent treatment resulted in amputation of finger;
- allegation of negligent treatment of orthopaedic injuries;
- alleged negligence in intubation resulting in neck/oesophageal injury;
- patient pregnant after second sterilisation;
- operation conducted on left knee instead of right knee;
- infant died as a result of lack of oxygen during transfer from one hospital to another;
- alleged negligence as a result of possible mishandling of blood for transfusion;
- alleged negligence after patient was admitted for pathology of the pancreas;
- alleged unnecessary operation during childbirth;
- during an operation to his foot, patient suffered burns necessitating amputation of a toe as a result of a faulty theatre light;
- depressed patient jumped from a hospital window resulting in paralysis. Claim for alleged negligence;
- second degree burns caused by a warming pad used on the patient;
- Premature discharge after a motor accident resulting in paralysis;
- tissue damage as a result of faulty placement of intravenous needle;
- alleged negligence as a result of Caesarean section. Wound failed to heal satisfactorily;

— incorrect removal of a salivary gland instead of a lymph gland;

— patient died due to internal haemorrhage.

(2) (a) Minister of National Health and Population Development,

(i) and (ii) no amount was paid over,

(b) Administrators, Cape Provincial Administration,

(i) no,

(ii) Yes, 5 cases —
R2 500,00,
R2 500,00,
R4 000,00,
R20 000,00
and R185 000,00.

OFS Provincial Administration,

(i) no,

(ii) yes, 1 case — R450,00,
Transvaal Provincial Administration,

(i) yes, 1 case — R69 181,85,
(ii) yes, 4 cases —
R5 000,00,
R1 523 241,00,
R6 000,00
and R69,00,

Natal Provincial Administration,

(i) no,

(ii) yes, 3 cases —
R10 000,00,
R4 500,00,
and R2 500,00.

Unused classrooms

481. Mr K M ANDREW asked the Minister of Education:
Whether there are any unused classrooms in any of the (a) farm, (b) other primary and (c) secondary schools falling under his Department; if so, how many in each of these categories in respect of each departmental region?
B1108E

The MINISTER OF EDUCATION:
Estimated number of unused classrooms in:

	(a)	(b)	(c)
Diamond Fields	20	28	3
Orange Vaal	42	21	0
Orange Free State	36	9	16
Cape	36	28	20
Natal	56	40	14
Northern Transvaal	55	58	0
Johannesburg	0	109	10
Highveld	53	70	7

Spare capacity for additional pupils

482. Mr K M ANDREW asked the Minister of Education:

Whether there is any spare capacity for additional pupils in any of the (a) farm, (b) other primary and (c) secondary schools falling under his Department; if so, how much in each of these categories in respect of each departmental region?
B1109E

The MINISTER OF EDUCATION:

Estimated number of unused places in:

	(a)	(b)	(c)
(i) Diamond Fields	1 789	2 325	894
(ii) Orange Vaal	7 152	2 525	0
(iii) Orange Free State	7 012	1 801	832
(iv) Cape	5 230	4 863	1 229
(v) Natal	6 733	3 425	1 956
(vi) Northern Transvaal	5 430	5 907	371
(vii) Johannesburg	0	13 244	2 664
(viii) Highveld	5 047	9 406	2 063

Stoffelton/Stepmore freehold complex

491. Mr W U NEL asked the Minister of Development Aid:

Whether, with reference to certain information that has been furnished to the Minister's Department for the purpose of his reply, it is the intention to hand over to KwaZulu any of the area collectively known as the Stoffelton/Stepmore freehold complex; if so, (a) which areas comprise the complex, (b) which areas are to be handed over, (c) how many persons are affected and (d) what progress has been made in this regard?
B1136E

The MINISTER OF DEVELOPMENT AID:

Yes, depending on the views of the inhabitants of the area.

(a) The areas which are defined in Schedule 1 to the Development Trust and Land Act, 1936 (Act 18 of 1936) as Areas No 14 and 16 (Natal).
B11370

(b) Approximately 1 500 hectares of Area No 14 forms part of KwaZulu, namely the farms Greenhill 8438, NE 2 — 14532, Bucklands 7508, Bucklands 5615, GR 19, Kilkenny and West Lynne No 2. The handing over of the rest of the area is subject to consultation with the inhabitants of the area and the Government of KwaZulu.
B11370

(c) Unknown.

(d) The matter has been referred to the Commission for Co-operation and Development for further consideration.

Walmer Township: secondary education

516. Lt-Gen R H D ROGERS asked the Minister of Education:

(1) (a) How many children requiring secondary schooling are there in Walmer Township, Port Elizabeth, and (b) how many pupils are there in Standards 4 and 5 in the primary school in this township;

(2) whether there are any plans to build a secondary school in this township; if so, when; if not; why not;

(3) whether there are any alternatives for children requiring secondary education in Walmer Township; if so, (a) what are these alternatives and (b) what is the estimated cost per pupil in each case;

(4) in respect of what date is this information furnished?
B1213E

The MINISTER OF EDUCATION:

(1) (a) It is unfortunately impossible to determine the exact number of children in Walmer Township in need of secondary schooling. At present there are 563 in the township who attend secondary schools.

(b) 369.

(2) Yes. A secondary school is envisaged. The planning of the school will receive attention as soon as a school site has been allocated to the Department.

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HOUSE OF REPRESENTATIVES

QUESTIONS

+ Indicates translated version.

For written reply:

General Affairs:

J G Strijdom Hospital: admissions

28. Mr T R GEORGE asked the Minister of National Health and Population Development:

- (1) Whether the J G Strijdom Hospital is a general affairs hospital; if not, why not; if so, why;
- (2) what average number of patients is admitted to this hospital per day;
- (3) whether persons of colour have to be referred by the Coronation Hospital in order to be admitted to the J G Strijdom

Hospital; if not, what is the position at present; if so, why;

- (4) whether a decision has been taken as to the number of persons of colour who will be admitted to the J G Strijdom Hospital in future; if so, what are the relevant details; if not, what policy is it anticipated will be followed in respect of admissions at this hospital;
- (5) whether she will make a statement on the matter?

C101E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) to (5)
Seeing that the matters raised are the responsibility of the Minister of Health Services and Welfare in the House of Assembly, I cannot answer the questions as put for reply. It is suggested that the relevant questions be cleared in writing with the responsible Minister.

1937

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1938

HOUSE OF DELEGATES

QUESTIONS

+ Indicates translated version.

For written reply:

Own Affairs:

Indian housing: amount allocated

25. Mr K PANDAY asked the Minister of Housing:

- (1) What total amount was allocated for housing for Indians in the 1989-90 financial year;
 - (2) whether any part of this amount was unused at the end of that financial year; if so, (a) why and (b) what was the amount involved?
- The MINISTER OF HOUSING:
- (1) R154 122 000,00.
 - (2) Yes.
 - (a) Not all local authorities claimed the amounts apportioned to them by the Housing Development Board, in full.
 - (b) R26 707 111,17.

Housing Development Board: shopping centres/plazas

26. Mr E JOOSAB asked the Minister of Housing:

- (1) Whether the Housing Development Board controls or owns any shopping centres and plazas on behalf of the Administration: House of Delegates; if so, (a) what are their names and (b) where is each of them situated;
 - (2) on what dates were the rentals for each of these shopping centres and plazas reviewed during the past 20 years?
- The MINISTER OF HOUSING:
- (1) Yes. Attached is a list which reflects the names of all the complexes which are owned by the Housing Development Board.
 - (2) Information in this respect up to the time of the establishment of the Administration: House of Delegates is not readily available. The Housing Development Board however approved on 2 March 1990 (Moornton), 15 March 1990 (Mortford and Westcliff) and 30 March 1990 (Moberni Heights, Havenside and Potchefstroom) an increase in rentals in respect of the said shopping centres.

List of shopping complexes owned by the Housing Development Board

Region	Complex	Number of shops
Port Elizabeth	East London Oriental Plaza	49
Cape Town	Cape Town Oriental Plaza	74
Durban	Moberni Heights	15
	Ladysmith Oriental Plaza	56
	Havenside	21
	Montford	22
	Noor	2
	Moornton	21
	Westcliff (shops)	28
	Westcliff (stalls)	41
	Weenen	38
Johannesburg	Delmas	9
	Heidelberg	12
	Vereeniging	55
Pretoria	Bethal	40
	Bloemhof	26

University rector/registrars: salaries

521. Mr J A JORDAAN asked the Minister of Education:†

- (1) (a) What persons are at present occupying the posts of (i) rector, (ii) vice-rector, (iii) registrar and (iv) assistant registrar at each of the universities falling under his Department, (b) for what period (i) was each of these persons appointed and (ii) has each of them occupied his present post and (c) what is the total remuneration package, including salary and fringe benefits, of each of these persons;

Mr M C Makumbila
Mr M A Mashogo*
Mr F M Mogoba
Mr M A Phoshoko
Mr J B Richards

Medical University of Southern Africa

- (i) Prof L T Tajiard
(ii) Prof E L Karlsson
(iii) Mr P D Hartzler
(iv) Rank does not exist at this university

Visa University

- (2) (a) on what date did each of these persons last receive a salary increase, (b) what percentage salary increase did each of them receive and (c) what percentage salary increase was granted at each of these universities to each category of (i) academic and (ii) administrative staff on that date?
B1229E

The MINISTER OF EDUCATION:

(1) (a) University of Zululand

- (i) Prof Dr A C Nkabinde
(ii) Prof Dr H J Dreyer
Prof Dr A J Thembela
(iii) Mr H P de Jager
Mr E W Redelinghuys
(iv) Mr A Engelbrecht
Mr R J Mbuli
Mr C Y Mkhize
Mr E T S Z Mthiyane
Mr J J P v d Westhuizen
Mr B M Zulu

University of the North

- (i) Prof Dr P C Mokgokong
(ii) Mr M J Malatji
(iii) Mr H J J Kirsten (up to 30 April 1990)
Mr M J Masemola (acting)

- (iv) Mr G du Toit*
Mr J H du Toit*
Mr S R Galloway
Mr P Hagen
Mr P C H Jansen*
Mr S C Mokgoka

- (i) Prof Dr S W B Engelbrecht
(ii) Prof Dr E W Neuland
(iii) Mr A N P Lubbe
Mr C S van Niekerk
(iv) Mr J C Coetzer
Mr B de Wet*
Mr I J Meyer*
Mr J H Peyper*
Mr D J Rehef*
Mr J Rheeder#
Mr K O Russel*
Mr L R Tau*
Mr D Troskie
Mr W J van Zyl

senior deputy registrar
* deputy registrar

- (b) No information in this regard is at the disposal of the Department. Conditions of appointment and the total remuneration packages of personnel are dealt with by councils of universities as a confidential matter.

- (i) and (ii) Fall away.
(c) Falls away.

- (2) Falls away. See (1) (b).

Legal abortions: applications

530. Mr A J LEON asked the Minister of National Health and Population Development:

- How many applications for legal abortions were (a) made to and (b) granted by (i) private doctors and (ii) clinics or hospitals in 1989?
B1265E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) and (b) *Hansard* 21/6/90

- (i) Applications for legal abortions are usually submitted to the superintendent of a hospital — statistics in this regard are not readily available. No statistics are available with regard to legal abortions granted and done by private doctors; *98*
(ii) 698 legal abortions were granted and done at provincial hospitals and private hospitals/clinics during 1989.

Deaths due to miscarriages

532. Mr A J LEON asked the Minister of National Health and Population Development: How many (a) White, (b) Black, (c) Coloured and (d) Indian women died as a result of incomplete and septic miscarriages in 1989?
Hansard 21/6/90 B1267E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No statistics are available with regard to the death rate as a result of incomplete and septic miscarriages. *98*

Own Affairs:

Cape Town Gardens: Group Areas Act

125. Mr K M ANDREW asked the Minister of the Budget and Local Government: *98*

Whether, with reference to the reply by the Minister of Planning and Provincial Affairs to Question No 72 on 18 April 1990, there have been any applications since 21 July 1989 for permits in terms of the provisions of the Group Areas Act, No 36 of 1966, in respect of residential land or premises in the Cape Town Gardens constituency; 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? *Hansard* 21/6/90 B1097E

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT:

No applications for permits have been received for the suburb Cape Town Gardens for the period 21 July 1989 to 30 April 1990. Statistics are not kept for parliamentary constituencies.

- (a) and (b) Fall away.

Social pensions

557. Mr M J ELLIS asked the Minister of National Health and Population Development:

- (a) What total estimated amount is being spent in the current financial year on social pensions (i) in the Republic and (ii) in respect of each population group and (b) how many persons in each population group receive such pensions?

Answer 22/6/90 B1315E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) (i) R2 902 947 000	
(ii) Coloureds	R 759 712 000
Indians	R 198 070 000
Whites	R 724 548 000
Blacks	R1 220 617 000
(b) Coloureds	R260 167
Indians	R 66 281
Whites	R204 843
Blacks	R557 229

Constantiaberg transmitting station: M-Net

560. Mr A J LEON asked the Minister of Home Affairs:

Whether the spare channel beamed from the Constantiaberg transmitting station has been allocated to M-Net; if so, (a) why and (b) since when; if not, what facilities in respect of this transmitting station are afforded to M-Net?

B1318E

The MINISTER OF HOME AFFAIRS:

- (a) There is no question of a reserve channel of the Constantiaberg transmitting station being allocated to M-Net. What has been allocated to M-Net, at this transmitting station, is the third and last VHF TV broadcast frequency. Broadcast frequencies are not for the exclusive use of the SABC.

- (b) M-Net have been using the VHF frequency since 01/09/87 when they commenced transmissions of the M-Net service.

The SABC provides transmitter facilities to M-Net according to a transmission agreement. It is a business transaction where the SABC applies its existing infrastructure and expertise to provide a service to M-Net for remuneration.

M-Net: news bulletins

562. Mr P G SOAL asked the Minister of Home Affairs:

Whether, with reference to his reply to Question No 16 of 5 June 1990, the Cabinet has come to a decision regarding the application by M-Net to broadcast news bulletins; if not, why not; if so, what is the decision?

B1320E

The MINISTER OF HOME AFFAIRS:

No, I refer the hon member to my media release of 21 June 1990, a copy attached hereto, wherein it is stated that further talks and negotiations are to take place between the parties concerned whereafter the matter will again be submitted to the Cabinet.

EMBARGO: FOR IMMEDIATE RELEASE

MEDIA RELEASE BY MR GENE LOUW, MP, MINISTER OF HOME AFFAIRS AND OF NATIONAL EDUCATION IN RESPECT OF M-NET'S APPLICATIONS FOR EXTENDED OPEN TIME AND TO BROADCAST NEWS, AS WELL AS THE SABC'S APPLICATION FOR AN INCREASED LICENCE-FEE

M-Net's applications for extended open time and for broadcasting news have already been considered carefully by the Cabinet, and were followed up today in talks between M-Net and the SABC under chairmanship of the State President.

Further positive talks and negotiations are to take place with a view to establishing a new structure, based on healthy co-operation and competition in all spheres, including open time, news broadcasts and sports broadcasts. In the meantime, the status quo will be maintained.

Licence Fee

The Cabinet also considered the SABC's application for an increased licence fee, and, in the wake of further representations by the SABC at today's meeting, the Corporation has been requested to submit additional information in this regard.

The new licence fee for the 1990/91 financial year — which is to become effective on 1 October 1990 — will be submitted to the

Cabinet for a final decision towards the end of July, 1990.

In considering these proposals, the Cabinet will endeavour to strike a balance between what could be regarded as being reasonable for the SABC to guarantee the quality of its programmes on the one hand, and being reasonable in respect of viewer's demands for a good-quality service on the other.

Issued by the Ministry of

Home Affairs and of National Education
CAPE TOWN
1990-06-21

PC 1/1988

565. Mr C W EGLIN asked the Minister of National Health and Population Development:

- (1) Whether the Government has considered the recommendation by the Committee for Social Affairs of the President's Council in the Report on the Socio-Economic and Spatial Implications of Ageing (PC 1/1988) that a National Committee for the Care of the Aged be set up, with regional structures, to function as part of the existing structure of the South African Welfare Council; if not, why not; if so,

- (2) whether any decision was taken on the matter; if not, (a) why not and (b) when is it anticipated that such a decision will be taken; if so, (i) what decision and (ii) what steps have been taken in this regard?

Answer 22/6/90 B1323E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) On 24 March 1988 the previous South African Welfare Council (SAWC) took notice of the recommendations in paragraph 7.9.1 of the Report of the Committee for Social Affairs on the Socio-economic and Spatial Implications of Ageing. The Council made no decision in respect of the implementation of a National Committee for the Care of the Aged in addition to the National Council for the Care of the Aged.

The implementation of a National Committee for the Care of the Aged requires

an amendment of the National Welfare Act, 1978 (Act No 100 of 1978); the next meeting of the SAWC which was appointed on 1 October 1989 and if a decision in favour of a National Committee for the Care of the Aged is made, the Department will give further consideration thereto. *Answer* 22/6/90

Pensions: increases

566. Mr J VAN ECK asked the Minister of National Health and Population Development:

- Whether the increases announced in the pensions for the various race groups will commence being paid out on the same day; if not, (a) why not and (b) on what dates will these increases be paid out in respect of each of the four race groups?

B1324E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No, *Answer* 22/6/90

- (a) the different ministers for own affairs made their announcements on different dates and different computer systems are involved,

- (b) the increased payments in respect of the various population groups are as follows:

Coloureds	: May 1990
Indians	: May 1990
Whites	: May 1990
Blacks	: July 1990.

Certain hospitals: cost of treatment *98*

567. Mr L FUCHS asked the Minister of National Health and Population Development:

- (1) (a) What is the mean cost of treating a patient at the (i) Baragwanath, (ii) Johannesburg, (iii) Hillbrow, (iv) NatalSpruit, (v) Leratong and (vi) Tembisa Hospitals, (b) what are the reasons for any differences in this mean cost and (c) in respect of what date is this information furnished;

- (2) whether her announcement regarding the opening of hospitals to all races will affect the mean cost of treatment at any of these hospitals; if so, in what ways in each case? *Answer* 22/6/90 B1325E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) With the information available in this regard, it is not possible to supply the costs of treatment or the reasons for differences at this stage; **98**
- (2) falls away. **98**

Certain hospitals: in-patients

568. Mr L FUCHS asked the Minister of National Health and Population Development:

- (1) How many in-patients can be treated daily at the (a) Baragwanath, (b) Johannesburg, (c) Hillbrow, (d) Natalspruit, (e) Leratong and (f) Tembisa Hospitals;
- (2) in respect of each of these hospitals, how many (a) specialist posts are (i) offered and (ii) filled and (b) hours per week are worked by (i) nurses, (ii) interns and (iii) specialists; **98**
- (3) in respect of what date is this information furnished?

B1326E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Average number of in-patients per hospital per day:

(a) Baragwanath Hospital	: 2 804
(b) Johannesburg Hospital	: 774
(c) Hillbrow Hospital	: 790
(d) Natalspruit Hospital	: 804
(e) Leratong Hospital	: 791
(f) Tembisa Hospital	: 673

- (2) (a) Number of specialist posts per hospital:

	(i) offered	(ii) filled
Baragwanath Hospital	: 111	: 104
Johannesburg Hospital	: 174	: 161
Hillbrow Hospital	: 48	: 46
Natalspruit Hospital	: 15	: 10
Leratong Hospital	: —	: —
Tembisa Hospital	: 14	: 13

(b) Minimum number of hours worked per week by:

(i) nurses	—	40 hours
(ii) interns	—	40 hours
(iii) specialists	—	40 hours,

(3) 1988/89.

Certain hospitals: maternity wards

569. Mr L FUCHS asked the Minister of National Health and Population Development:

- (1) How many maternity wards are there at the (a) Baragwanath, (b) Johannesburg, (c) Hillbrow, (d) Natalspruit, (e) Leratong and (f) Tembisa Hospitals; **98**
- (2) (a) what is the (i) nurse/patient and (ii) intern/patient ratio at each of the above-mentioned hospitals, (b) what is the reason for any differences between such ratios in the case of each of these hospitals and (c) in respect of what date is this information furnished?

B1327E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Number of maternity wards:

(a) Baragwanath Hospital	: 15
(b) Johannesburg Hospital	: 7
(c) Hillbrow Hospital	: None
(d) Natalspruit Hospital	: 3
(e) Leratong Hospital	: 2
(f) Tembisa Hospital	: 1

- (2) (a) (i) General nurse/patient ratio:

Baragwanath Hospital	: 1.4
Johannesburg Hospital	: 1.9
Hillbrow Hospital	: 1.2
Natalspruit Hospital	: 1.3
Leratong Hospital	: 1.0
Tembisa Hospital	: 1.2

- (ii) General intern/patient ratio:

Baragwanath Hospital	: 0.02
Johannesburg Hospital	: 0.05
Hillbrow Hospital	: 0.04
Natalspruit Hospital	: 0.02
Leratong Hospital	: 0.0
Tembisa Hospital	: 0.03

575. Differences in above-mentioned ratios are not statistically significant. **98**

Medical/administrative staff

576. Mr M J ELLIS asked the Minister of National Health and Population Development:

How many (a) medical and (b) administrative staff were employed by her Department as at 31 December 1989? **98**

B1345E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (a) 98
- (b) 694*
- * this figure includes clerical personnel.

Doctors: car allowances

579. Mr G C ENGEL asked the Minister of National Health and Population Development:

- (1) Whether (a) White, (b) Black, (c) Coloured and (d) Indian doctors in the employ of her Department receive car allowances; if so, **98**
- (2) whether these car allowances are the same for doctors of all race groups; if not, (a) in what respects and (b) why do they differ? **98**

B1347E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Budget for catering services* for financial years

Concept	1988/89	1989/90
(a) Baragwanath	4 654 200	6 500 000
(b) Johannesburg	3 833 700	4 500 000
(c) Hillbrow	1 495 800	1 723 800
(d) Natalspruit	1 411 700	1 715 000
(e) Leratong and Paardekraal complex	1 750 700	1 751 000
(f) Tembisa	883 300	1 052 600

* Budget for food only.

- (2) (a) and (b) the food cost per patient or staff member may differ depending on the specific eating pattern required.

Two types of eating patterns may be served in one hospital. That is a westernised and a non-westernised eating pattern. The nutritional content of both eating patterns meet the nutritional needs of both patients and personnel.

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes, allowances are payable in accordance with the motor finance scheme for senior officers and the subsidised transport scheme. Separate records are not kept per population group, **98**
- (2) yes.

Certain hospitals: budget for catering services

580. Mr G C ENGEL asked the Minister of National Health and Population Development:

- (1) What was the budget for catering services at the (a) Baragwanath, (b) Johannesburg, (c) Hillbrow, (d) Natalspruit, (e) Leratong and (f) Tembisa Hospitals in the 1988-89 and 1989-90 financial years, respectively; **98**
- (2) whether food prices at such hospitals differ for patients and staff; if so, (a) in what respects and (b) why in each case;
- (3) whether there has been any investigation into the possible privatisation of the catering services at these hospitals; if not, why not; if so, with what result;
- (4) whether this investigation took into account the cost of (a) shrinkage, (b) wages, (c) illegal eaters and (d) cleaning services in such catering services; if not, why not; if so, with what result in each case? **98**

B1348E

Only the type of dishes, cooking methods and portion sizes of specific dishes may differ for a specific eating pattern.

- (3) The catering services at the nurses residence of the Johannesburg Hospital have been privatised for years.
- The catering services at Tembisa Hospital have been identified for privatisation for a trial period. The tender specifications have been completed and forwarded to the Director-General, Transvaal Provincial Administration.
- (4) (a) if "shrinkage" means food wastage, yes it is included in the specifications,
 (b) salaries, service conditions and type of personnel are included in the specifications,
 (c) control measures, meal control and recording of meal statistics are included in the specifications,
 (d) hygiene standards including cleaning materials, cleaning equipment and a specific hygiene policy regarding quantity food services are included in the specifications.

Johannesburg: clinics

581. Mr A J LEON asked the Minister of National Health and Population Development:

- (1) Whether there are any clinics offering curative community services in the Greater Johannesburg area, including Soweto and Alexandra; if not, why not; if so, where is each located; *Answered 22/6/90*
- (2) whether her Department received any requests for the provision of curative community services during the past year; if so, with what results? *B1349E*

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes, the following community health centres render a curative service in the Greater Johannesburg area including Soweto and Alexandra

Baragwanath Hospital (Soweto):
 Diepkloof
 Meadowlands East
 Mofolo
 Chiawelo
 Zola
 Senoane
 Orlando
 Phomolong
 Pimville

Tradi
 Orange Farm (Stretford)
 Koos Beukes
 Coronation Hospital (Newclare):

Lenasia
 Nancefield
 Noordgesig

Alexandria (subsidised by the TPA and run by the University of the Witwatersrand).

- (2) No.

Employees: litigation

582. Mr L FUCHS asked the Minister of National Health and Population Development:

- (1) Whether, during the past five years, her Department was involved in any litigation with employees concerning their conditions of employment; if so, (a) when, (b) with which employees and (c) what was the result of such litigation;
- (2) whether any superintendents of hospitals in the Transvaal left their posts during the past three years; if so, (a) what are the names of these superintendents, (b) at which hospitals were they employed and (c) for what reasons did they leave their posts? *Answered 22/6/90*

Answered 22/6/90

98

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes, on two occasions;

(a)

(b)

(c)

98

28 November 1986

General assistants:
 Rietfontein Hospital

Settled out of court

31 March 1987

General assistants:
 Rietfontein Hospital

Not proceeded with

- (2) yes,

(a)

(b)

(c)

Name of Superintendent	Hospital	Reasons
Dr J H Swiegehaar	Dr A G Visser	Resigned to enter private practice
Dr O S Neethling	Dr A G Visser	Demise
Dr T S K Oosthuizen	Barberton	Transferred to OFS Health Services
Dr G D P Prinsloo	Bernice Samuel	Retirement
Dr W S Snyman	Bethal	Transferred to Witbank Hospital
Dr C de Wet Roets	Duiwelskloof	Retirement
Dr J A van Zyl	Edenvalle	Promoted to Chief Superintendent at Ga-Rankuwa Hospital
Dr J J Crous	F H Odendaal	Resigned to enter private practice
Dr A F Oertell	Hendrik vd Bijl	Transferred to Head Office
Dr J Nagtegaal	H F Verwoerd	Transferred to Kalafong Hospital
Dr J A Kunzmann	H F Verwoerd	Resigned to enter private practice
Dr E G Böhme	H F Verwoerd	Resigned to enter private practice
Dr J M Verdunyn	H F Verwoerd	Resigned to accept post in private sector
Dr W E Jackall	H F Verwoerd	Resigned for personal reasons
Dr F du Randt	Ishbeljuba	Resigned because of remuneration package
Dr A vd Merwe	J G Strijdom	Resigned to accept post in private sector
Dr I Coetzee	J G Strijdom	Transferred to Baragwanath Hospital
Dr R J Broekmann	Johannesburg	Resigned to accept post in private sector
Dr A Hunter	Johannesburg	Transferred to Head Office
Dr I H Cosier	Johannesburg	Demise
Dr A Flax	Johannesburg	Resigned to emigrate
Dr L vd Nest	Johannesburg	Resigned to enter private practice
Dr B Nieuwoudt	Kalafong	Resigned to accept post at the Medical Association
Dr C Joubert	Kalafong	Transferred to CPA Health Services
Dr M Kelly	Kalafong	Transferred to Ga-Rankuwa Hospital in order to specialise and transferred back to Kalafong Hospital as Superintendent
Dr C E Vermaak	Kalafong	Resigned to accept post in private sector
Dr D Kruger	Kalie de Haas	Resigned to enter private practice
Dr M Marais	Klerksdorp	Retirement. Temporary re-employed

Dr C Laubscher	Discoverers Memorial	Transferred to National Health and Population Development
Dr C J Vermaak	Pardekraal	Transferred to Kalie de Haas Hospital
Dr C J Vermaak	Pietersburg	Transferred to Pardekraal Hospital
Dr I V de Jager	Pietersburg	Promoted to Director: Community Health Services, Pietersburg
Dr E du Plessis	Pietersburg	Retirement
Dr W Heunis	Sannieshof	Retirement
Dr J H Olivier	Soweto Community Health Centre	Transferred to Southern Transvaal Region Community Health
Dr P J Beukes	Soweto Community Health Centre	Retirement
Dr H C Vorster	Tembisa	Transferred to Kalafong Hospital
Dr C J Vermaak	Kalie de Haas (Ventersdorp)	Resigned to enter private practice
Dr E J Badenhorst	Vereeniging	Retirement
Dr R Olivier	Far East Rand	Demise
Dr W A Kotzenberg	Warmbath	Demise
Dr A J P Burger	Witrand Care and Rehabilitation Centre	Accepted post of specialist at Witrand Care and Rehabilitation Centre
Dr M Patterson	Hillbrow	Resigned to enter private sector
Dr D Ungerer	Ga-Rankuwa	Resigned (reason unknown)
Dr W E Jackall	Baragwanath	Resigned to enter private practice
Dr P J de Jager	Nigel	Resigned to enter private practice
Dr D M Hawkins	Coronation	Resigned to enter private practice
Dr J Nagtegaal	Coronation	Promoted to Director: Health Services
Dr D Bruwer	Nigel	Transferred to Dr A G Visser Hospital
Dr G S Withinslaw	Serfontein	Retirement.

588. Mr R F HASWELL asked the Minister of National Health and Population Development:

- (1) Whether Cape Town experienced a photo-chemical smog on the morning of 17 April 1990; if so,

B1356E

- (2) whether there were any instances of non-compliance with State health guidelines on the morning in question; if so, what are the relevant details?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes, atmospheric conditions were conducive to photo-chemical reactions, with a strong temperature inversion and absolutely calm conditions,

- (2) yes, the National Guidelines were exceeded for Total Nitrogen Oxides, (NOX), Nitric Oxides

HOUSE OF ASSEMBLY

(NO) and Hydrocarbons, as measured by the City Council of Cape Town at the City Hall. However, at the same site, the level of ozone, an important indicator of photo-chemical smog was low.

The highest levels measured were as follows:

Pollutant	Levels measured hourly average values in microgram/m ³	Guidelines
NOX	2 468	1 504
NO	2 357	1 128
Non-methane hydrocarbons	1 287	270
Ozone	20	240

The episode lasted only for two hours from 07:00 to 09:00.

Salaries/salary scales

589. Mr R M BURROWS asked the Minister for Administration and Economic Co-ordination:

What have been the applicable salaries and/or salary scales for each post level in each department and organisational component referred to in section 6(1) of the Public Service Act, No 111 of 1984, since 1 April 1990?

Answered 22/6/90
B1358E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

There are approximately 520 occupational classes, each consisting of various post classes, each with its own salary scale. In order to ascertain the appropriate salary scale for each post class in each department and organisational component referred to in section 6(1) of the Public Service Act, No 111 of 1984, the relevant information will have to be obtained from each such department and organisational component. Due to the extent of this task, it cannot be justified.

Public Service: differential pay scales

590. Mr R M BURROWS asked the Minister for Administration and Economic Co-ordination:

Answered 22/6/90

Whether there are differential pay scales in the Public Service for different grades of employees; if so, (a) how many pay scales are there and (b) what will be the appropriate key scale applicable to each pay level as at 1 July 1990?

B1359E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

Answered 22/6/90

- (a) 318, according to the latest available information.

- (b) Particulars of the standard salary levels, utilise as basis for the salary scales of officials, are as follows:

3141x228-3369x312-4305/3369x312-4617/3681x312-4617x399-5016//
3993x312-4617x399-5415//4617x399-6213//5814x399-7410//7011x399-7809x438-9123//9123x438-10437x498-11931//11931x498-13425x663-15414//14088x663-17403x909-18312//15414x663-17403x909-20130//18312x909-23766//21948x909-25584//25584x909-26493x1356-30561//29205x1356-34629//34629x1356-40053//38697x1356-40053x1641-43335//43335x1641-46617//49899x2106-54111//54111x2106-56217//56217x2106-58323//58323x2106-60429x2778-63207//74319//87402//110901//120987//165768

Own Affairs:

Group areas legislation: prosecutions in certain areas

124. Mr L FUCHS asked the Minister of the Budget and Local Government: *Answered 22/6/90*
Whether it is the intention to prosecute every person contravening group areas legislation in the Homestead Park/Turffontein/Bezuidenhoutsvaai/Malvern/Southdale West area; if

HOUSE OF ASSEMBLY

1979

FRIDAY, 22 JUNE 1990

1980

(3) no, 116 posts were transferred from the establishment of Provincial Hospital Port Elizabeth to the establishment of the CPA-regional office in Port Elizabeth.

PE/Uitenhage area: staff/theatres at State-run hospitals

534. Mr E W TRENT asked the Minister of National Health and Population Development: (1) In respect of each State-run hospital in the Port Elizabeth/Uitenhage area, (a) how many doctors are in full-time employment, (b) how many operating theatres are there and (c) how many (i) interns, (2) in respect of what date is the above information furnished, (3) how many surgical operations under general anaesthetic were performed at each of the above hospitals in 1989?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: (1) and (2) State-run hospitals in the Port Elizabeth/Uitenhage area as on 11 June 1990

Table with columns: Provincial PE, Dora Nginza PE, Elizabeth Donkin PE, Empliwani PE, Livingstone PE, Uitenhage, Grand Total. Rows: Number full-time doctors, Number operating theatres, Number interns, Number medical officers (Full-time, Part-time), Number consultants (Full-time, Part-time), Number surgical operations (general, anaesthetic).

PE/Uitenhage area: beds in State-run hospitals 535. Mr E W TRENT asked the Minister of National Health and Population Development: (1) What was the total number of beds, (a) including and (b) excluding beds in wards closed temporarily or permanently, in each State-run hospital in the Port Elizabeth/Uitenhage area as at the latest specified date for which information is available; (2) what was the reason for the closure of each ward referred to above; (3) what was the bed occupancy rate, (a) including and (b) excluding beds in wards closed temporarily or permanently, in each State-run hospital in the said area in 1989; (4) what percentage of beds in each State-run hospital in the said area, (a) including and (b) excluding beds in wards closed temporarily or permanently, was occupied by (i) private and (ii) hospital patients in 1989?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: (1) (a) PE Provincial : 722 Livingstone, PE : 673 Dora Nginza, PE : 220 Elizabeth Donkin, PE : 163 Empliwani, PE : 331 Uitenhage : 339

1981

FRIDAY, 22 JUNE 1990

1982

(b) PE Provincial : 587 (135 closed) Livingstone, PE : no closed wards Dora Nginza, PE : no closed wards Elizabeth Donkin, PE : 132 (31 closed) Empliwani, PE : no closed wards Uitenhage : no closed wards

(2) PE Provincial : 3 wards closed due to inadequate number of staff. Elizabeth Donkin, PE : 1 ward closed for restoration purposes.

(3) (a) PE Provincial : 62,52% Livingstone, PE : 166,15% Dora Nginza, PE : 78,25% Elizabeth Donkin, PE : 59,69% Empliwani, PE : 92,61% Uitenhage : 88,29% (b) PE Provincial : 76,89% Livingstone, PE : 116,15% Dora Nginza, PE : 78,25% Elizabeth Donkin, PE : 73,71% Empliwani, PE : 92,61% Uitenhage : 88,29%

(4) (a) PE Provincial : Private (i) 72,57% Hospital (ii) 27,42% Livingstone, PE : 8,69% 91,30% Dora Nginza, PE : 0% 100% Elizabeth Donkin, PE : 0% 100% Empliwani, PE : 0% 100% Uitenhage : 49,93% 50,06%

(b) PE Provincial : 72,57% Livingstone, PE : 8,69% Dora Nginza, PE : 0% Elizabeth Donkin, PE : 0% Empliwani, PE : 0% Uitenhage : 49,93% The number of beds reflected are authorised beds. Bed occupancy rates have been calculated on the number of authorised beds in paragraph 3 (a).

Phuthaditjaba/Industriqwa: decentralisation benefits 536. Mr W C MALAN asked the Minister of Development Aid: How much was spent on decentralisation benefits in (i) Phuthaditjaba and (ii) years?

The MINISTER OF DEVELOPMENT AID: (i) Phuthaditjaba (a) Amount spent on decentralisation benefits (b) Job opportunities created

Table with columns: Financial year, (a) Amount spent on decentralisation benefits, (b) Job opportunities created. Rows: (i) 1978-79, (ii) 1979-80.

areas were persons moved, (c) in what specified areas were they resettled, (d) why was it necessary to resettle them and (e) how many persons were resettled in each case?

Handwritten: 22/6/90 B1012E

Yes. *(Signature)*

(Signature)

THE MINISTER OF DEVELOPMENT AID:

- (a) Continuously.
- (b) (i) Zaaiplaats, district of Groblersdal;
- (ii) Cornfields, district of Estcourt;
- (iii) Inanda Dam Basin, district of Ndwedwe in KwaZulu;
- (iv) Grootspuit (KwaNgema), district of Wakkerstroom.
- (c) (i) Langkloof, district of Witbank;
- (ii) Boschhoek/Craig, district of Estcourt;
- (iii) Nuzuma Town, district of Inanda; higher up in tribal area, district of Ndwedwe and Waterfall/Langefontein, district of Pinetown;
- (iv) Elsewhere in KwaNgema, district of Wakkerstroom.
- (d) (i) At the request of the families concerned and the KwaNdebele Government;
- (ii) In terms of consolidation proposals, on voluntary basis;
- (iii) Due to the building of the Inanda Dam;
- (iv) Due to mining.
- (e) (i) 23 families;
- (ii) 33 families;
- (iii) 23 families;
- (iv) 29 families.

wholesale, (iv) manufacturing and (v) service sectors, and (d) any other specified sources, in the 1989-1990 financial year?

Handwritten: 22/6/90 B1042E

THE MINISTER OF FINANCE:

Statistics which distinguish between payments of sales tax by individuals and companies are not maintained. For statistical purposes collections of sales tax are analysed only under the groups specified below.

The analysis for the 1989-1990 financial year is as follows:

(i) Commercial	R 9 606 937
(ii) Manufacture	3 028 707
(iii) Taxable Services	1 348 664
(iv) Farming and Forestry	96 485
(v) Printing and Publishing	206 152
(vi) Fishing	1 435
(vii) Auctioneers	28 914
(viii) Mining and Quarrying	80 435
(ix) Accommodation/Hotel	344 610
(x) Financial Leasing in respect of Goods	1 525 752
(xi) Renting of Goods	275 375
TOTAL	R16 543 466

Sales tax irregularities

451. Mr J J WALSH asked the Minister of Finance: *Handwritten:* 22/6/90

(a) How many cases of irregularities in respect of sales tax were discovered in 1989, and (b) what is the amount of tax involved?

B1043E

THE MINISTER OF FINANCE:

(a) 11 554 cases of irregularities in respect of sales tax were discovered in 1989.

(b) Amount of tax involved: R188 265 832

Amount of penalties involved: 106 479 223

Total amount involved: R294 745 055

TPA hospital posts

454. Mr A E DE WET asked the Minister of National Health and Population Development: *Handwritten:* 22/6/90

- (1) How many posts had been established as at 31 December 1989 for (a) nurses, (b) paramedics, (c) medical staff, (d) administrative staff and (e) other staff at each hospital falling under the control of the Transvaal Provincial Administration;
- (2) whether any posts at these hospitals were frozen as at 31 December 1989; if so, how many in each category in respect of each hospital;
- (3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1989 and (b) how many applications were (i) granted and (ii) refused in each case?

B1047E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1)	(a)	(b)	(c)	(d)	(e)
Head Office	26	—	1	3	18
A G Visser	134	3	12	20	100
Amajuba	72	1	9	12	74
Andrew McColm	239	—	—	23	145
Baragwanath	4 101	265	589	517	1 938
Baragwanath Nursing College	81	1	—	22	35
Ernest Bond Laundry	—	—	—	4	231
Barberton	239	3	22	30	191
Bernice Samuel	20	1	8	4	41
Bethal	141	4	18	47	212
Bloemhof	14	1	3	2	14
Boksburg-Benoni	684	16	94	114	492
Dunswart Laundry	—	—	—	4	412
Brits	68	1	10	9	45
Carolina	52	1	4	6	44
Christiana	36	—	5	5	35
Coronation	760	64	166	111	426
Coronation Nursing College	23	—	—	7	—
Delareyville	14	—	4	2	20
Duiwelskloof	19	—	3	5	31
Edenvale	151	12	40	23	250
Ellisras	88	2	7	15	91
Elsie Ballot	13	—	3	2	23
Ernelo	249	4	18	30	164
Evander	82	4	4	12	46
F H Odendaal	122	3	17	17	99
Ga-Rankuwa	2 111	85	273	251	332*
Ga-Rankuwa Health Laboratory	—	—	24	4	165
Ga-Rankuwa Nursing College	37	—	—	10	—*
Gen Delarey Memorial Hospital	40	3	8	6	54
Groblersdal	24	1	5	6	35
H A Grové	12	1	7	2	26
Hendrik van der Bijl	212	3	25	39	180
H F Verwoerd	2 004	320	600	571	1 772
S G Lourens Nursing College	83	—	—	11	3
H A Grové Research Centre	1	1	—	4	32
Hillbrow	1 105	194	251	326	1 017
Itshelejuba	83	1	3	12	28*
J D Verster	47	3	6	9	47

J G Strijdom	886	43	126	188	707
Ann Latsky Nursing College	59	—	—	16	3
Johannesburg	1 914	288	697	683	2 211
B G Alexander Nursing College	56	1	—	15	9
Johannesburg Laundry	—	—	—	1	204
Kalafong	1 442	102	293	243	707
Lebone Nursing College	59	1	—	10	15
Mamelodi	128	4	16	30	95
Kalie de Haas	431	8	27	49	257
Kempton Park	288	7	49	55	329
Klerksdorp/Tshepong	1 207	34	119	148	795
Ishegong Nursing College	20	—	—	3	—
Western Transvaal Nursing College	25	—	—	8	35
Western Transvaal Laundry	—	—	—	1	176
Cook Freeze Factory and P W du Plessis Laundry	—	—	—	20	550
Laudium	51	2	24	13	99
Lenasia Hospital	106	2	16	9	120
Lenasia Clinic	35	2	1	4	93
Louis Trichardt	28	1	4	4	35
Lydenburg	80	2	10	12	70
Medunsa Dental Hospital	10	27	152	60	118*
Middelburg	311	4	30	43	290
Natalspuit	1 098	49	129	169	563
Natalspuit Nursing College	43	—	—	12	8
Nic Bodenstein	112	2	10	16	111
Nigel	84	4	10	15	70
Northern Transvaal Region	405	—	11	29	116
Northern Transvaal Region:	—	—	—	—	—
Oral Health Services	—	2	5	—	5
Discoverers Memorial	126	4	43	24	133
Community Health: Eastern Transvaal Region	380	—	5	27	41
Eastern Transvaal Region: Oral Health Services	—	3	9	—	10
Paardekraal/Leratong	1 088	36	136	156	773
Leratong Nursing College	11	—	—	1	—
Paul Kruger Memorial	396	10	59	53	260
Phalaborwa	52	3	8	13	58
Pietersburg	736	20	59	109	569
Piet Retief	173	2	6	19	107
Pretoria West	311	10	21	48	276
Rietfontein	169	3	22	16	50*
Rob Ferreira	382	12	36	39	243
Sabie	72	2	6	9	64
Sannieshof	14	—	4	2	20
Schweizer-Reneke	53	1	9	8	52
Community Health: Central Transvaal Region	900	—	46	56	248
Central Transvaal Region: Oral Health Services	—	23	43	—	73

Soweto Community Health Centre	12	12	29	223	765
Koos Beukes Clinic	102	—	—	1	10
Chawelo Clinic	136	—	7	—	10
Diepkloof Clinic	112	—	5	—	7
Jabuva Clinic	49	—	2	—	3
Meadowlands Clinic	75	—	3	—	6
Meadowlands West Clinic	—	—	—	—	4
Orlando Clinic	49	—	5	—	4
Phomolong Clinic	54	—	2	—	3
Pirville Clinic	40	—	3	—	2
Senoane Clinic	99	—	4	—	6
Dadi Clinic	80	—	4	—	6
Zola Clinic	136	—	8	—	10
Dobsonville Clinic	—	—	—	—	4
Mofolo Clinic	—	—	—	—	4
Standerton	152	3	16	22	123
Sterkfontein	406	9	20	37	67*
Suid-Rand	198	17	47	39	260
Sybrand van Niekerk	166	3	12	27	201
Tembisa	850	28	108	182	596
TPA Central Hospital Stores	—	—	—	—	136
Van Velden Memorial	29	3	7	8	39
Ventersdorp	18	—	6	3	45
Vereeniging/Sebokeng	1 162	31	132	169	784
Far East Rand	724	23	72	108	420
Voorrekkers Memorial	47	1	13	8	56
Warmbad	60	2	9	9	77
Waterval Boven	13	—	4	3	26
Weskopies	577	16	23	36	112*
Westfort	198	3	6	12	36*
Western Transvaal Region:	—	—	—	—	—
Community Health	276	—	7	25	42
Western Transvaal Region: Oral Health Services	—	1	7	—	6
Willem Cruywagen	236	6	39	36	266
Witbank	364	7	40	45	222
Witrand Care and Rehabilitation Centre	495	4	9	27	66
Zeerust	78	1	5	12	72
TOTAL	33 921	1 882	5 134	5 831	26 122*

* Quota General Assistants in total in respect of hospitals marked * = 1990

(2) no
(3) falls away.

SADT: farm properties in OFS for what period, and (c) at what rental, in each case?

486. Adv C H PIENNAAR asked the Minister of Development Aid:† *Hansard 2/6/90* B1118E

THE MINISTER OF DEVELOPMENT AID:

- (1) Whether the South African Development trust owns any farm properties in the Orange Free State; if so, (1) Yes.
- (2) whether any of these farm properties are being leased out; if so, (a) to whom, (b) (2) Yes.



Kwazulu faces desperate shortage of hospital staff

ARGUS
26/6/90
98

The Argus Correspondent

DURBAN. — Health services in Kwazulu are in crisis as hospitals in rural areas, serving hundreds of thousands of people, are desperately understaffed, with some hospitals operating without any full-time doctors.

More than half the medical officer posts are vacant.

Because of the serious maldistribution of doctors, urgent steps are being taken to recruit qualified staff and new contract deals are being offered to attract doctors to rural areas.

Sole responsibility

Some hospitals have only one doctor who is faced with the sole responsibility for hundreds of in-patients and thousands of out-patients.

The secretary for health, Dr Daryl Hackland, said only about 43 percent of medical officer posts (it has been as low as 35 percent) were filled in all of Kwazulu's hospitals.

Dr Hackland said the Untunjambili Hospital near Kranskop, which served a population of 100 000 people and had 128 beds, had not one full-time doctor. Part-timers were helping out.

The Montebello Hospital, near Wartburg, had 320 beds and served a population of 150 000, but had only one full-time doctor.

St Benedictine Hospital in Nongoma had 598 beds to serve a population of 150 000, but it had only five doctors, though there were posts for at least 15 doctors.

20 posts to be filled

"Although Edendale Hospital has only three doctors in the obstetrics and gynaecology department, there are 20 posts which should be filled and there are only four medical officers in the orthopaedic department, when there should be at least 10. The bigger hospitals in the urban areas are not so badly off," said Dr Hackland.

He said that there was a serious maldistribution of doctors which was being addressed by the Department of National Health, but steps were also being taken to address the "critical situation in Kwazulu hospitals by new recruitment programmes and new contract deals which would attract doctors to rural areas".

CA 7012 29/6/90

98
300 hospital
workers strike

JOHANNESBURG. — About 300 members of the National Education, Health and Allied Workers' Union (Nehawu) yesterday downed tools at the J G Strijdom Hospital here in solidarity with a colleague who was allegedly dismissed unfairly by the administration, union officials claimed.

Nehawu's Johannesburg organiser, Mr Neil Thobojane, said a gardener, Mr Johannes Mafuna, was ordered off the premises by the hospital secretary without representation from union shop stewards. — Sapa

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Hospital officials took bribes, inquiry told

Pretoria Correspondent

Claims of bribery and corruption involving hospital officials have been made at the commission of inquiry into the eight-day strike at Ga-Rankuwa Hospital.

Jerry Ndhlovu, of the Workers' Committee of Ga-Rankuwa Hospital, yesterday told the commission officials had accepted "presents" from workers, and offered workers R20 bribes to reveal "information".

A worker had given an official, Mr A J Swanepoel, a "present" of money in order to "get an office", Mr Ndhlovu claimed.

He was being questioned on a list of workers' grievances, to which the Transvaal Provincial Administration had responded in writing before the strike began.

Alcohol

One grievance, listed under the heading "corruption", was that officials drank alcohol on duty.

The TPA's response to this was that workers were probably referring to a "single" event involving a white security guard.

The officer had been off duty, but consumed alcohol in a hospital office.

This was "inexcusable", but the guard had been rebuked in writing, the TPA said.

Asked by Mr G Josman, representing the National Education, Health and Allied Workers' Union, if workers were satisfied with this explanation, Mr Ndhlovu said "no".

He said two security guards had been fired for drinking on duty, but the officer had not. He should also have been dismissed, as alcohol was not allowed on the hospital premises.

Mr Ndhlovu said workers were unhappy with the TPA's reaction to other grievances.

He will be cross-examined today.

How City and Friends made R1 1/2-m happen

By MAUREEN PITHEY
Argus Woman Editor

FOR weeks there had been reports of the financial crisis into which the Groote Schuur Cancer Unit had been plunged.

New equipment was required and June 30 was the deadline for signing tenders. But the R1,5-million needed to purchase it wasn't available.

Reporter Gill Turbull wrote of various local women's organisations, headed by the Executive Women's Club, which were concerned that such a vital unit should go ill-equipped to deal with a life-threatening disease, and were planning fundraising activities.

At the end of May, they had come to me for help with publicity — and to ask for support.

"Taken initiative"

"The women seem to have taken the initiative here," said Argus editor Mr Andrew Drysdale when we discussed it. "See what Argus Woman can come up with as a campaign."

With one-in-three women at risk of developing cancer, an appeal to female readers for help was obvious, and on Tuesday, June 5, Argus Woman started the campaign as a project for the women of Cape Town.

The Argus Woman "Women can make it happen" appeal was born.

"We believe 210 000 women readers of The Argus can raise the R15m — *must* raise it,"

we said in our pages. "We believe that women can make it happen."

The problem was urgent, we said, and challenged every woman to commit herself to raising a minimum of R10 for the cancer unit. The Argus put in R10 000 to set the ball rolling, and we hoped we'd touched a responsive chord in a large percentage of our readers.

But we had no idea just how magnificently they would rise to that challenge...

From the moment that edition of Argus Women went on the streets, our lives changed.

First, the spontaneous reaction: a flood of people — old, young, women and men — poured into The Argus wanting to know where to pay in their money.

A hastily-set up desk in our promotions department became the "fund office".

Within a day or two, cheques started arriving — almost swamping the desk and the volunteer manning it.

By the second day, the fund had already reached R90 000.

Meanwhile, phones in the Argus Woman department never stopped ringing. Scores of women were setting up their own fundraising campaigns and wanted to tell us about dinners, dances, raffles, boot sales, cake sales, sports meetings, school projects, office collections... the list was endless.

Men, too, were responding to the women's efforts — and taking up the challenge.

Within 10 days, a benefit concert at Pieter Toerien's Theatre on the Bay had boosted the fund by R70 000 and the figure stood at R350 000.

A day-long telephone challenge, which had a dozen well-known Cape women hunched over their telephones squeezing money out of business associates and, with the help of Radio Good Hope, accepting pledges from the public, raised R315 000 by nightfall. Those taking part were left hoarse-voiced — and filled with enough enthusiasm to continue raising funds over the phone for days afterwards.

By last weekend, the fund had reached R820 000 and day by day, as the fund grew, so did our amazement.

What had started out as an unrealistic target, was becoming a distinct possibility and, by the beginning of this week, a certainty.

Monday's "sacrifice sale" and auction in Sea Point brought in R45 000 and with the continued flow of money from the public and business, we were able to congratulate Cape Town on Tuesday with the headline "Thanks a million!"

By now, Groote Schuur Hospital itself was beginning to believe that women — and the Western Cape itself — were really going to make it happen.

Today, we've been able to use the headline that at the onset of the campaign, none of us at The Argus really believed would be possible: "We've made it".



Picture: ANDREW INGRAM, Weekend Argus.

We've made it happen! With a bucket of money and a bottle of champagne at the ready, five of the women most closely concerned with fundraising for Groote Schuur's Cancer Unit are, from left: Mrs Sue Lipschitz, fundraising chairman for the Women's Executive Club, Mrs Pixi Gillow, fundraiser for the Teaching Hospitals Board, Mrs Una Bloch, Groote Schuur Hospital PRO, Dr Jocelyne Kane-Berman, the hospital's chief medical superintendent, and Mayoress Mrs Joanna Stern.

YOU'VE done it! — with R1,5

By MAUREEN FITHEY
Argus Woman Editor

CAPE TOWN and the Western Province have done it!

In less than four weeks the unbelievable figure of R1,5 million — money desperately needed to buy vital equipment for the Groote Schuur Cancer Unit — has been collected.

Fund organisers confirmed yesterday afternoon that the community has "made it happen" and, with donations still pouring in to collection points, bank accounts and fund offices, the sum of R1 595 700 has already been reached.

Cash surge

The news yesterday that there was a shortfall of R90 000 brought a fresh surge of contributions, both large and small, from all sectors of the community anxious to beat the deadline.

Even as several of the women who have been at the head of the fundraising drive assembled for a celebratory photograph in front of the hospital yesterday, people were still

handing them envelopes containing cheques and cash.

When it was clear that the target would be met — and passed — Dr Jocelyne Kane-Berman, chief medical superintendent of Groote Schuur Hospital, expressed her delight at the achievement of the people of Cape Town.

"Sharing this dream with the people of Cape Town has been the most exciting experience of my career," she said. "The response from the great heart of the community has been completely overwhelming.

"The cancer unit will get its equipment, thanks to the community.

"We cannot adequately express our appreciation, but ... thank you, Cape Town, thank you."

Dr Kane-Berman also confirmed that in view of the enormous effort made by the community the validity of the tenders had been extended to the end of July by the companies concerned, to enable the hospital to complete the order.

■ **How City and Friends made R1,5 million happen — Page 4.**

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