HEALTH AND DISEASE - HOSPITALS & CLINICS

1996

AUGUST - DEC.

[redacted]

Hospital battles to cope with flood of victims

(98)

A few minutes of panicking rush in which scores were injured looks likely to keep health workers busy for several weeks ahead

Star 1/8/96

By Cheryl Hunter

What took only a few minutes to happen will keep medical staff at Tembisa Hospital busy for days, weeks and even months.

There was no time for rest yesterday as doctors and nurses struggled to keep pace with the steady stream of commuters arriving from the station chaos.

At least 50 people were admitted to the hospital, many of them unconscious and some in deep comas, according to medical superintendent Dr Sandile Mfenyana.

Simon Motibela was one of those admitted to the intensive care unit where he lay with his eyes wide open. Doctors were optimistic about his condition because he had started to shiver and writhe – signs that he was regaining consciousness.

Lazerus Mwebe lay still in the bed alongside him and nurses simply shook their heads as they looked at him.

Mfenyana said 10 of the most critical patients had been transported to HF Verwoerd Hospital in Pretoria and Johannesburg Hospital, five of them by air.

"With the level of equipment we have here, we are nowhere near coping with a disaster like this," Mfenyana said, adding that many of the patients needed head and spinal scans which the hospital could not provide.

"They are all suffering from shock and trauma and some have small cuts from sharp objects or a barbed wire fence," he said.

Earlier, Dr Julius Kunzmann, head of Gauteng hospitals, said he had treated people at the scene with burn wounds inflicted by electrical shock apparatus.

But the worst injuries were those which left no scars – massive internal bleeding had caused many deaths as commuters squashed each other in the stampede, according to Mfenyana.

He believed some of these injuries could have been caused by electro-shock batons.

Margaret Nchabeleng (36) said she had no idea what had happened to her.

"I was standing still on the steps and then people pushed and I was rolling down the steps. And then I woke up here," she said slowly, battling the pain in her chest.

400 pharmacies to be primary health centres

98

MEDICAL CORRESPONDENT

Star 8/8/96

A group of retail pharmacies will be going head-to-head with doctors, particularly those dispensing medicines, when it converts its more than 400 pharmacies nationwide into private, primary health care centres.

The move, which will see doctors and nurses working inside pharmacies, was announced yesterday by Pharma Clinic, a new division of Medhold Ltd, a listed medical supply company.

Pharma Clinic is aiming for its primary health care (PHC) centres to offer a low-cost private health care package to the 14 million South Africans who are employed but have no medical cover, said general manager Mark Hyman.

The move comes in anticipation of mandatory health care for all employees and the urgent need to extend primary health care services.

It is also a reaction to a range of factors threatening the viability of retail pharmacies in their current form.

Pharmacies' gross profit and turnover were being badly affected by discounting on prescriptions, courier prescribing, dispensing and trading doctors, and lack of direction from within the industry, Hyman said.

Proposed changes to drug-pricing structures, and changes to the Pharmacy Act which would pave the way for retail chains to open dispensaries, would also negatively affect the industry, he said.

Clinics to be staffed by nurses

About 45% of all pharmacies were in rural areas. By using managed-health-care principles in accessible community pharmacies, the pharmacy clinic had the potential to change the way health care was delivered, he said.

Clinics inside pharmacies would be staffed by a primary-health care nurse, supported by a general practitioner. Service patients would pay R30 for a PHC nurse consultation and diagnosis and the necessary treatment, dispensed by the pharmacist.

Patients would be recruited through employer groups and pay monthly fees of between R104 and R120 per member for nurse and general-practitioner consultations and treatment.

BATTERY BACK-UP NOT AVAILABLE

Power failure cuts patient's life support

(98)

CT 9/8/96

A BATTERY-POWERED ventilator that had been ordered, but not delivered, may have saved the life of a patient on life support. **ANEEZ SALIE** reports.

A PATIENT died at Conradie Hospital during a power failure because of alleged irregularities or budget cuts, a Cape Times investigation has found.

Key staff complain that provincial health officials apparently rejected without explanation their request for a ventilator with battery back-up, the cause of the death.

Dr Tom Sutcliffe, head of the provincial health department, has started an urgent investigation.

He would not tolerate even a hint of corruption, Sutcliffe said.

The hospital had a history of disrupted electricity supply, its chief medical superintendent, Dr J Strauss confirmed. The use of heaters and additional lights in winter overloaded the system.

During power failures the hospital's stand-by emergency generators usually kicked into operation, but failed to do so on July 5 when Mr Michael Mayeza died in the intensive care unit (ICU), Strauss confirmed.

Mayeza, from Vosloorus in Gauteng, whose family could not be contacted last night, was a spinal patient on an electric ventilator which breathed for him.

Conradie has five operational beds in its ICU. It also has five ventilators, none of which have battery back-up.

Because of the frequent power cuts, the hospital's administration had asked for a new ventilator with battery back-up.

The request was made in April this year, according to Mr Johan Fabricius, assistant director of administration.

When the new one was delivered in July, it was another Bear 1000 model, which does not have battery back-up.

Fabricius said they were not told why their request for a ventilator with battery back-up had been ignored.

Mayeza's life may have been saved had the batteries been available when the emergency generators failed.

The system was not fool-proof, Mayeza may have died anyway. according to Strauss, Conradie's head, who is serving in an acting capacity, having been chief superintendent at Tygerberg Hospital for six years until 1993, followed by stints in the same capacity at Somerset, Swartland and Alexandra.

He joined Conradie in April this year, pending the appointment of a permanent Chief Superintendent.

Strauss said his staff deeply regretted Mayeza's death. Their sympathies were with his family and friends.

They were concerned about the effect on Conradie's countrywide reputation as the main spinal referral hospital. It serves mainly the Northern, Western and Eastern Cape provinces.

It was apparently so popular that at Umtata, in the former Transkei, there was a dedicated taxi rank with a Conradie signboard next to one for Groote Schuur.

Strauss said an inquest to determine the cause of death will be held shortly. It should also establish why the required equipment was not in place.

A senior staff member, who asked not to be named, alleged that a provincial official responsible for procurement had strong links with a local company supplying the cheaper model, and had favoured it over a rival supplier which had the back-up model.

The official was allegedly a guest in Britain and Germany in 1994 of the international manufacturer which supplied the local company with the Bear 1000.

Sutcliffe, provincial health chief, said he had no reason to doubt the official's integrity but would investigate anyhow.

If he was found to be clean, the bureaucracy still had to explain why it did not send the ventilator requested by Conradie.

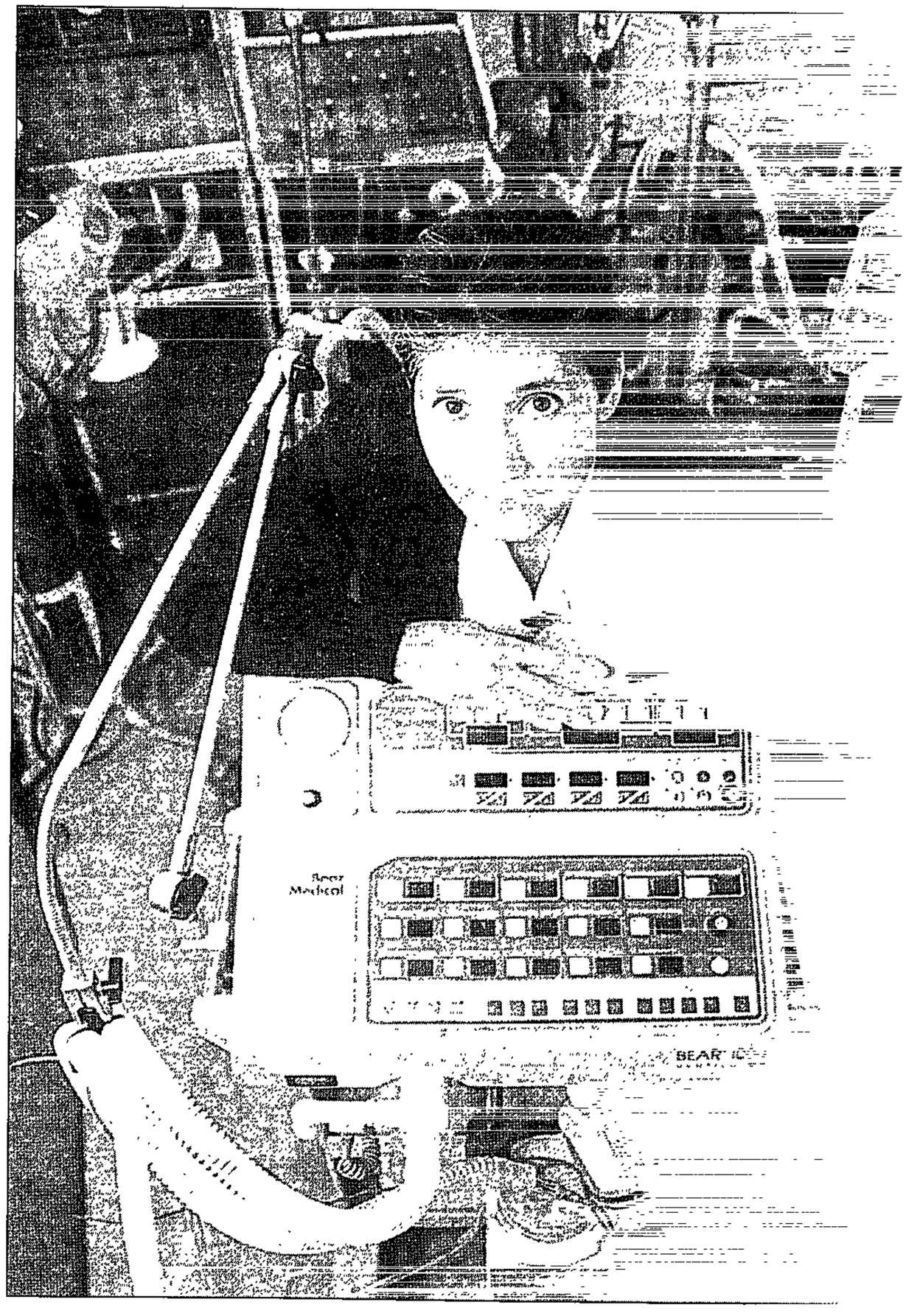
The Bear 1000 costs around R72 000, whereas the one with the battery back-up was R10 000 more.

Sutcliffe said he would refrain from making a judgment until he had the findings of the departmental audit and inquiry.

Ventilators are probably the most important equipment in any health facility, according to Dr Timothy Visser, a Conradie medical superintendent.

"It is the ABC of resuscitation," he said. "A is to check the airways, B is for breathing and C for circulation.

"When it comes to life or limb, we forget about the limb to ensure a patient continues to breath, because without it, there is obviously no life."



POWERLESS: Staff Nurse Mary-Anne Ferguson with the new Bear 1000 ventilator — which does not have a battery back-up — in a storeroom at Conradie Hospital. *PICTURE: GARTH STEAD*

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT:

(a) *Gauteng*

(i) Statistics for 1990 are not available for Gauteng Province separately.

(ii) 1995: Financed 10 487
State run 180
Contracted 650

Northern Province

(i) 1990: State run + financed 220

(ii) 1995: State run + financed 289

Northern Cape

(i) 1990: Statistics for 1990 are not available for the Northern Province separately.

(ii) 1995: State run + financed 1 412

Eastern Cape

(i) 1990: 3 587

(ii) 1995: 3 601

KwaZulu-Natal

(i) 1990: 4 839

(ii) 1995: 5 217

Mpumalanga

(i) 1990: Statistics for 1990 are not available for Mpumalanga separately.

(ii) 1995: 1 522

(b) *Gauteng*

(i) Two financed homes

(ii) Three

Northern Province

(i) None

(ii) None

Northern Cape

(i) None

(ii) None

Eastern Cape

(i) 1990: None

(ii) 1995: None

KwaZulu-Natal

(i) 1990: 1

(ii) 1995: None

Mpumalanga

(i) 1990: 1

(ii) 1995: None

The Department could not get any information from the remaining three provinces.

Attorneys struck off the roll/admitted to practise

244. Sen R J RADUE asked the Minister of Justice:†

In respect of (a) 1995 and (b) the first four months of 1996 how many attorneys in each province were (i) struck off the roll and (ii) admitted to practise as attorneys?

S398E

The MINISTER OF JUSTICE:

Statistics are only available regarding the former provinces in the former Republic of South Africa.

(a)	(i)	Orange Free State	0
		Northern Cape	0
		Western Cape	4
		Eastern Cape	1
		Natal	15
		Transvaal	2
	(ii)	Orange Free State	69
		Northern Cape	13
		Western Cape	229
		Eastern Cape	41
		Natal	233
		Transvaal	611
(b)	(i)	Orange Free State	0
		Northern Cape	0
		Western Cape	2
		Eastern Cape	0
		Natal	6
		Transvaal	1
	(ii)	Orange Free State	24
		Northern Cape	5
		Western Cape	83
		Eastern Cape	24
		Natal	107
		Transvaal	290

Tygerberg/Groote Schuur Hospitals: budget/income (98)

245. Sen C R REDCLIFFE asked the Minister of Health:†

(a) What amount was budgeted for 1995 in respect of the (i) Tygerberg and (ii) Groote Schuur Hospitals for each category of expenditure and (b) what (i) was the income of each of these hospitals in that year and (ii) were the sources of such income?

S399E

The MINISTER OF HEALTH:

(a) (i) R423 366 927

Personnel Expenditure	R299 067 106
Administrative Expenditure:	R3 948 107
Stores and Livestock:	R97 959 121
Equipment:	R7 000 000
Professional and Special Services:	R11 091 000
Miscellaneous Expenditure:	R4 301 593

(ii) R461 908 112

Personnel Expenditure	R323 357 848
Administrative Expenditure	R4 344 619
Stores and Livestock:	R108 215 012
Equipment:	R7 149 500
Professional and Special Services:	R14 279 788
Miscellaneous Expenditure:	R4 561 345

(b) (i) Tygerberg: R18 293 993,04
Groote Schuur: R27 391 490,77

(ii) *Tygerberg:*

	R
Recovery: Interest	11 236,91
Recovery: Other Contract Cap	13 552,49
Hospital Fees: Mechanised Accounts	12 632 981,14
Hospital Fees: In-Pat Acc HO	253 068,81
Hospital Fees: Out-Pat General	1 802 522,38
Prosthesis/Aids	89 448,30
Medical Reports	103 331,77
Academic Hospitals Prof Fees	1 625 276,88
Letting of Immovable Property	138 543,51
Parking	69 742,00
Water/Electricity/Sanitation	38 614,54
Accommodation: Staff	569 482,24
Accommodation: Private	49 095,90
Meals	1 171,28
Day-care Fees	309 147,32
Cremation/Mortuary Fees	2 998,00
Unclaimed Patient Fees	136,00
Contributions UCT/US	131 200,00
Commission on Insurance	224 415,00
Reprographic Services	2 046,00
Sales	139 677,61
Investigations/Debt Receipts	600,00
Transport	5 476,69
Class Fees	5 685,00
Course Fees	346,35
Repayments: Previous Year	251 144,57
Other	336 711,49

Groote Schuur:

	R
Recovery: Interest	23 080,06
Hospital Fees: Mechanised Accounts	17 911 936,92
Hospital Fees: In-Pat Acc H1	268 393,95
Hospital Fees: Out-Pat General	2 511 645,60
Prosthesis/Aids:	85 904,83
Medical Reports	95 510,79
Academic Hospital Prof Fees	460 297,25
Sale of Movable Property	562,50
Letting of Immovable Property	515,00
Parking	83 354,00
Water/Electricity/Sanitation	92,40
Accommodation: Staff	922 977,84
Meals	145 145,85
Day-care Fees	283 517,52
Cremation/Mortuary Fees	14 590,59
Unclaimed Patient Fees	110,00
Contributions UCT/US	2 888 024,30
Commission on Insurance	250 738,00
Sales	131 489,56
Cash Surplus/Unclaimed Salaries	377,88
Investigations/Debt Receipts	189,39
Transport	4 941,01
Class Fees	28 860,50
Repayments: Previous Year	38 227,52
Other	1 318 492,55

Source: Provincial Department of Health, Western Cape Province.

Purchasing of textbooks: amount spent (X)

249. Sen A J WILLIAMS asked the Minister of Education:†

(1) What was the total amount spent by his Department in purchasing textbooks in (a) 1995 and (b) the first four months of 1996;

(2) whether any schools have not yet received textbooks; if so, (a) what are the names of such schools, (b) in which province is each of these schools situated and (c) when will these schools receive textbooks;

HANSARD

Illegal/legal oriental immigrants

208. Sen L J SWANEPOEL asked the Minister of Home Affairs:†

(a) How many Oriental immigrants from (i) Hong Kong, (ii) India, (iii) Pakistan and (iv) Taiwan (aa) legally entered the Republic and (bb) is it estimated entered the Republic illegally during the period 1 January 1995 up to the latest specified date for which information is available and, (b) what measures is his Department taking to prevent illegal immigration from each of the abovementioned countries?

S330E

The MINISTER OF HOME AFFAIRS:

(a) (aa) (i) 16

(ii) 340

(iii) 97

(iv) 264

(bb) As the majority of illegal aliens enter the country clandestinely, it is not possible to quantify their numbers accurately.

(b) The hon member is referred to my budgetary speech in the Senate on 22 May 1996.

Average bed occupancy rate in provincial/ academic hospitals

209. Sen C R REDCLIFFE asked the Minister of Health:†

(1) What was the average bed occupancy rate in each specified (a) provincial and (b) academic hospital under the control of her Department in (i) the Western Cape, (ii) Gauteng and (iii) KwaZulu-Natal during the period 1 May 1995 to 30 April 1996;

(2) whether the bed occupancy rate in respect of any of these hospitals does not correspond with the capacity of such hospitals; if so, why, in each case? S331E

The MINISTER OF HEALTH:

(1) (a) and (b) No provincial or academic hospitals fall under the control of the Department of Health.

(i), (ii) and (iii) See attached list for the information received from the Provinces.

(2) It is very difficult to maintain full occupancy of beds, as between every discharge and admission there is a vacant period. The shorter the stay, the higher the turn-over and the more such vacant periods would occur.

65 to 75% occupancy is considered to be effective utilisation of bed capacity. See attached list.

KEY:

Column 1: Hospital name

Column 2: Type of Hospital:
P = Provincial
A = Academic

Column 3: Percentage bed occupancy

Column 4: Whether bed occupancy rate corresponds with capacity

Column 5: Reason: 65 to 75% = fully occupied

(i) Western Cape:

Hospital	*Type*	*Bed occ.*	*2.1*	*2.2*
Ceres Hospital	P	35,13%	No	Under
Citrusdal Hospital	P	93,55%	No	Fully
Conradie Hospital	P	109,73%	No	Over
Groote Schuur Hospital	A	92,82%	No	Over
Hermanus Hospital	P	65,35%	Yes	Fully

Hospital	*Type*	*Bed occ.*	*2.1*	*2.2*
Hottentots Holland Hospital	P	94,18%	No	Over
Karl Bremer Hospital	P	49,12%	No	Under
Lapa Munnik Hospital	P	73,85%	Yes	Fully
Montagu Hospital	P	68,76%	Yes	Fully
Mossel Bay Hospital	P	38,14%	No	Under
Mowbray Maternity Hospital	P	72,35%	Yes	Fully
Otto Du Plessis Hospital Bredasdorp	P	135,74%	No	Over
Prince Albert Hospital	P	49,96%	No	Under
Princess Alice Hospital	P	64,47%	Yes	Fully
Robertson Hospital	P	72,09%	Yes	Fully
Swartland Hospital	P	58,40%	No	Under
Tygerberg Hospital	P	76,71%	Yes	Fully
Uniondale Hospital	P	62,60%	No	Under
Victoria Hospital Wynberg	P	68,72%	Yes	Fully
Vredendal Hospital	P	85,93%	No	Over
Average occupancy (Western Cape): 80,47%				

(ii) Gauteng

Andrew McColm Hospital	P	33,60%	No	Under
Boksburg-Benoni Hospital	P	105,33%	No	Over
Discoverers Memorial Hospital	P	55,87%	No	Under
Dr AG Visser Hospital	P	100,66%	No	Over
Edenvale Hospital	P	118,61%	No	Over
Far East Hospital	P	84,39%	No	Over
GaRankuwa Hospital	A	91,00%	No	Over
HF Verwoerd Hospital	A	77,69%	No	Over
Hillbrow Hospital	P	28,12%	No	Under
JG Strijdom Hospital	P	93,14%	No	Over
Johannesburg Hospital	A	109,29%	No	Over
Kalafong Hospital	P	77,28%	No	Over
Kempton Park Hospital	P	105,13%	No	Over
Laudium Hospital	P	54,14%	No	Under
Leratong Hospital	P	109,82%	No	Over
Mamelodi Hospital	P	113,87%	No	Over
Natalspruit Hospital	P	85,35%	No	Over
Nigel Hospital	P	62,15%	No	Under
Paardekraal Hospital	P	79,57%	No	Over
Pholosong Hospital	P	86,63%	No	Over
Sebokeng Hospital	P	101,35%	No	Over
South Rand Hospital	P	78,92%	No	Over
Tembisa Hospital	P	130,76%	No	Over
Vereeniging Hospital	P	123,11%	No	Over
Willem Cruywagen Germiston	P	73,70%	Yes	Fully
Average occupancy (Gauteng): 89,19%				

respective councils of universities on a yearly basis and do not form part of the financial statements to be submitted to the Department. It is, therefore, not possible to indicate the deficits, if any, of the respective universities for the three years, as requested.

Academic hospitals: percentage of bed occupancy

472. Dr R T RHODA asked the Minister of Health:†

What was the percentage of bed occupancy in each academic hospital in the Republic in 1995? N826E

The MINISTER OF HEALTH:

Hospital	*Percentage*
Baragwanath	64,80%
Coronation	51,30%
GaRankuwa	62,30%
Groote Schuur	72,56%
HF Verwoerd	83,40%
Hillbrow	56,20%
JG Strijdom	79,90%
Johannesburg	110,00%
Kalafong	78,10%
King Edward VIII	74,00%
National (Bloemfontein)	70,00%
Pelonomi	58,00%
Red Cross	71,88%
Tygerberg	74,00%
Umtata	146,70%
Universitas	59,00%
Wentworth	63,00%

Source: Gauteng, Western Cape, KwaZulu-Natal, Free State and Eastern Cape Provincial Departments of Health.

Persons found dead in police cells

477. Mr H A SMIT asked the Minister for Safety and Security:†

How many persons died in police cells in 1995 as a result of (a) natural causes, (b) suicide, (c) injuries sustained before arrest and (d) other causes? N831E

The MINISTER FOR SAFETY AND SECURITY:

(a) 10

(b) 36

(c) 69

(d) 17

Public Services: posts abolished

480. Mr T D LEE asked the Minister for the Public Service and Administration:†

Whether any posts in the Public Service were abolished in 1995; if so, how many in each department?

N834E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION:

Yes, posts were abolished in the Public Service during 1995. The required information is contained in the Annexure hereto, and has been supplied by the various departments, provincial administrations and organisational components.

ANNEXURE

Department/Provincial Administration/Organisational Component	*Number of posts abolished during 1995*
Department of Agriculture	807
Department of Arts, Culture, Science and Technology	3
Department of Constitutional Development	244
Department of Correctional Services	61
Department of Defence #	14 214
Department of Education @	0
Department of Environmental Affairs and Tourism	12
Department of Finance	12 303
Department of Foreign Affairs	16
Department of Health	7 988
Department of Home Affairs	6 500
Department of Housing	341
Department of Justice	64
Department of Labour	6 111
Department of Land Affairs	742
Department of Mineral and Energy Affairs	3
Department of Public Works	19
Department of Safety and Security	0
Department of Sport and Recreation	2
Department of State Expenditure	1 218
Department of Trade and Industry	50
Department of Transport	4

Department of Water Affairs and Forestry	17
Department of Welfare	45
National Intelligence Agency *	
Office of the Minister for the Public Service and Administration	0
Office of the President	4
Office of the Public Service Commission	34
Provincial Administration: Eastern Cape +	
Provincial Administration: Free State **	35 703
Provincial Administration: Gauteng	13 203
Provincial Administration: KwaZulu-Natal +	
Provincial Administration: Mpumalanga	6 601
Provincial Administration: Northern Cape +	
Provincial Administration: Northern Province +	
Provincial Administration: North West +	
Provincial Administration: Western Cape +	
South African Secret Service *	
Central Economic Advisory Service	0
Central Statistical Service	25
Office of the Executive Deputy President	10
Office of the Executive Deputy President from the Largest Minority Party	2
Office for Public Enterprises	39
South African Communication Service	14

* The relevant information is classified and has not been made available.

Includes integration posts to accommodate the ex MK/Apla soldiers.

** Includes the posts received from the previous dispensation—information could only be supplied for the period 1 July 1994 to 29 February 1996.

@ 16 623 posts were abolished at the education and culture services of the ex Administrations (House of Assembly, House of Representatives and House of Delegates), as well as the Department of Education and Training. On 1 July 1995 these posts were all added to the establishment of the national Department of Education—will in due course be allocated to the provinces.

+ No information could be obtained from these institutions.

Unemployment Insurance Fund: payments

484. Mr A WATSON asked the Minister of Labour:†

(a) What was the total amount paid into the Unemployment Insurance Fund in 1995 and (b) how many persons received unemployment insurance in each of the provinces in the past financial year?

N838E

The MINISTER OF LABOUR:

(a) *Amount paid into Fund in 1995:*

Contributions by employers and employees	R1 958 818 000
State contribution	R7 000 000
Total amount	R1 965 818 000

(b) *Number of persons who received benefits*

Gauteng	213 846
KwaZulu-Natal	165 318
Eastern Province (*)	59 175
Northern Cape	35 597
Free State	46 890
Western Cape	134 327
Mpumalanga/Northern Province (**)	65 877
Total number of beneficiaries	721 030

(*)This excludes payments made by the Unemployment Insurance Funds in the former Transkei and Ciskei.

(**)This excludes payments made by the Unemployment Insurance Funds in the former Venda and Bophuthatswana.

Violence on trains/stations

485. Mr Z D MNGUNI asked the Minister for Safety and Security:†

How many deaths occurred as a result of violence on trains and stations in (a) the Western Cape, (b) KwaZulu-Natal and (c) Gauteng in 1995?

N839E

Name Baragwanath after Hani — union

Ingrid Salgado (98) BD 14/8/96

THE National Education, Health and Allied Workers' Union has urged the Gauteng government to rename Baragwanath Hospital the Chris Hani Memorial Hospital, after the slain SACP and ANC leader.

At hearings on renaming health institutions in Gauteng yesterday, the union said the name emerged as a favourite among workers at the hospital.

The proposal is in conflict with the provincial government's policy of trying to avoid naming institutions after living or deceased people. The petitions and public participation standing committee has recommended that institutions' names refer to their geographic location and should stand the test of time.

Baragwanath Hospital management, speaking on behalf of senior staff, asked the committee to retain the name for historical reasons. It is named after John A Baragwanath, who developed the facility in the last century as a profit-making venture. Management said changing the name could hamper fundraising efforts. It was a global institution that served communities other than Soweto.

Committee chairman Vusi Mavuso said government would attempt to resolve the positions.

Many Soweto clinics told the committee it was unnecessary to rename them since their names referred to geographic positions.

Leased ambulances are on their way

(98) Star 14/8/96

By Derek Rodney

New leased ambulances and emergency response vehicles may take to Gauteng roads by mid-October after a decision yesterday by the Tender Board to award contracts to two vehicle leasing companies

Emergency Management Services director Dr Phillip van Rensburg confirmed that the proposals of two Johannesburg companies had been accepted by the board, but said the directorate was awaiting official confirmation of the deal.

"All I can say at this stage is that two companies, who will be named at a later date, have made the cut and we are glad to finally get the process rolling for the first order of new vehicles."

Authorities are hoping that the first vehicles will roll off the production line in October after a protracted labour dispute.

Although tight-lipped about the details of the contract, which makes provision for more than 200 emergency vehicles, Van Rensburg did say the contracts might include an order for a batch of fast-response vehicles.

Critical care patients in Johannesburg have to wait up to 30 minutes before ill-equipped paramedics arrive on the scene, and in many instances harried dispatchers request callers to transport patients to the nearest hospital in private vehicles because no ambulances can be made available for up to four hours.

The MINISTER FOR AGRICULTURE AND LAND AFFAIRS:

(1) No instruction was given to group certificates together per province for signature. However, when an application for a certificate includes properties in more than one province, properties situated in the same province are grouped together in one certificate to save time. In some cases applicants request separate certificates for certain properties, especially when different conveyancers must deal with the transfer of such properties.

(2) The process of transfer is consequently not being delayed by such an instruction.

*8. Sen L J SWANEPOEL—Finance.† [Question standing over.]

*9. Sen L J SWANEPOEL—Finance.† [Question standing over.]

Awarding new medals: criteria

*10. Sen Dr G W KOORNHOF asked the Minister of Defence†

(1) (a) What criteria will be applicable for awarding new medals, (b) who will qualify for such medals and (c) what will be the colours of such new medals;

(2) whether these colours are based on those of any former or existing political parties and/or organisations; if not, what is the position in this regard; if so, what parties and/or organisations;

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

S449E

The DEPUTY MINISTER OF DEFENCE:

(1) (a) and (b) The new series of decorations and medals currently being instituted for the Department of Defence are intended for members of the former non-statutory forces who performed deeds of valour, meritorious service as well as long service during the struggle to establish a fully democratic state in South Africa prior to 27 April 1994.

Criteria for the awarding of these decorations and medals will be based on the internationally accepted norms for such awards namely, for deeds of Bravery in the face of an adversary or in times of great personal danger, meritorious service over and above what is expected and long service with an unblemished record.

(c) The colour patterns chosen are basically orange-red for bravery, blue for merit and green for long service. These patterns conform to those in use in South Africa these past decades and, in fact, to international usage.

(2) The colours chosen are based on the colours of the new South African flag, except where a light brown has been introduced to indicate a medal of the bronze (third) category. It is an heraldic tradition to reflect the colours of a country's national flag in the ribbons of official military awards. The long service ribbons—one set out of the whole range—are in black, green and gold which reflects the era of the liberation struggle. These three colours are included in the national flag, the use of which therefore, conforms to the heraldic tradition.

(3) As soon as the full series of these decorations and medals are available, colour brochures will be made available to the public.

Senator Dr G W KOORNHOF: Mr President, arising out of the hon the Deputy Minister's reply, I would like to ask the hon the Deputy Minister whether the department is considering issuing medals for the new South African National Defence Force, which was established in 1994, in order to build national unity in the Defence Force?

Senator A VAN BREDA: And Deputy Ministers?

The DEPUTY MINISTER OF DEFENCE: Mr President, I do not know about Deputy Ministers, but certainly for the new South African National Defence Force. I think, as the senator knows, a new medal has already been struck. This is the Unitra medal which has been awarded to all those involved in the integration which is taking place and which brought about the creation of our proud, new South African National Defence Force. So, the intention is there.

HANSARD

We are, of course, retaining medals from the past as well. Those members of the former statutory forces—the South African Defence Force as well as those of the TBVC states—are now part of the integrated SANDF and retain their medals. So, we have the one new Unitra medal. We have these medals now and we will certainly be considering others. I think you the hon senator for that point, because it is a very important one for the hon the Minister to bear in mind

Bed occupancy rate in post-natal section of Johannesburg Hospital (98)

*11. Sen Dr G W KOORNHOF asked the Minister of Health:

(1) What was the bed occupancy rate in the post-natal section of the Johannesburg Hospital as at the latest specified date for which information is available;

(2) whether any complaints have been received in regard to any overcrowding in this section; if so, what was the nature of such complaints;

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

S450E

The MINISTER OF HEALTH:

(1) The bed occupancy rate in the post-natal section of Johannesburg Hospital as of May 1996 was 218%. the bed occupancy rate is calculated on the number of beds that are approved for a hospital taking in account the number of patients occupying them. Currently there are 32 beds that are approved in the post-natal section of the hospital because more black people now live in Johannesburg and there are no maternity service in Johannesburg closer to where the services are.

As a result the Hospital has had to add 28 beds in the post-natal section but which are not approved. Therefore the 218% bed occupancy rate is based on the 32 approved beds, and not the 60 beds being utilised.

(2) Yes, there has been complains. These complaints relate to inadequate care for patients and early discharges.

(3) Yes, the provinces are in the process of developing appropriate measures to reduce overcrowding in public hospitals. This will be monitored monthly by provincial heads of departments.

Source: Dr Wilson (partly), who received information from the Gauteng Department of Health.

Senator Dr G W KOORNHOF: Mr President, arising out of the hon the Minister's reply, can she inform us—the situation in that particular hospital is very saddening—what specific steps are being taken to address the overcrowding in that hospital and the complaints of its staff?

The MINISTER OF HEALTH: Mr President, the provinces, particularly Gauteng, have to look at alternative facilities which can be used Also, in the medium term, they have to look at creating primary health care facilities, because many of those deliveries are just normal deliveries which, under normal circumstances, could be done in a clinic. However, because there are no facilities there, they all go to hospital.

So they have to look at alternative facilities. They also have to look at the question of increasing staff, because they do have the beds—they have increased the number of their beds to 60.

But there are no magic solutions to long-term problems. This problem is a reflection of the fact that the majority of the people have not had access to hospitals. Now they do.

Admission of children to places of safety (253)

*12. Sen C R REDCLIFFE asked the Minister for Welfare and Population Development:†

(1) Whether there are specific rules which regulate the admission of children to places of safety; if not, what is the position in this regard; if so, what are the relevant details;

(2) whether any steps have been or are being taken to ensure the physical and emotional welfare of children that are cared for in such places; if not, why not; if so, what steps? S451E

The MINISTER OF HEALTH (for the Minister for Welfare and Population Development):

(1) Yes; the admission of children to places of safety is regulated by the Child Care Act. A place of safety is described in section 28(1) of the Child Care Act, 1983 (Act No 74 of 1983) as "any place suitable for the

reception of a child into which the owner, occupier or person in charge thereof is willing to receive a child". A place of safety is utilised for the reception and temporary care of children.

A young person in conflict with the law, dealt with in terms of section 71 of the Criminal Procedure Act, 1977 (Act No 5 of 1977) can also be admitted to a place of safety;

(2) Yes; a multi-professional team is responsible for assessing children during admission to places of safety, to interview them, and to render support in providing for their physical, emotional and other needs. Personnel of places of safety are being trained. The transformation of the child and youth justice system is currently receiving in depth attention. The erection of new secure care facilities is receiving attention and existing places of safety are being upgraded.

Certain radio station: budget cut

*13. Sen A E VAN NIEKERK asked the Minister for Posts, Telecommunications and Broadcasting:†

(1) Whether the budget of a certain radio station, the name of which has been furnished to his Department for the purpose of his reply, is to be cut by a third over the next two years; if not, what is the position in this regard; if so, (a) what is the name of this radio station and (b) why;

(2) whether this radio station is used as the norm in respect of the level to which black language stations are to be raised; if so, how long will it be before black language stations reach this level;

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

S452E

The MINISTER FOR AGRICULTURE AND LAND AFFAIRS (for the Minister for Posts, Telecommunications and Broadcasting):

(1) The budget of two SABC Radio Stations, Afrikaans Stereo and SAfm, are being cut by approximately R10 million over the next two years. (The total budget is at present R41 million for Afrikaans Stereo and R40 million for SAfm.) The costs of these stations are currently far greater than those for any other services. It was decided to introduce the cuts in order to achieve greater parity in the resourcing of stations.

(2) Neither of these stations is being used as the norm in respect of the level to which black language stations are to be raised. A means, affordable to the SABC, has been developed to guide the resourcing of all stations.

(3) No.

Senator A E VAN NIEKERK: Mr President, would the hon the Minister just give us the reason why the Minister for Posts, Telecommunications and Broadcasting cannot answer the question himself.

The MINISTER FOR AGRICULTURE AND LAND AFFAIRS: Mr President, no I cannot, except to say that the request was put to my office. I did not enquire what the reason was. His office simply communicated to my office that he was unable to do so this afternoon, and could I please answer on his behalf. But I will request the reason from the Minister, who will no doubt be able to furnish it to the hon member.

The PRESIDENT OF THE SENATE: I have allowed the hon the Minister to answer the question on behalf of his colleague. The hon Senator Van Niekerk is advised to pursue the issue of the absence of the Minister on another occasion.

Airborne assault on Swapo camp at Cassinga

*14. Sen M G E WILEY asked the Minister of Defence:

Whether he will release the operational files pertaining to the airborne assault on the Swapo camp at Cassinga in Angola in 1978; if not, why not; if so, when?

S453E

The DEPUTY MINISTER OF DEFENCE:

The SA National Defence Force has no objection to the release of information contained in the files of the former SA Defence Force pertaining to operation Reindeer—the airborne assault on the SWAPO camp at Cassinga in Angola in 1978.

The files cannot be released from the SA National Defence Force's Archives as they form part of the public record.

Members of the public who wish to gain access to the said files for research purposes must apply to the Chief of Staff Personnel (Director Documentation Services) after which the necessary authority will be obtained from the relevant Ministries. I also have information and photos in my possession which deal with the raid as related by the victims. These items have been published internationally and are available on request.

The PRESIDENT OF THE SENATE: Order! I am not sure whether the Deputy Minister of Justice has had occasion to appear in the Senate before.

The DEPUTY MINISTER OF JUSTICE: No, I have not, Mr President.

The PRESIDENT OF THE SENATE: In that case I am privileged to welcome the hon the Deputy Minister of Justice, Dr Tshabalala-Msimang.

Truth and Reconciliation Commission: interim reports

*15. Sen J R DE VILLE asked the Minister of Justice:†

(1) Whether he or his Department has already received any interim reports from the Truth and Reconciliation Commission; if so, (a) when and (b) what are the further relevant details; if not,

(2) whether he or his Department intends taking any steps in this regard; if not, why not; if so, what steps?

S470E

The MINISTER OF JUSTICE:

(1) and (2) No. In terms of the provisions of the Truth and Reconciliation Act, 1995, the Commission is not required to report to me or the Department of Justice.

A final report as contemplated in section 43 is to be submitted to the President who, in terms of the said section, will bring it to the notice of the public, in such manner as he deems fit. However, financial reports as contemplated in section 45, are to be tabled in Parliament by the Commission itself. The President has received an interim report which is to be released to the public on 15 August 1996. The President's Office assumes that this "interim report" is an interim report in respect of the report contemplated in section 43. The Act does not contemplate such interim reports but does not preclude them. The report deals, in the main, with information on the progress made by the Commission in establishing its structures.

For written reply:

Kakamas Canal Scheme to be operated as State Water Scheme

170. Sen M G E Wiley asked the Minister of Water Affairs and Forestry:†

(1) Whether he or his Department intends to continue operating the Kakamas Canal Scheme in the Northern Cape as a State Water Scheme; if so, (a) what is the current tariff per hectare for water, (b) what will the expected increase in the tariff be for 1996-97 and (c) what will the expected tariff be in the year 2000; if not,

(2) whether the privatisation of the canal scheme is an option; if not, why not, if so, what are the relevant details?

S258E

The MINISTER OF WATER AFFAIRS AND FORESTRY:

(1) Yes.

(a) The irrigation water tariff in 1995/96 for basic scheduled land was R231 per hectare (ha).

(b) The tariff was increased by 30% from R231 per ha to R300,30 per ha for basic scheduled land for 1996/97. The tariffs for land for which additional water rights had been purchased were increased from R248,17 per ha to R349,70 per ha. The difference between the two sets of tariffs is due to the cost of operating additional control works for the later. The difference is to be phased out in the coming years.

(c) The intention is to recover the full operation and maintenance cost, including betterments and a levy for a reserve fund to cover costs during years of drought, by the year 2000. The estimated operation and maintenance costs for 1996/97 are R647,95

The MINISTER FOR AGRICULTURE AND LAND AFFAIRS:

(1) No instruction was given to group certificates together per province for signature. However, when an application for a certificate includes properties in more than one province, properties situated in the same province are grouped together in one certificate to save time. In some cases applicants request separate certificates for certain properties, especially when different conveyancers must deal with the transfer of such properties.

(2) The process of transfer is consequently not being delayed by such an instruction.

*8. Sen L J SWANEPOEL—Finance.† [Question standing over.]

*9. Sen L J SWANEPOEL—Finance.† [Question standing over.]

Awarding new medals: criteria

*10. Sen Dr G W KOORNHOF asked the Minister of Defence:†

(1) (a) What criteria will be applicable for awarding new medals, (b) who will qualify for such medals and (c) what will be the colours of such new medals;

(2) whether these colours are based on those of any former or existing political parties and/or organisations; if not, what is the position in this regard; if so, what parties and/or organisations;

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

S449E

The DEPUTY MINISTER OF DEFENCE:

(1) (a) and (b) The new series of decorations and medals currently being instituted for the Department of Defence are intended for members of the former non-statutory forces who performed deeds of valour, meritorious service as well as long service during the struggle to establish a fully democratic state in South Africa prior to 27 April 1994.

Criteria, for the awarding of these decorations and medals will be based on the internationally accepted norms for such awards namely, for deeds of Bravery in the face of an adversary or in times of great personal danger, meritorious service over and above what is expected and long service with an unblemished record.

(c) The colour patterns chosen are basically orange-red for bravery, blue for merit and green for long service. These patterns conform to those in use in South Africa these past decades and, in fact, to international usage.

(2) The colours chosen are based on the colours of the new South African flag, except where a light brown has been introduced to indicate a medal of the bronze (third) category. It is an heraldic tradition to reflect the colours of a country's national flag in the ribbons of official military awards. The long service ribbons—one set out of the whole range—are in black, green and gold which reflects the era of the liberation struggle. These three colours are included in the national flag, the use of which therefore, conforms to the heraldic tradition.

(3) As soon as the full series of these decorations and medals are available, colour brochures will be made available to the public.

Senator Dr G W KOORNHOF: Mr President, arising out of the hon the Deputy Minister's reply, I would like to ask the hon the Deputy Minister whether the department is considering issuing medals for the new South African National Defence Force, which was established in 1994, in order to build national unity in the Defence Force?

Senator A VAN BREDA: And Deputy Ministers?

The DEPUTY MINISTER OF DEFENCE: Mr President, I do not know about Deputy Ministers, but certainly for the new South African National Defence Force. I think, as the senator knows, a new medal has already been struck. This is the Unitra medal which has been awarded to all those involved in the integration which is taking place and which brought about the creation of our proud, new South African National Defence Force. So, the intention is there.

HANSARD

We are, of course, retaining medals from the past as well. Those members of the former statutory forces—the South African Defence Force as well as those of the TBVC states—are now part of the integrated SANDF and retain their medals. So, we have the one new Unitra medal. We have these medals now and we will certainly be considering others. I think you the hon senator for that point, because it is a very important one for the hon the Minister to bear in mind.

Bed occupancy rate in post-natal section of Johannesburg Hospital (98)

*11. Sen Dr G W KOORNHOF asked the Minister of Health:

(1) What was the bed occupancy rate in the post-natal section of the Johannesburg Hospital as at the latest specified date for which information is available;

(2) whether any complaints have been received in regard to any overcrowding in this section; if so, what was the nature of such complaints;

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

S450E

The MINISTER OF HEALTH:

(1) The bed occupancy rate in the post-natal section of Johannesburg Hospital as of May 1996 was 218%. the bed occupancy rate is calculated on the number of beds that are approved for a hospital taking in account the number of patients occupying them. Currently there are 32 beds that are approved in the post-natal section of the hospital because more black people now live in Johannesburg and there are no maternity service in Johannesburg closer to where the services are.

As a result the Hospital has had to add 28 beds in the post-natal section but which are not approved. Therefore the 218% bed occupancy rate is based on the 32 approved beds, and not the 60 beds being utilised.

(2) Yes, there has been complains. These complaints relate to inadequate care for patients and early discharges.

(3) Yes, the provinces are in the process of developing appropriate measures to reduce overcrowding in public hospitals. This will be monitored monthly by provincial heads of departments.

Source: Dr Wilson (partly), who received information from the Gauteng Department of Health.

Senator Dr G W KOORNHOF: Mr President, arising out of the hon the Minister's reply, can she inform us—the situation in that particular hospital is very saddening—what specific steps are being taken to address the overcrowding in that hospital and the complaints of its staff?

The MINISTER OF HEALTH: Mr President, the provinces, particularly Gauteng, have to look at alternative facilities which can be used. Also, in the medium term, they have to look at creating primary health care facilities, because many of those deliveries are just normal deliveries which, under normal circumstances, could be done in a clinic However, because there are no facilities there, they all go to hospital.

So they have to look at alternative facilities. They also have to look at the question of increasing staff, because they do have the beds—they have increased the number of their beds to 60

But there are no magic solutions to long-term problems. This problem is a reflection of the fact that the majority of the people have not had access to hospitals. Now they do.

Admission of children to places of safety (248)

*12. Sen C R REDCLIFFE asked the Minister for Welfare and Population Development:†

(1) Whether there are specific rules which regulate the admission of children to places of safety; if not, what is the position in this regard; if so, what are the relevant details;

(2) whether any steps have been or are being taken to ensure the physical and emotional welfare of children that are cared for in such places; if not, why not; if so, what steps? S451E

The MINISTER OF HEALTH (for the Minister for Welfare and Population Development):

(1) Yes; the admission of children to places of safety is regulated by the Child Care Act. A place of safety is described in section 28(1) of the Child Care Act, 1983 (Act No 74 of 1983) as "any place suitable for the

HANSARD

QUESTIONS

†Indicates translated version.

For written reply:

Outpatient visits/bed occupancy in provincial hospitals: tariff (98)

246. Sen C R REDCLIFFE asked the Minister of Health:†

(a) What was the tariff in respect of (i) outpatient visits and (ii) daily bed occupancy in provincial hospitals as at the latest specified date for which information is available and (b) in respect of what date is this information furnished? S400E

The MINISTER OF HEALTH:

(a) (i) tariffs for outpatient visits are according to patient classification category and the type of facility utilised. The table overleaf gives the applicable tariffs:

(ii) day tariffs for in-patients are calculated according to the same guidelines and is given in the same table. Please note that the admission fee applicable to hospital patients is payable per 30 days or part thereof.

Province	*Category*	*(i) Outpatient visits*		*(ii) Daily bed occupancy*		*(b) Date implemented*
		Hospital		*Hospital*		
		Community	*Regional/ Academic*	*Community*	*Regional/ Academic*	
Mpumalanga	H1	R8	R13	R21	R26	1/5/93 to date
	H2	R16	R26	R101	R129	
	H3	R25	R39	R152	R194	
	P	R40	R55	R202p/d	R258 p/d	
Western Cape	H1	R8	R13	R21	R26	1/4/95 to 31/3/96
	H2	R16	R26	R101	R129	
	H3	R24	R39	R152	R194	
	P	R43	R55	R202 p/d	R258 p/d	
Northern Cape	H1	R8	R13	R21	R26	1/5/93 to date
	H2	R16	R26	R101	R129	
	H3	R24	R39	R152	R194	
	P	R43	R55	R202 p/d	R258 p/d	
Northern Province	H1	R8,50	R13	R18	R26	1/5/93 to date
	H2	R8,50	R26	R24	R129	
	H3	R8,50	R39	R36	R194	
	P	R30	R55	R50-202 p/d	R258 p/d	
KwaZulu-Natal	H1	R4	R7/R22	R18	R36/R94	1/11/95 to date
	H2	R20	R32/R44	R90	R179/R188	
	H3	R30	R48/R66	R134	R268/282	
	P	R39	R64/R88	R357 p/d	R376 p/d	
Eastern Cape	H1	R8		R21		1/5/93 to date

Province	*Category*	*(i) Outpatient visits*		*(ii) Daily bed occupancy*		*(b) Date implemented*
		Hospital		*Hospital*		
		Community	*Regional/ Academic*	*Community*	*Regional/ Academic*	
	H2	R16		R101		
	H3	R24		R152		
	P	R43		R202 p/d		
Gauteng	H1	R8	R13	R21	R26	1/6/93 to date
	H2	R16	R26	R101	R129	
	H3	R25	R39	R152	R194	
	P	R40	R55	R202 p/d	R258 p/d	
Free State	H1	R8	R13	R21	R26	1/5/93 to date
	H2	R16	R26	R101	R129	
	H3	R24	R39	R152	R194	
	P	R31	R51	R202 p/d	R258 p/d	
North West	H1		R13		R26	1/5/93 to date
	H2		R26		R129	
	H3		R39		R194	
	P		R55		R258 p/d	

Source: Provincial Departments of Health.

New names for health institutions suggested

(98) Star 15/8/96

By Sello Motlhabakwe
Soweto Bureau

The petitions and public participation committee, which is mandated to host public hearings about new names for Gauteng provincial health institutions, is likely to complete its work by September 19.

Committee chairman Vusi Mavuso said he hoped a report on the hearings would be ready for presentation to the Gauteng legislature by September 26.

He said the committee had not yet formulated a view on the National Education, Health and Allied Workers' Union suggestion to rename Baragwanath Hospital in Soweto after slain ANC and South African Communist Party leader Chris Hani.

Mavuso said one of the committee's guidelines was to steer away from naming institutions after serving or deceased politicians where possible.

Submissions so far seemed to indicate a preference for geographically oriented names.

The committee will hold several more hearings in the Vaal Triangle.

Public can have their say on renaming of hospitals and clinics

(98)

By JACQUI REEVES

The debate around the renaming of Gauteng's health institutions looks set to rage for at least another month, during which time the public can put their ideas forward.

Doctors, nurses and staff of the province's health institutions made their recommendations this week, suggesting names of leaders from the liberation struggle or, more practically, the streets on which the buildings are located.

The National Education, Health and Allied Workers' Union urged the Gauteng government to rename Baragwanath Hospital after murdered ANC and SACP leader Chris Hani. However, the provincial government has expressed a desire to avoid renaming the institutions after people, be they living or dead. Star 17/8/96

The hearings will end on September 19.

Monday August 19 1996

Locals hail new health care centre

(98)

By Taryn Lamberti

Star 19/8/96

A new primary health care centre has been opened in the Randvaal area in the Vaal Triangle to serve surrounding rural communities including Walkerville, De Deur and Suikerbosrand.

Gauteng Health MEC Amos Masondo opened the R1,1-million centre on Friday. Members of the rural community celebrated the launch of the sorely needed clinic by singing and dancing before settling down to a slap-up lunch with the MEC.

The modern centre will provide mother and child health-care facilities including ante- and post-natal treatment as well as deliveries of low-risk babies.

The staff will provide diagnosis and treatment for TB and sexually transmitted diseases including HIV. Health education and counselling will also be available at the centre.

A stall where members of the community can sell homemade baby clothes has been set up at the clinic.

A local old-age home hand-sewed all the nighties, gowns, baby jackets, sheets and nurses gowns for the clinic's maternity wing.

A Toyota Venture was donated to the clinic by the Japanese embassy.

Nurse shortage causes crisis in cardiac unit

Star 19/8/96 (98)

Hope that competitive new salary packages will attract ICU staff back to public medicine

By Janine Simon
Medical Correspondent

A critical shortage of ICU nurses has all but crippled Johannesburg Hospital's highly specialised cardio-thoracic surgical unit, which serves patients from all Johannesburg hospitals as well as from elsewhere in Gauteng and South Africa.

The crisis has prompted the hospital to appeal to private sector ICU nurses to re-examine the advantages of the new salary structure, benefits and overtime rates and consider returning to the challenge of public medicine.

Johannesburg's cardio-thoracic unit has lost all but three of its 14 ICU nurses in the past few years, the most recent over the confusion regarding the new salary packages.

'Children in outlying areas worry me the most'

It runs about half of the 10 ICU beds needed to cope, and has no high-care facility to treat patients between intensive care and the wards.

Bottlenecks in ICU stopped surgery for three days this month, forcing doctors to transfer an emergency case to Morningside Clinic at an estimated cost to the state of more than R100 000, according to head of cardio-thoracic surgery Professor Fanie Cronje.

The unit conducts about 850 heart operations a year on children with congenital heart defects, adults with heart valve problems due to poverty-related childhood conditions, and other heart diseases.

"The children in outlying areas worry me the most. They have correctable heart lesions, but they aren't being treated," said Cronje.

Medical superintendent Dr Warrick Sive said Johannesburg Hospital could take a large number of ICU-trained sisters immediately, but he could not give an exact figure.

Nurses should be aware that new salary packages now competed favourably with those in the private sector.

"By encouraging ICU sisters to return we could break the cycle of resignations and increasing workloads that have characterised state ICU facilities for more than a decade," he added.

Sive said nurses who qualified for the entry-level senior professional nurse category would earn a total package of about R75 000.

Depending on individual needs, the basic salary of R50 868 could rise to a package of R65 612 when medical aid, pension and 13th cheque were taken into account.

"Add the housing loan, and the package is worth R74 984," he said. Those at professional nurse level would qualify for packages of between R68 000 and R74 000.

"State nurses also get a minimum of 42 days of paid leave a year, paid maternity leave and 120 days' paid sick leave per three-year cycle," he said.

Sive said proposals had been submitted to the national Health Department which would help to relieve difficulties in ICUs and other areas of the hospital.

"We're confident that by transforming the way we manage our assets we can make a quantum change to the level and quality of service that we deliver to our patients," Sive said.

Gauteng's deputy director-general for health Dr Eric Buch said the province was working on new overtime strategies.

"Previously, overtime rates were capped. Now nurses can be paid hourly at their salary rate, and we're aiming at structuring packages taking this into account," he said.

Star 20/8/96

Fears after Bara bus blocked

(98)

STAFF REPORTER

Baragwanath Hospital has expressed fears that the taxi wars might seriously affect health services after 18 staff members were intimidated while being driven to work in a Gauteng health department bus on Friday morning.

The hospital has been sending out clearly marked clinic buses to collect staff members in Soweto for the past two weeks because of transport difficulties caused by the taxi wars, said PRO Hester Vorster. On Friday morning, the bus was blocked by a Toyota Cressida in Meadowlands Zone 9.

"Men got out of the car and told the driver he was not supposed to be ferrying people to work on the Meadowlands route," said a maternity nursing sister who lives in Meadowlands and did not want to be named. "People were told to get out of the bus. They had to find their own way to work, and the bus came to the hospital empty," she said.

The matter was reported to police, MEC for Safety and Security Jessie Duarte and Transport MEC Paul Mashatile. The hospital has now stopped the service, fearing for the lives of its drivers.

Police taxi violence investigators said yesterday the incident would be investigated by Baragwanath police to establish for sure whether there was a link to any specific taxi association. If a link were established, specialist investigators would look into the latest allegations.

The rank and other flashpoints along the taxi routes are reported to be quiet, with no incidents being reported by the large security contingent deployed to monitor the situation.

R1-m Khayelitsha clinic bombed as groups clash

(98)

CHENÉ BLIGNAUT
Staff Reporter
ARG 21/8/98

A NEW R1 million health care centre in Khayelitsha has been petrol-bombed, causing thousands of rands in damage.

A community power struggle is believed to have led to the attack barely a month after the centre opened its doors.

The bomb, which was hurled through the windows of the Matthew Goniwe Clinic in Macassar on Monday night, partly destroyed the treatment room, causing damage estimated at R15 000.

The health care centre, which was built by the Cape Metropolitan Council (CMC), was officially opened on July 10.

Ivan Toms, director of health services for the Cape Metropolitan Council, blamed the incident on a power struggle between two groups.

Trouble began when the CMC tried to consult residents over the appointment of staff to the clinic.

The Macassar Development Forum backed by a local Tygerberg councillor claimed to have the support of most locals and to have a mandate to speak on their behalf. However, another group, believed to be aligned to the South African National Civics Organisation, has since denied that the forum has majority support.

Bara probe to end soon

(98)

Sowetan 21/8/96

By Themba Sepotokele

GAUTENG health superintendent Dr Ralph Mgijima said yesterday that the health labour relations department would soon release its findings on its investigations into allegations by staff at Baragwanath Hospital that management posts were reserved for whites.

Mgijima told *Sowetan* that he had appointed Mrs Dina Bodestein as investigator after complaints by personnel staff at the hospital that management was reserving senior posts for whites.

Mgijima said there were other grievances pertaining to merit and promotions. He said Bodestein would be reporting soon on the findings of the investigations.

The Baragwanath Staff Association has alleged that people were promoted according to race and not their capabilities, experience and qualifications. They also raised concern that some senior management people had said that the investigations were "just a waste of time".

A source at the hospital said all posts advertised had been frozen pending the outcome of the investigations. Four posts for control personnel, seven for chief personnel officers, 14 for principal officers and 69 administrative clerks had been put on ice.

He said white junior staff were given first preference for jobs despite lack of experience. The hospital's staff has claimed that after applying, some staff members were sent regret letters but later called for interviews. This had fuelled suspicions that selection was "premeditated".

Township hospital to open short-staffed

CT 21/8/96 (98)

ANEEZ SALIE
HEALTH WRITER

A VITAL emergency hospital in the heart of the Peninsula's townships is to open its doors — nine months late and in spite of a critical shortage of doctors.

The G F Jooste Hospital, on the border of Guguletu and Manenberg, needs 41 doctors but has only 15, says Dr Norman Maharaj, who heads the 180-bed facility.

The hospital will be opened at a ceremony by President Nelson Mandela on September 4 and officially open its doors on September 9.

It should have been operational by January this year, but doctors were not interested in posts at the hospital, said Maharaj.

"Many were not prepared to forego the big earnings in private practice or the rich pickings abroad. Although we had been struggling for some months to find willing doctors, the need in the community was so great we clearly had to make a start."

Increasing numbers of experienced and specialist nurses also were turning away from the public sector because of low salaries, said Maharaj.

The hospital had half the 275 nurses it needed.

Its general assistant posts had been offered to its neighbouring communities, where unemployment was rife, and 2 000 people had applied for 15 vacancies.

The hospital is to serve townships from Khayelitsha to Athlone.

It will deal with emergencies that cannot be handled at primary level and will relieve Groote Schuur and other hospitals of much of their load.

The hospital has been converted from a recovery and convalescent facility into the only secondary hospital of its kind in the Western Cape.

Medicine theft blamed on lax security

(98) CT(BR) 27/8/96

By Shirley Jones
KWAZULU NATAL EDITOR

Durban — Bad management and the government's inability to control stock are behind the theft of astronomical amounts of medicine from state warehouses and medicine depots, Miryena Deeb, a spokesman for the Pharmaceutical Manufacturers Association said yesterday.

State merchandise with a retail value of between R600 million and R1 billion was stolen because of antiquated stock controls and security systems, she said.

The antiquated stock control caused great losses from the main state warehouse before medicines were dispatched to state hospitals, where stock control and security systems were even worse.

According to a document supplied by Captain Daan Davis, the national co-ordinator of pharmaceutical investigations in the South African Police Services Narcotics Bureau, the state had no accurate data about which medicines were bought, what they were used for, and how effective they were. The bureau is the government-appointed committee that investigated the proposed healthcare plan last year.

The document said that the South African Police Services' prosecutions were often thwarted because the rightful owners of the medicines could seldom provide proof of ownership or even confirm the loss of confiscated stolen medicines.

Davis said that it was impossible to trace medicines, so it was difficult to say what proportion of stolen goods came from the state and what percentage from pharmaceutical manufacturers.

"Medicines can be filched at any time during the manufacturing or distribution process. During manufacturing, buckets full of pills may be spirited from the production line.

"It is also during this stage that a 2 percent margin is allowed by the industry for this, as is the case during the packaging stage. This 4 percent loss could amount to millions of rands worth of pharmaceutical products," he said.

"Medicines with expired shelf lives are also often lost on their way back to the manufacturers," Davis said.

He believed that the only way to control the spiralling theft of medicines would be to mark them before distribution, a system that the department of health intends to adopt despite protests from pharmaceutical manufacturers

Deeb said the sophisticated digital marking of medicines, black for medicines distributed to the private sector, blue for exports and green for medicines sold to the state, would add at least R500 million to manufacturers' costs. That would ultimately be passed on to the consumer.

The system would make it a criminal offence to be in possession of medicines with green markings. When the state failed to take up a full order, which happened often, manufacturers would not be able to dispose of excess stock through alternative channels, Deeb said.

She said this would result in massive losses, which would put local drug manufacturers out of business at a time when they faced the threat of parallel imports and price controls.

Davis said the pharmaceutical industry had failed to come up with a suitable alternative to the marking option.

Deeb said the state should first get its house in order. Manufacturers wanted the state to privatise its warehousing, distribution and security systems nationally, as had been done in the North West province and Mpumalanga. That had already substantially cut the state's bills in those areas, she said.

RECOVERED GOODS *Inspector Rocko Nel with stolen medicine seized last week* PHOTO JOHN WOODROOF

SOWETAN Tuesday August 27 1996

Soweto's Sanca clinic may close

(98) Sowetan 27/8/96

The centre has not been renovated in many years and is not functional

By Muzi Mkhwanazi

THE ONLY SA National Council on Alcohol and Drug Dependency clinic in Soweto is facing closure because of financial and structural problems.

The director of the clinic in Rockville, Mrs Patience Tshabalala, said yesterday that since the building was erected in the 1940s it had never been renovated.

She said water pipes were leaking, the electricity dysfunctional and ceilings were falling apart. They had to rely on their neighbours to prepare food for more than 130 patients.

"The conditions in the building are depressing, and as a result staff members are demotivated. How are we supposed to render this valuable service to the community in such a terrible place," Tshabalala said. "We had been pleading with the Soweto Council for renovations for the past three years, but all in vain."

"The Government subsidy is a joke and foreign and private sector donors are not donating funds anymore," she added.

Southern Metropolitan Substructure spokesperson Mr Grant Walker said the Soweto Council rendered minor maintenance to the building. However, it did not have funds to make major renovations.

NEWS BD 28/8/96 (98)

Western Cape hospital fees to be increased

FEES at Western Cape provincial hospitals are set to increase next week by an average of 43% for inpatients and 32% for outpatients, and by 131,3% for high care and 93,3% for intensive care.

The increase would generate R14m by March next year and R24m in following years, Western Cape health MEC Ebrahim Rasool said yesterday. The increases were necessary because of a loss of revenue from keeping fees artificially low.

Academic hospitals such as Groote Schuur and Tygerberg would charge between R37 a day for poorer patients and R373 a day for private patients. Patients at district hospitals would pay between R29 and R285 a day. Out-patients at academic hospitals would pay between R17 and R68 and at district hospitals between R11 and R43.

HOSPITAL TARIFFS UP 37,5% ON AVERAGE

Health-care hikes won't affect poor or pregnant

(6)(98) CT 28/8/96

WHILE THE INCREASES in the price of health care appear to be high in some cases, a balance seems to have been reached between the actual cost of health and the needs of the disadvantaged, Health Writer **ANEEZ SALIE** reports.

FREE or inexpensive health care for the poor, for children under six and for pregnant women will remain untouched by an average 37,5% increase in hospital tariffs, says Western Cape Health and Welfare MEC Mr Ebrahim Rasool.

From Sunday the cost of in-patient care (for those requiring beds) will increase on average by 43%. At hospitals such as Groote Schuur and Tygerberg, patients will pay between R37 (for poorer patients) and R373 a day for private patients. The same care will cost between R29 and R285 at a district hospital.

Outpatients face an average increase of 32%. Poorer patients will pay about R17 at an academic hospital and private patients R68, whereas at a district hospital the rates will be between R11 and R43.

Rasool said the hike was necessary because tariffs had not been increased for three years, although inflation was at nine percent and the cost of imports and services had risen sharply.

"As a result of keeping fees artificially low, we have lost R17,5m in revenue (over four years) and a fall in collection of 37%," he said.

The province expects an additional R14m in increased fees by the end of the financial year (March 1997). Thereafter there should be R24m extra a year.

Rasool said the higher fees would help to take the pressure off tertiary and secondary hospitals by ensuring that patients first sought help at the primary level.

He believed this was a more effective deterrent than a R50 fine for bypassing the primary stage that the national health department had recommended.

But in formulating the increases they had not abandoned the poor.

"As a public health system, we remain responsive to the needs of the most vulnerable people in our community," said Rasool.

● Primary health-care services remain free for the poor and for low-earners at clinics, day hospitals, community health centres and at district hospitals where there are no clinics.

● To ensure that almost everybody is close to a primary health-care facility, the health department has in the past two years built or upgraded 31 centres in townships, squatter communities and rural areas across the province.

● Patients who qualify for free primary health care but are referred upwards for further treatment will not have to pay.

Rasool said that after the increases had been added — even the 131% hike for high care and 93% increase for intensive care required by less than two percent of patients — the public service tariffs were less than the fees prescribed for the private sector by the Representative Association of Medical Schemes.

Rasool said a balance had been reached in the competing demands between the actual cost of health and the needs of the disadvantaged.

Excluded from free health care

● Members of medical aid schemes.

● People treated in provincial and province-aided hospitals or institutions by their private doctors.

● People with an annual family income exceeding R39 000 (R3 250 a month) or who have assets exceeding R192 000.

● Single people with an annual income exceeding R23 000 (R1 916 a month) or assets exceeding R115 000.

● Foreign patients, except immigrants residing permanently in the country who have not yet obtained South African citizenship, and those with permits for study, temporary work or visits.

Services requiring payment by everyone, even at primary health-care level, include:

● Ambulance services.

● Some oral health services, such as dentures and bridgework.

● Disability aids such as prostheses and wheelchairs.

● Injuries covered by the Workmen's Compensation Act.

● Accident injuries provided for by the MVA fund.

NEWS BD 28/8/96 (98)

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HF Verwoerd has had his day, says hospital

(98) ARG 29/8/96

PRETORIA. – The name H F Verwoerd Hospital has to go!

Yesterday both the hospital's administration and doctors made a call for the name to be changed to Pretoria Academic Hospital.

Their request was made to the Petitions and Public Participation Committee which was hearing submissions on possible name changes for provincially-run health care facilities in the Pretoria area.

Andre van der Walt, a senior superintendent at the H F Verwoerd Hospital, said the hospital's administration wanted the change as it was simple, reflected tertiary health care, promoted reconciliation and was similar to the original name.

After H F Verwoerd's assassination, a decision was taken in 1967 to change the name of the Pretoria General Hospital to honour the prime minister, who had been a patient there after an earlier attempt on his life in 1960.

Dr J H Visser of the Pretoria Academic Health Centre said that a submission, supported by doctors and medical students, was made three years ago to change the hospital's name.

Doctors were not comfortable with the name and did not want to be associated with a political leader who, he said, did the country so much harm.

The H A Grov Research Centre, which is affiliated to the H F Verwoerd Hospital, is another provincial medical centre which might change its name.

The centre's Dewald Klein gave the committee three reasons for a change: political correctness, mispronunciation of the name and confusion between the centre and the H A Grov Hospital near Belfast.

Mr Klein said staff, the H F Verwoerd Hospital and doctors were consulted and were in favour of the centre's name changing to the Pretoria Bio-medical Research Institute.

Staff at the P W du Plessis provincial laundry near Rosslyn, named after a former director of works, want it to be called the Masakhane Provincial Laundry and Quick Freeze Factory.

Students and tutors at the S G Lourens Nursing College, named after the college's first principal, have voted in favour of changing the college's name to the Academy of Nursing to reflect the change from a solely Afrikaans nursing college.

But Magda van der Berg, who represented the college, said the question of a name change could be premature as there was a plan to amalgamate the college with two others.

The Pretoria West Hospital, Kalafong Hospital, Cullinan Hospital, Laudium Hospital and Mamelodi Hospital all expressed no desire to change their names.

voucher was issued by the Police to take the culprit into custody.

(b) Equipment to the value of R99 537,58 was stolen.

These cases were reported to the South African Police Services as well as to the Office of the Auditor-General during the 1995/96 financial year.

Source: National Department of Health, Directorate: Financial Management Services

Acquittal of two persons in Circuit Court in Potchefstroom

*7. Sen Adv J R DE VILLE asked the Minister of Justice:†

(1) Whether he has made any statement arising from the acquittal in the Circuit Court in Potchefstroom of two persons, whose names have been furnished to his Department for the purpose of his reply; if so, what was the statement made by him; if not,

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

S503E

The DEPUTY MINISTER OF JUSTICE:

(1) Yes. On 10 July 1996 I issued the following statement:

"Minister of Justice, Dullah Omar, is deeply concerned about the killing of five persons, namely Mr Temba John Lewane, Mr Mbulelo France Lewane, Mr Sandile Moses Lewane, Mr Sekate Joel Fumba and Mr Mbuti Sobopha. Arising out of the killings, two persons, Mr Piet Hendrik Smit and Mr Hennie Smit were charged with murder. The judge found that the State had not proved its case beyond reasonable doubt and therefore acquitted the two men.

Minister is not able to comment on the facts of the case, nor is he in a position to comment on the judgement. However, the killing of five men in the circumstances induces a sense of horror. To some people black lives are cheap. Whilst the Minister cannot comment on the guilt or otherwise of the two men, the acquittal cannot be the end of the story. It is clear that justice has not been done. Therefore the killings must be further investigated. The Minister has asked for a full report on the case."

(2) I may issue a further statement on the matter once I have received a full report which unfortunately is still not available to me.

For written reply:

Free primary health care: cost to hospitals

242. Sen W F MINSI asked the Minister of Health:

(1) What will be the estimated cost to hospitals of the introduction of free primary health care;

(2) whether any funds are to be allocated to State hospitals to compensate for increased costs as a result of the health care programme; if so, (a) from what budget are these funds to be derived and (b) what amount is to be allocated to each specified hospital?

S387E

The MINISTER OF HEALTH:

(1) The free primary health care programme is to be implemented only at primary health care centres, that is clinics, community health centres and day hospitals. While hospital costs may increase as a result of referrals from primary health care centres, this counter-balances with the cost savings from diverting patients to the primary health care level rather than hospitals. Furthermore, the hospitals will continue to charge for their services.

(2) No additional funds are to be allocated to the State hospitals, because the free primary health care policy is expected to be implemented at primary health care centres. State hospitals are expected to introduce a bypass fee of up to R50 per visit, to discourage patients from using the hospitals for care that could be provided at primary health care centres.

Beds available at academic hospitals

282. Sen W F MNISI asked the Minister of Health:

(1) How many beds were available at academic hospitals in 1995;

(2) whether the number of beds at academic hospitals decreased in (a) 1993, (b) 1994 and (c) 1995; if so, (i) what was the total decrease in the number of beds in each of the provinces in each of these years and (ii) what was the percentage decrease between (aa) 1993 and 1994, (bb) 1994 and 1995 and (cc) 1993 and 1995? S464E

The MINISTER OF HEALTH:

(1)

Eastern Cape	1 159
Free State	2 076
Gauteng	11 447
KwaZulu/Natal	2 249
Western Cape	3 860

(2) (i) Increases and decreases are indicated by a + or – sign respectively.

	(a)	(b)	(c)
	1992-1993	1993-1994	1994-1995
Eastern Cape	Unchanged	Unchanged	Unchanged
Free State	Not available	+ 13	Unchanged
Gauteng	+ 1 704	– 194	– 49
KwaZulu-Natal	Unchanged	Unchanged	Unchanged
Western Cape	– 259	– 261	– 309

	(aa)	(bb)	(cc)
	1993-1994	1994-1995	1993-1995
Eastern Cape	Unchanged	Unchanged	Unchanged
Free State	+ 1%	Unchanged	Unchanged
Gauteng	– 1,69%	– 0,43%	– 2,12%
KwaZulu-Natal	Unchanged	Unchanged	Unchanged
Western Cape	– 0,77%	– 15,53%	– 16,18%

Source: Provincial Health Authorities

Department's 1995 annual report: copies printed

291. Sen J SELFE asked the Minister of Correctional Services:

(1) (a) How many copies of his Department's 1995 annual report were printed, (b) what was the cost per copy and (c) what was the total cost of the (i) printing and (ii) distribution of the report;

(2) whether any aspects of the production and distribution of the report were put out to tender; if so, (a) which aspects, (b) which company or individual was granted the tender in each case and (c) what was the value of the tender contract in each case? S487E

The MINISTER OF CORRECTIONAL SERVICES:

(1) (a) 2 000

(b) R21,22

(c) (i) R42 440

(ii) 1 257 copies were posted with a tariff of R3 per envelope which brings it to a total of R3 771.

(2) No, as the printing of the reports are handled by the Government Printer.

Provinces won't pay Gauteng for health services

(98)

BY JUSTICE MALALA
Provincial Correspondent

Star 4/9/96

The Gauteng government has appealed to the national health and finance ministries to intervene in the continuing refusal by other provinces to pay for the treatment of patients transferred to the region's hospitals.

Addressing the Gauteng legislature yesterday, finance and economic affairs MEC Jabu Moleketi said if Gauteng does not get the funds from other provinces, it will be forced to scale back on the health services it provides.

"I would like to warn this house and the provinces concerned that the consequences of this non-payment for Gauteng's health services are potentially catastrophic. We take this matter so seriously that we have taken it up at the highest possible level, both with the provinces concerned and with the national Government."

The cost of treating patients formally referred to Gauteng hospitals from other provinces was R165-million for the 1995/96 financial year, while it was "a further R250-million" in the 1996/97 year, Moleketi said.

He added that the national health budget was determined by function committees utilising population-driven formulae.

"Funding therefore goes to the province in which a person lives, not where a person is treated."

Some provinces accepted this situation but others had, however, tried to argue against paying, saying South Africa was one country.

Community will own R23-m private hospital

(98)

JENNY VIALL
HEALTH REPORTER

ARG 5/9/96

A new private hospital, to be owned by the community, is to be built in Blue Downs at a cost of R23-million.

This will be one of the last hospitals built until the moratorium on licences for private medical institutions is lifted.

In spite of it being private, indigent patients will be accommodated through a partnership with the Western Cape Department of Health.

Eerste River Medical Centre in Humbolt Avenue, Melton Rose, Blue Downs, will be a full-fledged hospital with 123 beds, an intensive care unit, four operating theatres, pathology laboratories and consulting suites. Building will begin next month and should be completed by year-end.

The hospital will be funded by private investors, drawn from business and professional people and the community. Shares of R2 500 will be sold as linked units, which can be paid over five months.

The rebirth that has put a spring in matronly steps

Story 7/9/96 (98)

The first cry of a newborn child is a special sound: it embodies hope and innocence and a sense of birthright. The delivery of free health care to pregnant women and children has made a significant impact in one community, reports TRISH BEAVER

A WEIGHTY MATTER: Children are being brought far more willingly for their vital statistics to be recorded – which helps the hospital to anticipate problems

"Once we were the ugly sister of the whites-only J G Strijdom, but now we have come into our own," says matron Lorraine Jordan.

From the outside, Coronation Hospital looks its age. Built more than 50 years ago, it shows all the signs of wear and tear.

For those 50 years it has been one of the incongruities of apartheid. Only 2km down the road from the always more modern J G Strijdom Hospital, it was meant to provide inferior services to the coloured community.

In the Gauteng department of health's shake-up of health services, the duplication was done away with by making Coronation a maternity and paediatric hospital.

Now it has found a softer niche mostly serving the needs of women and children who qualify for the free health care implemented in July 1994.

Jordan, the nursing service manager, is the picture of professionalism. In her neat uniform and high heels she has walked many kilometres along the corridors of this hospital.

These days she confesses to having a spring in her step.

"We are now doing what we do best. When the Gauteng department of health started with their rationalisation process, it was logical to change the nature of this hospital," she says.

"Our staff had to choose – to stay or to move to J G Strijdom, and many of them stayed because this is the kind of place that demands loyalty."

'We managed to avert tragedies. In the past, flu could turn into pneumonia if mothers were too poor to come'

The cream-coloured corridors still create that public service ambience, but there are smiles all around.

The antenatal waiting room is crowded. Bulging tummies are everywhere and those who wait seem hardly to notice the length of the queue.

Sister Mary Payne believes free health care for women and children has made an enormous impact.

"People do not hesitate to come here for checkups and advice. They know there will be no bill and we are always open.

"It is essential to monitor the pregnancy and to get a case history so that we can anticipate problems. This way there are fewer surprises at the birth."

There is a lack of scanning facilities, but problem cases are referred to a doctor for investigation. The hospital has never had a bed shortage and it benefits from the availability of student nurses and training doctors from the nearby Witwatersrand University.

"Babies like to come at night," says a smiling matron, pointing to a quiet delivery room.

The delivery room even has a large bath for those who prefer water births.

As one matron says: "Our people aren't used to it, but it came from the whites' hospital, so we've got it now."

The neo-natal unit looks a bit like a scene from *Star Trek*: more than 30 tiny, premature babies lie in their incubators, like underdone biscuits on a baking tray. Some are so small that the nappies seem extra large on their tiny rears.

Blue lights bathe those who are jaundiced, and experienced hands dexterously clip monitors on and off. Strangely, it is mostly silent.

Sister Mary Lion says she loves her job in the unit.

"We get them when they're too small to be naughty. It's like playing dolls again."

One father gingerly holds his son and kisses him on the forehead. A nurse looks on approvingly: "In this community the unemployed fathers come and do their bit too."

EASY DOES IT: A nurse helps a mother with her baby's first bath. Many staff members chose to stay at Coronation Hospital when they were given the option to move to its "apartheid twin", J G Strijdom, just 2km down the road

The critically ill babies are in a specialised neo-natal intensive care unit. Here the bed space is a little crowded and the staff are stretched, but the facilities are definitely of First World quality.

"We have the latest machines and equipment and our staff are all fully trained," says Jordan.

Upstairs the scene is a little more familiar. Older children wrestle with toys while others cling to their mothers.

Sister Ferhana Cassim has been flooded with sick children suffering from the latest bout of colds.

"I really think we've managed to avert tragedies. In the past, cases of flu could turn into pneumonia if the mothers were too poor to come here.

'Our people aren't used to a large bath for water births, but it came from the whites, so we've got it now'

"Now they know we don't charge and the medicine is free," she says.

Pauline Selepe was one who brought her *laaitammetjie* for a checkup. She is very pleased with the service she gets here.

"I don't have the money to go to a doctor and then I must still pay to go to a chemist. Here I have no worries."

A campaign for inoculation against polio and measles is on the go and a few temporary tears go a long way towards preventing unnecessary deaths.

But more than a few visitors to the hospital don't fit the profile of mother or child, says Jordan smilingly.

For these "faithful", the products of beer brawls and street fights, the hospital still has a "walk-in" casualty section. The elderly also attend this section for their pills and checkups.

In the canteen, the community provides a soup kitchen for the destitute. "We are very community oriented here and it's what gives this old, rundown place a 'feel'."

One thing hasn't changed: Taxis congregate around the entrance, and hawkers sell fruit and sweets to commuters.

For the Johannesburg coloured community the hospital will always be a landmark.

ANDREW INGRAM

Hospital chiefs: medical superintendent Norman Maharaj and nursing services manager Julie Moses in the trauma ward at the new G F Jooste hospital

'Gangland' hospital opens

Respect it as place of healing – Rasool

ARG 9/9/96 (98)

JENNY VIALL
HEALTH REPORTER

The new G F Jooste Hospital near the ganglands of Manenberg is a place of healing and must not be allowed to become a battleground for gangsters, says Western Cape Health Minister Ebrahim Rasool.

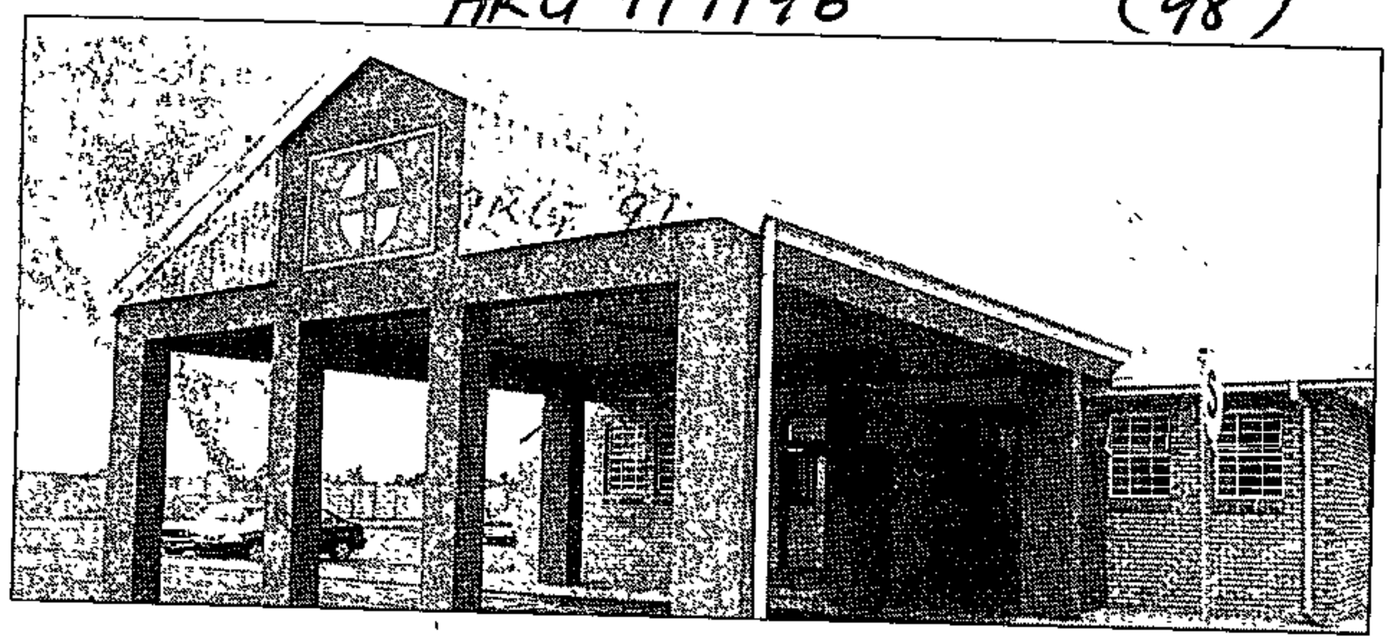
At the official opening of the hospital, Mr Rasool said it was a matter of pride that for the first time people on the Cape Flats had a hospital on their doorstep providing them with a 24-hour emergency service.

G F Jooste Hospital is an emergency trauma hospital with 186 beds, serving an area with a population of about one million, which includes Athlone, Heideveld, Hanover Park, Guguletu and Nyanga.

It opens to patients today. There will be no maternity or out-patient service.

The upgrading of the old G F Jooste convalescent hospital, which was built in 1976, cost R10 million.

Although the new buildings and equipment were in place six months ago, staffing problems delayed the opening. Staff have now been transferred from Groote Schuur hospital.



ANDREW INGRAM

Front door: the entrance to the G F Jooste hospital in Manenberg, now open after a six-month delay

The opening of GF Jooste, which has the status of a secondary hospital, will take the pressure off academic hospitals like Groote Schuur and Red Cross and is part of the Western Cape's health plan to rationalise and provide services in areas where they are most needed. The province is facing severe budget cuts, and it will save costs if patients are seen at secondary level. A patient at an academic hospital costs the province R600 a day compared with R250 a day at a secondary hospital.

Medical superintendent Norman Maharaj said elaborate security was a sign of the times and he appealed to the community to take ownership of the hospital.

RESIDENTS' STRUGGLE PAYS OFF

First clinic in KTC opens

CT 9/9/96 (98)

AN IDT-FUNDED clinic is KTC squatter camp's first primary health care service. Three nurses are going to serve a community of 30 000. **ERIC NTABAZALILA** attended the opening ceremony.

KTC residents' struggle for primary health care saw concrete results at the weekend when the area's first community clinic was officially opened.

"Too many people have seen children, women and men get ill and die because there was no basic health care. KTC has set an example of how development works," MEC for Health and Welfare Mr Ebrahim Rasool told the crowd at the opening ceremony.

The opening of the Independent Development Trust (IDT) funded clinic was part of a government plan to bring health services to areas that never had them before, he said.

The time of building walls between government and non-governmental organisations, between local, provincial and the national government was over. "Unless we put our money, ideas, resources and staff together, we will never be able to run effective services in this country. You (the community) must see to it that our petty differences must not stop us from bringing services to you," Rasool said.

He appealed to the community to persuade nursing staff and doctors to work in previously disadvantaged areas where their services were needed most.

The land and the building of the clinic were paid for by the IDT.

The opening was also attended by Cape metropolitan mayor Mr William Bantom, IDT representative Mr Achmat Dangor, as well as ward councillors and nursing staff.

Mr Dangor said the community had initiated the project. The IDT merely supports community initiatives. "The government and organisations like the IDT need to help the communities to help themselves," he said.

Two hundred clinics throughout the country had been built under the IDT's clinic building programme. Another 100 were in advanced stages of planning.

Sister Gwelldolyn Vilakazi, who is in charge of the clinic, said: "It is most encouraging to see the realisation of the community's hopes coming to fruition in this manner. Obviously the Cape Metropolitan Council is taking its mandate seriously in terms of driving much-needed projects through."

She said they are working with non-governmental organisations like Group Africa and the TB Alliance in an effort to bring health services to KTC.

She appealed to the minister of health and the mayor to raise funds for the extension of the clinic.

Vilakazi promised the community that they were going to do their best to improve the quality of life of all the people of the area.

Services provided by the clinic are family planning, child health care, and treatment of sexually transmitted diseases and TB.

The clinic has three nurses and one clerk, with four consulting rooms and one treatment room.

It will provide health services to a community of about 30 000 people.

MEDICAL STAFF BLAME DRASTIC CUTBACKS

16 babies die in city hospital

(98) CT 13/9/96

OVERCROWDING and staff cuts at Tygerberg Hospital have led to a drastic decline in hygiene levels and several deaths. Health Writer **ANEEZ SALIE** reports.

SIXTEEN newborn babies have died at Tygerberg Hospital over three months because of infections caused by cockroaches, overcrowding, poor hygiene and severe staff shortages.

Infected newborn babies in the intensive care ward have been isolated and no new admissions have been permitted.

Medical staff are outraged at the epidemic and lay the blame squarely on a drastic cutback in staff and funding. Extensive efforts are now under way to counter the infection outbreak.

Cockroaches help spread germs such as Klebsiella, which is prevalent at Tygerberg. Klebsiella is an organism associated with neonatal infections such as gastroenteritis, urinary tract infections, septicaemia, necrotizing enterocolitis, pneumonia and meningitis.

The multi-resistant organism has been found in several patients who died during May, June and July.

Dr Tom Sutcliffe, head of the Western Cape Health Department, extended his administration's sympathies to the families of children. Expressing grave concern, he said the situation reflected one of the crises in local hospitals, particularly academic ones.

"It reflects chronic understaffing of those hospitals and therefore a situation where the staff is compromised. There is a 20% staff vacancy, yet patient numbers have increased," he said.

An academic tertiary hospital, Tygerberg has felt the brunt of the new National Health Plan which shifts services to poorer communities by redistributing resources and funding to the primary healthcare level.

Health workers complain that while they support the move, the shift has been too drastic and too fast. Institutions like Tygerberg have deteriorated at an alarming rate, as confirmed in a report by the Senate Select Health Committee following a tour earlier this year.

The chairman of the committee, Dr Siyanbonga Cwele, said his group had been shocked at what they had found.

Extensive efforts are now under way to deal with the cockroaches by clearing and renovating wards, lifting and removing vinyl from walls and by painting, followed by fumigation.

Infected neonatals (newborns) in the intensive care Ward A9E have been isolated and no new admissions have been permitted.

Highcare Ward J3B has been closed until the completion of the revamp and the clearing of the vermin.

"But as everyone knows, cockroaches are very difficult to eradicate completely," Tygerberg medical superintendent Dr Revere Thomson said yesterday.

The cockroach on its own does not kill, but helps spread germs such as Klebsiella.

Poor handwashing techniques by staff have also been identified among the most important factors associated with the spreading of Klebsiella. The poor hygiene in turn is due to overcrowding and understaffing.

"Its quite easy to understand how this happens," says Dr Mark Cotton, Tygerberg's senior specialist for paediatric infectious diseases. "Cockroaches run across drips or over telephones, for instance, and when healthworkers answer the phone or change a drip, the bug goes onto their hands. If they do not wash their hands properly every time they touch a sick baby, the bug is transferred to the patient.

"Sometimes they do not wash properly because there are so few of them and the intensive and high care neonatal wards are always overcrowded. Our staff are stressed and they do not have enough time."

In terms of recent calculations, staff often have to touch a single sick baby 150 times a day, Cotton said.

The infection control exercise has further aggravated the overcrowding problem. Too many sick babies are being cared for by too few staff, which is what led to the problem in the first place, and which could cause it to recur.

Only intensive or high care neonatal wards are affected. Babies born at Tygerberg and accommodated in normal wards are not affected.

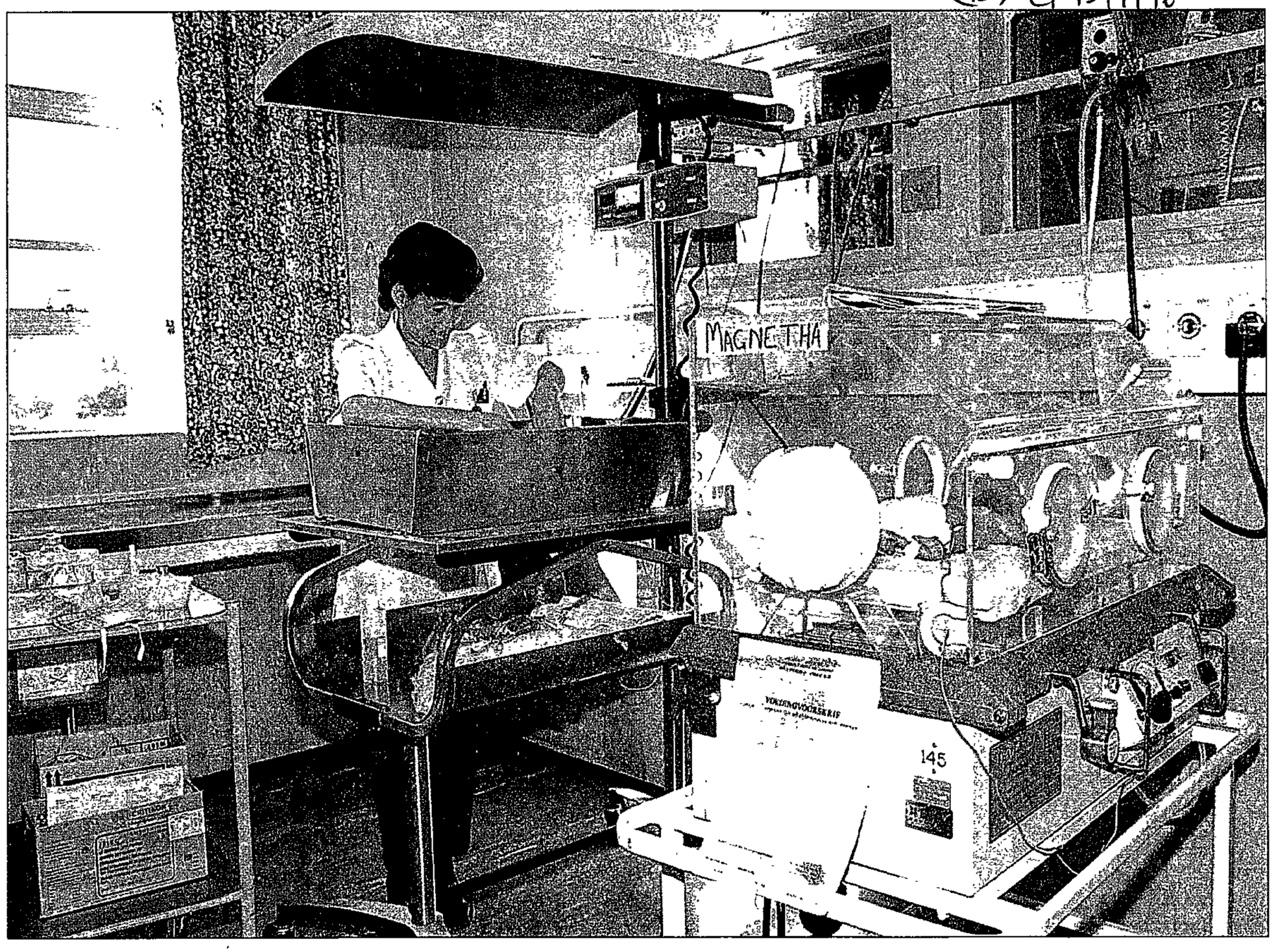
Indicative of the crises was the hospital's bill for the Imipenem antibiotic, which shot up six-fold from R20 000 in March to R120 000 in June.

This fourth line antibiotic is used as a last resort, and its use is indicative of how bad the resistant strains of the Tygerberg bugs are.

"We now simply have to stop it ... there is no excuse not to do so," health chief Sutcliffe vowed last night.

It was going to cost a considerable sum of money: "We are extremely cash-strapped because our funds have been cut back for years. But we will try to channel some money from central government's allocation meant for capital works, towards creating a special project at Tygerberg to address its environment in a way that makes it safer."

● Top Western Cape provincial officials met yesterday to discuss further drastic budget cuts. The provincial cabinet will grapple with the crises next Wednesday, after which further staff cuts are expected to be announced.



INTENSIVE CARE: A Tygerberg Hospital nurse attends to babies in Ward J2B. This ward is one of three affected by the Klebsiella infection epidemic. *PICTURE: GUY ADAMS*

A REAL REDUCTION IN SERVICES

(98) FM 13/9/96

The Western Cape is considering axing at least 2 000 medical personnel and closing up to 30 specialist health facilities — including transplant units and one of its two medical and dental schools.

The discovery that the Western Cape's 1997-1998 budget is to be slashed by R780m (a real decrease of 9,6%) has dealt a crushing blow to its health department, which is already heading for a R100m-R200m deficit this year.

The province is also reeling from the news that one in four school principals — 374 of its best educators — have accepted severance packages as part of a plan to rationalise 6 000 teaching posts.

The Western Cape is also the hardest hit by national Budget cuts. Provincial budgets have been cut by an average of 6,8% in order to meet government's ambitious 4% deficit target.

Gauteng will also suffer. Its 1997-1998 budget will take a R500m cut (a real decrease of 4,28%). Departmental funding requests exceed the allocation by R3bn.

Gauteng head of finance Roland Hunter says that it may have to bring forward plans to close certain high-cost hospitals and may sell Garankua Hospital to Northern Province or the North-West.

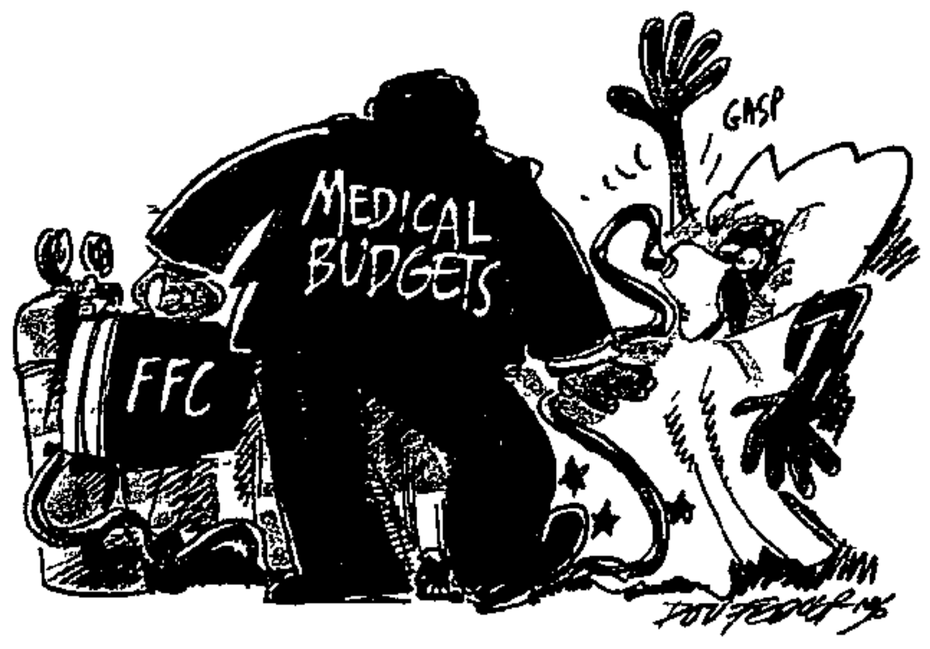
"We're finding out the consequences for government service delivery of the national policy decision to reduce the Budget deficit to 4%. We can't accommodate the cuts this fast by trimming fat. It means a real reduction in services."

On October 1, the Western Cape will try to convince its budget council to finance certain specialist health facilities — such as the cardio, thoracic and immunology units — from the national Budget. "If central government is unable to finance them, they must instruct us to close them down," says province health department chief director Faried Abdullah. But it's hard to see how the Western Cape can be accommodated when national Budgets are being cut by an average 17%.

Intergovernmental financial relations chief director Ismail Momoniat says that harsher Budget figures will emerge later in the financial year and allocations will be "interrogated" to ensure no province is discriminated against.

To save R780m, the Western Cape will have to be ruthless in slashing expenditure in health, education and social services, which make up 80% of its budget.

It's clear that costly academic health services will bear the brunt of the cuts. Though the creation of primary and secondary health facilities is also in jeopardy, it would be counterproductive to drastically reduce expenditure on them, says Abdullah, as this would cause the whole cost spiral to escalate.



"In academic complexes we will probably have to reduce all levels of staff by a minimum of 2 000 people. About 300 hospital beds will have to go just for starters. It also raises questions about whether this province can continue to afford two medical and dental schools. These are important institutions, producing a third of SA's health professionals. If central government doesn't fund them, it could lead to severe rationalisation and the possible collapse of certain institutions."

The Western Cape has spent two years painstakingly negotiating the rationalisation of its three academic hospitals and two medical schools into a composite service in line with the Financial & Fiscal Commission's provincial budget projections. The lowering of the deficit target by 0,5% means the cuts will be more severe than anticipated.

Stellenbosch has resisted amalgamating its medical school into a common faculty, saying it wants to retain its identity. This may no longer be possible.

UCT medical school dean Prof J P van Niekerk fears that, if the two medical schools combine and student numbers drop accordingly, it will have "enormous implications" for the university's budgets as government subsidies are linked to the size of the student population.

This is the nightmare which the Western Cape has feared with successive budget cuts, but until now has managed to stave off. ■

PRIVATE SCHOOL SUBSIDY CUTS

GAUTENG SPITES ITS FACE

FM 13/9/96

Behind the 30% subsidy cut for independent schools announced by Gauteng's Education Department lies an aversion to such schools. A media release it issued last week makes this quite clear. Though it recognises that "private schools have very different histories and starting points," it observes that "they are all a product of our apartheid history."

It then takes a swipe at "schools for rich children whose parents simply have no confidence in a public school system. As a matter of fact, they have little confidence even in this democratic government or its future. There is primarily a rejection of the ability of this new democracy to meet with the extremely individualistic and private expectations of parents who cannot see this government doing so."

Senior ANC figures, many of whom send their children to SA's most expensive schools, will be bemused by that observation. Far less affluent parents,

Continued on page 48

REST HOUR . . . Women patients at rest in their beds in one of Valkenberg Hospital's 21 wards

Picture: JUSTIN SHOLK

Valkenberg needs a generosity craze

By YVETTE VAN BREDA

A MAN sits in a corner and chats happily to a yellow plastic bag. Another asks a stranger for a kiss.

Yet another man saunters over and starts talking about his four nervous breakdowns.

Visiting an admission ward at Valkenberg hospital leaves one perturbed and praying that you don't end up there.

Tomorrow sees the start of Valkenberg's Awareness Week and this week journalists were treated to a lunchtime meal at Cape Town's oldest psychiatric institution.

Slogans like "Go mad, give generously" and "Valkenberg is round the bend!" were bandied about in the campaign to raise R8-million for the hospital.

The institution is more than 100 years old with outmoded facilities.

The hospital, which is understaffed and sees no future prospects of increased government funding, has an average of 700 resident patients and over 1 000 out-patients a month.

Male and female patients were locked together in wards at night because of a staff shortage, leaving them open to sexual abuse, said the chief psychiatrist, Dr Francois Daubenton. This was especially the case at weekends and at night.

The staff shortages were the prime reason that between 10 and 15 sexual assaults on patients occurred a year.

Most of the assaults were of a homosexual nature, and took place in wards containing up to 30 patients, which were guarded by only two warders.

Daubenton admitted that even one such assault was unacceptable, but said he saw no solution in the light of reduced funding.

Day staff ratios were one to every 14 patients. This was 50 percent less than international staff standards, said Daubenton.

A social worker confirmed that patients were often violent and aggressive when admitted by relatives or friends, and said that between 50 to 60 windows were broken monthly.

The average length of stay of patients was three to six months and two-thirds of the patients were male.

Juveniles were also accommodated at Valkenberg because the system had no other place for them and the youngest was 16, a hospital statement said.

Statistics show that one person in 80 in the Cape will use Valkenberg facilities at some stage.

"Valkenberg's mission is to be a better place to be sick in," the statement read.

(98) ST (CM) 16/9/96

2 killed in taxi war

By YVETTE VAN BREDA

ST (CM) 16/9/96

TAXI violence exploded in the Karoo with at least two people shot dead in midnight shootings on the N1 between Beaufort West and Laingsburg at the weekend.

At least six people were wounded in three separate incidents between 11.30pm on Friday and 12.30am on Saturday, police said yesterday.

Meanwhile, in Cape Town, taxi violence continued unabated with one man shot dead in Guguletu and another seriously injured in Nyanga.

Police spokeswoman Sergeant Vivienne Lentoor said Oudtshoorn police had arrested five men on Saturday morning and confiscated firearms and ammunition when they searched a vehicle outside Calitzdorp after the N1 shootings.

MPs bogged d

PARLIAMENT generated a ton of waste paper a week, Deputy Secretary to Parliament Chris Lucas has told the Assembly's Environment Committee.

Parliament's committee section generated the largest amount.

Committees, of which there are about 50, could have up to 27 members and 10 alternates, and every advisory notice or set of documents had to be duplicated for everyone.

"Quite often, we understand, members come and ask for a second set," he said.

Parliament had now acquired two large photocopiers that would allow these documents to be printed on both sides.

Tygerberg's baby-killer germ 'may strike again'

(98) CT 16/9/96.

STAFF REPORTERS

A FRESH outbreak is possible of the bacterial disease that has claimed the lives of 16 newborn infants at Tygerberg Hospital — although stringent safeguards have been introduced, the Western Cape Department of Health has warned.

The deaths were attributable to Klebsiella pneumonia, a common infection in hospitals, the department said last night.

The bacterial infection could cause problems in newborn babies, especially those born prematurely. It usually caused diarrhoea, pneumonia, meningitis or other illnesses.

Klebsiella infections were "usually easily treated with antibiotics, but in the recent outbreak, the organism had become resistant to most".

Among the stringent measures introduced by the hospital were the "cancellation of leave, additional overtime, strict isolation measures and the use of expensive antibiotics".

Tygerberg was receiving assistance from other hospitals for a short time. Ideally, Tygerberg's obstetric and neonatal units should be closed temporarily, but this was impossible because of budgetary constraints, the department said.

"Even with the present measures in place, there is an increased risk of newborns becoming infected with the Klebsiella bacterium."

An irate former patient has described conditions at the hospital as "atrocious".

Mrs June Hadland, of Kenridge, said she recently spent three weeks in the hospital.

"It is dirty, the vinyl wall covering is peeling and the ceilings have great pieces out of them. The bathrooms are a disgrace and are cleaned only once a week and then not thoroughly.

"The wards are cleaned once in 10 days. The lockers and trolleys are never wiped down. I cleaned my own with scouring powder. The blankets are threadbare."

The medical superintendent on duty yesterday, Dr Willem Vorster, said wards were supposed to be cleaned every day and the bed linen changed daily — or more often if necessary.

"There is a shortage of staff, but all these functions do go on," he said. "(The bathrooms) are cleaned every day."

The installation of a new fire alarm system accounted for the holes in the ceiling, Vorster said.

Hadland said she had collected 350 signatures from people who agreed that Tygerberg Hospital's cleanliness and service left much to be desired.

Probe to tally hospital baby deaths

CT 17/9/96 (98)

ANEEZ SALIE
HEALTH WRITER

THE exact number of babies who died at Tygerberg Hospital during a Klebsiella infection outbreak is to be determined in an investigation called by the Western Cape Department of Health.

Conflicting figures have been given for the number of babies who died of Extended Spectrum Klebsiella Pneumoniae, a particular strain of the bug.

The outbreak was due to a combination of factors — a cockroach invasion, overcrowding and staff shortages — which gave rise to poor hygiene.

Last Thursday, a medical superintendent at Tygerberg Hospital, Dr Revere Thomson, said 16 babies had died over three months. This confirmed an independent investigation by the Cape Times.

However, on Friday, Thomson told another newspaper there had been 12 deaths in 12 months.

He said yesterday his intention had not been to contradict the Cape Times report. "The total of 16 over three months was correct at the time, but a subsequent investigation by hospital staff reduced the number to 12 over a year, when we looked at specific strains of Klebsiella."

The Star ... Thursday September 19 1996

Patients' lives in danger after casualty unit closes

(98)

Emergency services forced to divert urgent cases as overworked doctors at Germiston hospital struggle to cope with long hours and staff shortages

Star 19/9/96

By Melanie-Ann Feris

The recent closure of the casualty section at Germiston's Willem Cruywagen Hospital is seriously affecting the survival chances of emergency patients, say hospital chiefs, but a solution to the problem seems a long way off.

Because of a shortage of staff, doctors at smaller hospitals are working extra overtime hours than their counterparts at larger hospitals, yet they are paid the same fees irrespective of the amount of overtime they work.

Problems of staff shortages, although not unique to Willem Cruywagen, are affecting hospitals nationwide, said Julius Kunzmann, director of Pretoria and East Rand hospitals.

For the past three weeks, emergency services were forced to divert emergency cases to other hospitals because of a shortage of manpower at the Willem Cruywagen.

The casualty department, which handles about 100 patients a day and around 200 over weekends, shut its doors indefinitely last week.

Hospital superintendent Dr Joop Laubscher said doctors were forced to work overtime every third night.

Lucky not to have had any deaths

"Our doctors are having to work 15 nights a month – this is just too much. We only have five doctors to work in casualty and in the wards.

"If I had at least five more doctors to bring relief, I would reopen the casualty department. But it does not seem that our problem will be resolved quickly," Laubscher said.

He said other hospitals such as Boksburg/Benoni and Kempton Park were also closing down their departments.

Germiston Fire and Emergency Services chief Simon Barkhuizen said they were lucky enough over the past three weeks not to have had any deaths as a result of the diverting of patients to other hospitals.

"We are hoping the matter will be settled soon," he said.

"It is having a serious effect on the life-saving chances of emergency cases as well as on our manpower. Serious cases have to be transported to hospitals like Baragwanath and Natalspruit which are up to 30km away."

He also expressed concern over how much longer these hospitals would be able to cope with the additional patient load.

Kunzmann said the national Health Department would be asked to renegotiate the overtime issue, and the redeployment of staff from other hospitals, a process which would take several months to effect, was also a possibility.

Urgent talks on medical crisis

(98)

ANEEZ SALIE

CT 20/9/96

AN emergency medical summit is to be held this morning, at 20 hours' notice, to deal with Cape Town's crisis-hit academic hospitals.

Three top managers at Groote Schuur Hospital have threatened to quit in frustration at the worsening crisis brought about by drastic budget cuts, acute staff shortages and increased patient loads.

In addition, the Western Cape Health Department has to make further cuts in terms of a five-year plan, which will see spending on academic hospitals slashed from R998 million this financial year to R690m by 2001.

Also, planned savings have not been sufficiently effected. Instead, the department is R159m over budget.

What has aggravated matters is that this month the department needs to start paying out voluntary severance packages to a much larger number of health workers than expected, including top personnel, according to department head Dr Tom Sutcliffe.

Although not all will receive the packages, 2 450 out of a staff complement of 32 800 have applied, Sutcliffe announced. The province needs 37 000 health workers just to maintain present services.

Although there is less money and fewer staff, health centres have had to deal with a much greater patient load since the introduction of free primary health care on May 1.

Yesterday Western Cape Health and Welfare MEC Mr Ebrahim Rasool and Sutcliffe met top managers, superintendents and medical deans of Groote Schuur, Tygerberg and other institutions to brief them and to summon them to today's meeting.

"There is no doubt that we have a major crisis on our hands — an emergency," Rasool said. "The crisis had now reached a head."

SPENDING CUTS SHELVE PLANS

Valkenberg's buildings need treatment urgently

CT 20/9/96 (98)

CONTRIBUTING editor **GERALD SHAW** went to Valkenberg and found that things have changed since Victorian times.

THERE is a padded cell at Valkenberg but they don't use it anymore. It is a relic of the days when such institutions could do little more than feed and house the unfortunates who came within their walls — and keep them confined.

In Victorian times and even later some patients would find themselves in a padded cell for a start and then strictly confined in locked and barred wards, sometimes for the rest of their lives.

Now most acutely ill patients — some 98% of them — and even those who are admitted literally kicking and screaming are soon calm, and most are able to go home in 28 days or less.

Apart from a small number (including people referred by the courts for forensic observation in a high security building), those who need to stay longer are free to enjoy the beautiful grounds.

What has made the difference? Dr Francois Daubenton, chief psychiatrist, explained: Along with the development of group therapy and other brands of psychotherapy, there have been major advances by science in understanding brain chemistry and the physical basis of much mental illness.

At the same time there has been a spectacular breakthrough in the development of medication.

The padded cell remains at Valkenberg as a museum piece, a tiny windowless room with a skylight in the ceiling and door and walls covered in solid, pillow-shaped padding. It is the stuff of nightmares.

Mr Nicholas Baumann, the planner/conservationist associate of architect Mr Revel Fox, who is advising the Friends of Valkenberg on improvements, showed me graffiti on the cell floor where a despairing inmate long ago had clawed a message: "I want food."

The cell, locked and unused, now echoes to the sounds of toddlers at play. It is part of an old ward which has been converted into a brightly decorated crèche for the children of employees.

Today the physical fabric of Valkenberg is in urgent need of refurbishment — to the tune of millions of rands.

Many of the buildings date from a time when such places were built to confine patients as much as treat them. The main building dates from 1899. "The concern now is for the dignity and privacy of patients," said Fox.

The aim is to provide single rooms and a number of separate bathrooms. Studies show that patients who have their own space, privacy and freedom to move about recover more rapidly than those who do not.

Sadly, the improvements remain on the drawing board. Right now the admission wards for men and women are frightful by international standards and there is no money to do anything about it. Government funding for Valkenberg has been cut, again.

A visit to the women's admission block this week was harrowing. One of the patients was stomping out a noisily energetic song and dance. Another young woman scurried up to me and touched my hand, as if to see if I were real. She was hustled away by fellow patients, expostulating loudly.

A narrow windowless spiral staircase, locked at both ends and winding up from the ground floor to the night quarters, was dark, gloomy and unbearably claustrophobic ... something out of Edgar Allen Poe. As we climbed upwards I felt an urge to rush back out.

The admission area must also perforce serve as a visitor's lounge where family and friends can spend time with patients — but subject to sudden traumatic interruptions when a distressed newcomer is admitted. There is clearly a need for separate precincts for visitors and admissions.

Yet nothing much can be done about it until the Friends of Valkenberg, a volunteer organisation, can raise the money.

Francoise Robertson, founder of the Friends, said one in eight people in Valkenberg's area of service would need treatment for psychiatric problems at some point.

The Friends of Valkenberg have posted 200 volunteers and collection boxes in 15 shopping malls in the Peninsula this week as the climax of a public awareness campaign.

Psychiatry has made dramatic strides since the days of padded cells. But Valkenberg's Victorian buildings have not kept pace — and need the urgent attention of the community.

Trolley to oblivion

(98)

Bara's patients are vanishing mysteriously

CP 22/9/96

By DERRICK LUTHAYI

ABOUT 40 patients have gone missing from the Baragwanath hospital in Johannesburg in the last four months.

The shock disappearances were revealed this week when City Press probed the case of patient Pauline Selukisa (39), a mother of sixfrom Khutsong township, Carletonville – who vanished from the hospital on September 5.

☐ Late yesterday afternoon, Baragwanath spokeswoman Hester Vorster said Selukisa's partly decomposed body had been found at the back of the cerebral palsy clinic near the squatter camp.

A post mortem to find out the cause of death will be held this week.

☐ The disappearance of at least 10 patients a month reveals an alarming lack of security at the country's largest hospital – where hawkers nowadays sell their wares on the premises and people come and go freely.

The list of missing patients was confirmed by the principal security officer, Johannes Chuene.

Police and hospital security staff are working day and night to solve the mystery of the missing patients.

It is not known whether they have been kidnapped, snatched for body parts trade or just absconded.

But they are nowhere to be found.

☐ Meanwhile, Selukisa's disappearance has plunged her husband, Lucas (45) into a family feud.

"My wife's family say I am a cannibal who ate their child – and are demanding her bones from me so they can bury them," he said.

"I curse the day I took her to hospital – where I thought they would cure her. Instead, they have lost her.

"My wife disappeared on a Thursday – but nobody informed me. I went to the hospital on Friday – and only then was I told the truth. I looked for her everywhere.

"When I asked the nurses on Saturday, most said they were off duty and those on duty said they were not present when she disappeared."

☐ According to nurses, Pauline Selukisa was taken to the casualty theatre at the request of Dr Christine Wichhausen, who was to operate on her. Selukisa, unable to walk, was wheeled to the theatre by porter Livingstone Semane, accompanied by student nurse Johanna Bodibe.

Matron Florence Madlala told City Press that, following hospital procedure, the doctor's request slip had been pinned to the patient's bed letter.

Madlala said Bodibe had told her Dr Wichhausen had not been at the theatre. Another doctor who claimed to know about the patient had received her. Bodibe had returned to the ward.

☐ Dr Wichhausen, who has since gone on holiday, did not comment on the matter and referred City Press to her senior Dr Dino Sofianos – who was not available.

Still long wait at city hospital

(98)

Surgical waiting lists at Johannesburg Hospital are no shorter than 16 months ago and patients still wait up to three years for treatment, says DP spokesman for health Jack Bloom.

In May 1995 waiting lists were an average two to three years long with 2 000 patients awaiting cataract surgery, 200 needing knee or hip surgery, 140 waiting for cardio-thoracic surgery, and a two or three-year wait for plastic surgery.

Gauteng's Executive Council for Health said this week it might co-operate with NGOs to address the cataract surgery delay. – Medical Correspondent.

Star 26/9/96

(100)

Bloom to address delay re cataract surgery

ACADEMIC HOSPITALS

IN CRISIS

FM 27/9/96

The Western Cape's three academic hospitals are in danger of collapse, says UCT-Groote Schuur head of surgery, Prof Johan Terreblanche. In the next six months, 500 beds at Groote Schuur, Red Cross and Tygerberg hospitals must close — a 15% cut.

Speaking at a press briefing after an emergency medical summit last week, he said: "We're faced with problems that are mindblowing. We would, in time, be able to downscale but we can't do it overnight. Many of the secondary level services don't exist elsewhere. If ours are closed there is nowhere else to go."

He says deaths have and are occurring as a direct result of the decrease in the number of staff at Groote Schuur — a drop of about 31% over the past year compared to a rise in patient numbers of about 25%. A similar situation exists at the other hospitals.

"My advice is don't get sick, injured or run over because you are likely to end up at one of our academic institutions. Despite the best will in the world, we will treat you badly. You could sit slobbering for five days with a broken jaw because we don't have the staff to see to it."

In three months at Tygerberg Hospital, 16 babies have died from a bacterial outbreak caused by cockroach infested wards, overcrowding, severe staff shortages and poor hygiene. The department says it lacks the staff to maintain adequate medical and hygiene standards at hospitals. "This is a direct result of the freezing of posts brought about by the redistribution of funds between provinces and the need to shift posts to primary health care.

"The present outbreak is being controlled with difficulty. This will, however, not be the last such episode and the chances become greater with each further reduction in staff and hospital medical facilities in the Western Cape."

How can SA expect highly skilled doctors to remain in the public sector, or even the country, if they are prevented from performing their jobs properly?

The deans of Cape Town and Stellenbosch medical schools are to challenge government's macro-economic strategy which they say has placed the Western Cape's three academic hospitals in danger of collapse.

Forced to reduce academic health expenditure from R998m now to R690m by 2001-2002, the province has to terminate about 4 500 academic hospital posts — 2 000 in the next six months and 800 a year thereafter for the next three years. The net loss of staff will be about 3 500 (a 10,6% reduction) as about 1 000 members will be shifted into the secondary and primary health sectors.

Academic health facilities are being slashed to enable the Western Cape to effect the R780m saving required for government to meet its 4% deficit target. And all provinces' 1997-1998 real budgets are being slashed by an average of 7%.

SA also faces an academic disaster, says Stellenbosch University-Tygerberg's dean of medicine, Prof Jan Lochner. The universities of Cape Town and Stellenbosch produce a third of SA's doctors (350 a year). If the intake is culled because of budget cuts, "it will destroy the machine that runs health care at all levels."

He says it will be difficult to cater for the student population over the next few years as numbers cannot be reduced overnight. Because medicine is one of the largest faculties at the university, the funding cut will have a "domino effect" on the rest of the university.

After two years spent negotiating the rationalisation of the two medical schools, time has now run out. The deans will have to work out how to amalgamate the two schools into one faculty at a *bosberaad* later this week.

They are seeking a meeting with Health Minister Nkosazana Zuma but more important is convincing Finance Minister Trevor Manuel to shift the burden on to less essential departments.

Western Cape Health MEC Ebrahim Rasool says the summit resolved to challenge the intellectual underpinnings of the macro-economic plan as not enough attention was being given to the "massive social dislocation and instability" that it was causing. ■

FINANCIAL MAIL · SEPTEMBER 27 · 1996

Saturday Star
September 28 199

R1,5-bn shot in the arm for Gauteng hospitals

Star 28/9/96 (98)

An allocation of R1,5-billion has been made for improving conditions at Gauteng's state hospitals, Health MEC Amos Masondo said yesterday.

He was responding in an interview to recent criticism of conditions at hospitals in the province.

An audit would be done to determine both problems confronting hospital staff and what upgrading and improvements were needed.

Masondo said his department had amalgamated the health care services in the region of the former Transvaal Provincial Administration, the Department of National Health and Population Development, and the South African Medical Services, among others.

An interim district management scheme had been formed to facilitate discussions on policy development and to create a climate for new structures.

The provincial health service had been divided into five regions, each with its own director, and it was hoped to have 26 health management centres operating in the district within two years.

Although his department had a declining budget, this should not be an excuse for not going ahead.

Efforts should be made to make the available money go further and to strike a balance between primary and advanced health care, the MEC said.

"Instead of pumping more money into well-established health institutions, more clinics should be built in the townships."

His department had built and upgraded 24 clinics in Gauteng over the past two years.

A planned transformation would include looking at patient-doctor-nurse ratios. — Sapa

It's operation crisis as hospitals grapple with R300-m shortfall

(98)

GLYNNIS UNDERHILL
CHIEF REPORTER

ARG 28/9/96

Trauma and transplant units will come under the spotlight as the cash-strapped Western Cape provincial health department explores ways of attempting to meet its shortfall of R300-million.

The department's spokesman Mark Hill said controls would have to be implemented, but added that positive results were expected to come out of the two days of discussions in Stellenbosch which ended yesterday.

The discussions were attended by the top health officials in the Western Cape, who are having to face up to what has been described by provincial health minister Ebrahim Rasool as a "growing crisis".

Mr Hill said the trauma and transplant units may be re-evaluated by the Department of Health and hospital heads.

There had been 2 214 approved applications for the voluntary severance package offered by the department and this would prevent large-scale retrenchments taking place in the health services, said Mr Hill.

However, it was anticipated that around 500 beds would have to close by March next year at Tygerberg, Groote Schuur and possibly at the Red Cross Children's Hospital, which was raising funds to try to prevent this happening.

Money budgeted for maintenance had been used to keep some hospital units running and the upkeep of buildings and some hygiene measures had been sacrificed as a result of the cash shortage, he said.

Overcrowding and staff cuts at Tygerberg Hospital were recently blamed for a drastic decline in hygiene levels and several deaths of newborn babies at the hospital.

Mr Rasool said this week the national macro-economic policies – which resulted in reduced budgets – had made the restructuring of health services in the province unavoidable.

Winc

'Turned away' from overcrowded clinic (98)

CP 29/9/96

By JEFFERSON LENGANE

A FOREIGN doctor at a clinic in Soweto allegedly turned back two patients who seemed to need urgent attention.

One had a deep cut on the hand and the other had severe stomach pains.

According to the source, the doctor told the patients that he had "knocked off" and could not attend to them.

The incident is said to have happened about 2 pm on September 11. The clinic operates from 8 am to 4 pm.

The foreign doctor is the only full-time doctor employed at the clinic.

The clinic is overcrowded and the doctor has a severe workload which makes it hard to cope.

In the presence of two nurses and our source, City Press asked one patient how long she had been at the clinic before being attended to by one of the nurses around 11.30 am.

The patient said she had arrived at 7 am.

Deputy Matron Ouma "OB" Mbele confirmed that the clinic operated with only one "imported" doctor and that there was an acute shortage of staff.

"As a small clinic we cater for approximately 350 patients on weekdays, and the workload is terrible. It is made worse by a shortage of nurses and doctors – and resignations of nurses and doctors," said Mbele.

Mbele said the clinic had two part-time doctors, who were supposed to work for a number of hours on certain days.

"But sometimes they report that they have problems and do not turn up for duty," Mbele said.

Mbele referred City Press to Soweto Clinics Acting Superintendent Dr Mohamed Darod in regard to the patients who claimed to have been turned away.

Darod said he was unaware of the incident.

He said, however, that Soweto clinics that close early have a referral system whereby those who could not be attended to are sent to other clinics which operate until late, or to Baragwanath hospital, with the referring clinic providing transport.

"To alleviate the workload of full-time doctors, the Gauteng Department of Health employs sessional doctors to assist, as well as nurses trained by the department.

"The problem plaguing the clinics is that there is a high turnover of nurses, who divert to other institutions which offer higher salaries.

"At the end of the day the number of nurses in our clinics is not proportional to those we trained," said Darod.

He said there was a vacancy for 100 nurses. However, over the past three or four years the department had managed to bring down the staff turnover of doctors to 15 percent.

Darod said the Gauteng Department of Health knew about the acute shortage of personnel and was paying attention to the problem.

The Star ... Tuesday October 1 1996

Hospital uses condemned equipment

J G Strijdom Hospital's main x-ray department is 40% deficient in meeting general needs. In addition, condemned and obsolete equipment is still being used.

In reply to questions by DP health spokesman Jack Bloom, Health MEC Amos Masondo revealed that Strijdom referred about 170 patients a month to Coronationville Hospital for CT scans because it had no scanner.

Patients needing Magnetic Resonance Imaging (MRI) had to be referred to private hospitals because Gauteng state hospitals had no MRI scans. Transport costs amounted to R5 800 a month.

One of the x-ray department's general purpose rooms was useless because the equipment there had been condemned. Also, screening was dependent on only one machine, and an angiographic suite which had been condemned was still being used.

Specialist clinics were still using a 16-year-old machine that was regarded as obsolete.

Bloom said this was further evidence of savage budget cuts which ignored the need for balance between maintaining valuable assets and the new requirements of preventive primary care.

The department said it was investigating the possibility of leasing large medical equipment. – Medical Correspondent.

(98) Star 1/10/96

5 000 health jobs

R780-m budget cut hits big W Cape hospitals

(98) ARG 1/10/96

OSEPH ARANES
TAFF REPORTER

Nearly 5 000 provincial health workers in the Western Cape will lose heir jobs in the next four years hrough cuts in hospital funding.

With the province's 1997/98 health budet set to take a R780-million cut, the Westrn Cape Health Department says it will be orced to cut 1 600 posts and nearly 500 beds t its three academic hospitals by March.

Provincial Health Minister Ebrahim Rasool said that while most of the 1 600 personnel would accept the voluntary severance packages, budgetary constraints also meant the department would have to shed an additional 800 medical workers annually for at least the next four years.

At a weekend "bosberaad", Mr Rasool, senior staff of the universities of Cape Town, the Western Cape and Stellenbosch and the superintendents of the academic hospitals met to discuss ways of providing acceptable levels of health care in spite of the huge budget cuts.

Mr Rasool said they were shocked by the impact and implications the cuts would have on the province's health care system.

The cuts would not only affect seriously the levels of service people could expect but, for the first time, would also force the department to put on hold plans for additional primary health care facilities.

Mr Rasool said it was impossible for the public health sector to "walk the path alone" as almost 60 percent of money in the health care system was circulating in the private sector.

"With 30 percent of the funds, the public sector must deal with the poorest of the poor. We have to look to the private sector to take responsibility for a share of the health in the province," he said.

People in the region also needed to change their expectations of state and academic hospitals.

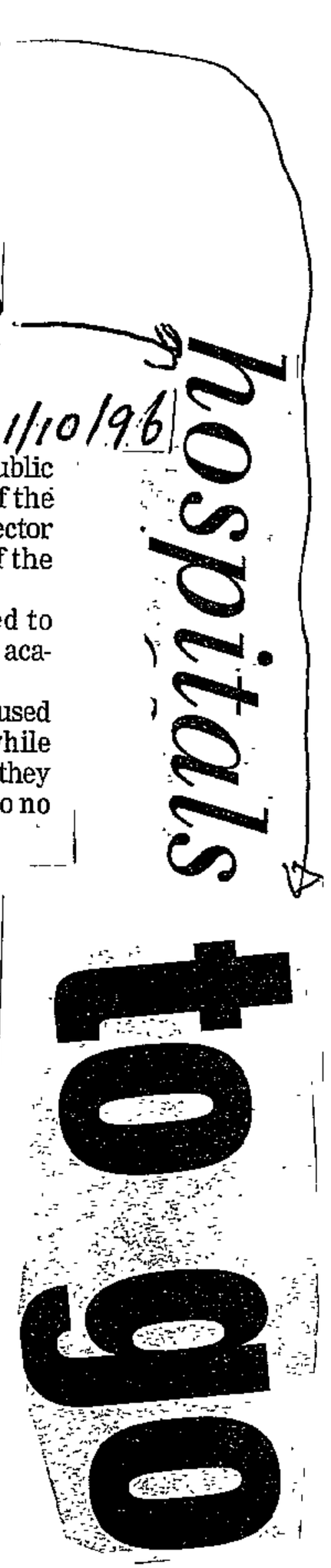
In the Western Cape patients were used to some of the finest treatment and while there was hope this would not change they should know about the constraints so no undue anger was generated.

"We cannot promise or guarantee or even try to say that we will provide the same type of service," Mr Rasool said.

He said it was essential that people adopt healthier lifestyles to ease pressure on hospitals' already dwindling resources.

"People also need to know that they should enter the health care system at the primary care level because, in spite of the budget cuts, we have developed 34 new primary health care clinics during the past two years.

"We need the public to use them."



The Star ... Wednesday October 2 1996

Casualty wards under pressure in hospital dispute

(98) Star 2/10/96

Outcome of talks with Gauteng health department awaited as increased workloads affect patients and staff

By Janine Simon and Lara Smith

East Rand and Johannesburg casualty departments reported heavy patient loads last night when eight hospitals in the metropolitan region closed after-hours emergency services over a dispute on doctors' overtime packages.

Hospitals which have implemented individual *ad hoc* arrangements to keep casualty services running were waiting this morning for the outcome of negotiations with the Gauteng health department, and further closures are possible.

Johannesburg Hospital, the referral hospital for much of the East Rand, was worst affected: "Casualty is under pressure anyway, but the situation last night was serious," said superintendent Dr Warrick Sive. Baragwanath's PRO Hester Vorster said casualty was "extremely busy" last night.

East Rand hospitals, which remained open, reported a busy but manageable night. Far East Rand's single medical officer on duty saw 250 patients, while Tembisa's superintendent Dr Sandile Mfenyana said casualty was "normal".

Casualty departments were closed indefinitely at Natalspruit, Boksburg Benoni, Kempton Park, Pholasong, Edenvale, Willem Cruywagen and South Rand.

J G Strijdom was open last night, but the situation for tonight is uncertain.

"This is seriously affecting patients," an East Rand nurse who did not want to be identified said yesterday.

"In some instances patients are being shifted from one hospital to another as much as four or five times a day."

The Gauteng health department hopes the crisis will be resolved within a week.

Clinic Holdings said its hospitals had an agreement with the Government to treat and stabilise the overflow of patients from state hospitals. If they could not afford to be admitted they would be transferred to a state hospital.

The after-hours closure of East Rand casualty departments is rooted in a dispute between the provincial health department and doctors over the switch to a new system of commuted overtime pay. It means doctors will be paid a package fee, ranging from R41 561 to R76 475 a year for an agreed number of overtime shifts, as opposed to half a dozen ways in which they could claim or earn additional money in the past.

Gauteng doctors were required to submit proposals as to how they would fulfil the provincial overtime requirements of between six and nine shifts a month.

Natalspruit doctors said yesterday the province was demanding an unrealistic 80 hours or more in overtime a week and wanted the hospital to almost halve the number of doctors on duty at night.

They said this would reduce standards of care and force less experienced staff to do specialised work, exposing them to serious medico-legal risks.

But deputy director-general of Gauteng health Dr Eric Buch said Natalspruit doctors did not acknowledge that overtime would be paid even when they were on leave, or that doctors in disciplines with lighter workloads might have to do more to qualify for the package. Doctors had also in the past counted days when they went home early after a long shift as time worked, he said.

He criticised the doctors for suspending services at month-end, rather than sustaining services during negotiations.

The province had enough doctors to cover all the overtime needs of the public sector service, except for highly specialised areas, he added.

Edenvale, Kempton Park, South Rand, Lenasia, Ontdekkers and Willem Cruywagen hospitals would be supplemented with doctors from hospitals which had more than 100 doctors on their staff, said Buch.

R2,8m hit-squad for hospital roaches

CT 9/10/96 (98)

ANEEZ SALIE
HEALTH WRITER

THE Western Cape RDP and Health departments are spending R2,8 million to eradicate Tygerberg Hospital's cockroaches, local Health and Welfare MEC Mr Ebrahim Rasool said yesterday at a ceremony to mark the hospital's 20th anniversary.

The vermin, which breed behind vinyl wall coverings, have helped spread a klebsiella infection outbreak that resulted in the deaths of several newborn babies this year.

Rasool said his fellow MEC responsible for the RDP, the Rev Chris Nissen, had made available R300 000 for the removal of the "dreaded" vinyl.

He had also secured R2,5m of his department's funds for the same purpose, as well as for painting thousands of metres of walls throughout the hospital.

Regarding Tygerberg's future, Rasool said it would continue to play a key role in the province's health service, despite the closure of beds and wards, and a reduction in services due to severe budget cuts at academic health centres.

"I want to allay all fears ... there will be many changes at Tygerberg, but these will not be any more or less than at all the other major hospitals in this province ... I will personally ensure that there is fair treatment."

He acknowledged the contribution of staff to the care of tens of thousands of patients (94 861 last year) and for their achievements.

Rasool had high praise for Tygerberg's Cochlea Implant Programme, which enabled Lakeside toddler Lauren du Preez and 83 other profoundly deaf patients to hear, as reported in yesterday's Cape Times.

Among other critical medical advances made at Tygerberg are the Renal Transplant Unit, sophisticated orthopaedic and trauma services, an internationally renowned radio-oncology service, isolation of Congo fever patients, the first pancreas transplant, in-vitro fertilisation babies, the isolation and description of a new herpes virus, the opening of the first fetal evaluation clinic, the first test-tube quadruplets and cytogenic research advances in antenatal diagnoses.

THE TECHNIKON

Transferral of patients cost the state R580 000

(98) BD 8/10/96

Kathryn Strachan

THE Gauteng health department spent R580 000 on 15 patients who had to be transferred from Johannesburg Hospital to private hospitals at state expense over the past year, Gauteng health MEC Amos Masondo said yesterday.

In reply to questions asked in the legislature by the DP, Masondo said eight of these patients were referred during the nurses strike last year and the other seven due to a lack of intensive care unit beds at Johannesburg Hospital. They were transferred after unsuccessful efforts to find ICU beds in other provincial hospitals.

An additional four patients were transferred in the past month, but the details of their cost were not yet available.

Masondo said the major reason Johannesburg Hospital could not totally avoid the referral of patients to private facilities at state expense was the limitation of high care and intensive care personnel.

However, Johannesburg Hospital management was not keen to allocate more resources to trauma patients on a permanent basis and thus deprive patients with other non-trauma conditions who required intensive care facilities.

Marginal increases in the incidence of trauma were accommodated with nurses from agencies. Management felt with the fluctuating incidence of trauma, it was better to send the occasional patient to the private sector than to expand inappropriately the capacity to deal with trauma patients.

Masondo said Johannesburg Hospital admitted 2 614 patients to its ICU in the past year, so 15 patients being transferred to private hospitals was a small proportion. If the nurses' strike last year was regarded as a single unusual event, the trend of transferring patients became even smaller.

DP Gauteng health spokesman Jack Bloom said: "It is a distressing symptom of the crisis in ICU beds that Johannesburg Hospital is forced on occasion to refer state patients to the private sector for treatment." He said consideration should be given to a contract with the private health sector at favourable rates to ensure all intensive care state patients received the necessary treatment.

Transfer of 15 patients cost R580 000

Star 9/10/96 (98)

Gauteng Health has spent R582 594 transferring 15 patients, most with trauma injuries, to intensive care units in private hospitals between July 1995 and August 1996. This was said by MEC for health Amos Masondo in response to questions by DP health spokesman Jack Bloom.

Eight of the patients were referred during the nurses strike last year, and the other seven due to a lack of ICU beds at Johannesburg Hospital, after efforts had been made to find beds in other provincial hospitals.

An additional four patients had to be transferred in the past month.

Bloom called on the State to consider negotiating a permanent contract with the private sector at favourable rates.

Masondo said the number of transfers constituted an extremely small proportion of the ICU patients treated at the Johannesburg Hospital, one of the province's three hospitals equipped to cope with multiple trauma injuries.

A total of 1 019 patients were admitted into its intensive care units and an additional 1 595 admitted through specialised intensive care units. The hospital supplied a total of 10 048 ICU patient days.

Masondo said the major reason Johannesburg Hospital could not totally avoid the referral of patients to private facilities at state expense was the limitation of available high care and intensive care personnel. Hospital management was not keen to allocate more resources to trauma patients on a permanent basis as it would deprive patients with non-trauma conditions who required intensive care.

Marginal increases in the incidence of trauma were accommodated with agency nursing, but it was felt it was better to send the occasional patient to the private sector than to inappropriately expand capacity to deal with trauma patients, Masondo said. – Medical Correspondent.

RED TAPE TRAGEDY AT GROOTE SCHUUR CASUALTY

Woman dies as hospital staff argue

"THIS WOMAN is dying, we need a doctor," shouted relatives, but admissions staff at Groote Schuur hospital seemed more worried about showing them a map with different hospital zones on it — and by the time the doctors arrived it was too late. **CAROL CAMPBELL** reports.

AN ASTHMATIC woman died in the back seat of the family car early yesterday as her relatives and Groote Schuur hospital staff argued over whether or not the hospital was responsible for treating her.

Miss Isabella de Freitas, 51, a midget from Lotus River, should have been admitted to Victoria hospital — the hospital serving her suburb — but in their panic her family could not find the right entrance to Victoria's casualty ward, and opted to race on to Groote Schuur instead.

TOO LATE: Isabella de Freitas

Yesterday Dr Dennis Adams, a senior medical superintendent at Groote Schuur, said Miss De Freitas "was not turned away", but was seen by a resident doctor who unsuccessfully tried to resuscitate her.

"Miss De Freitas is well known to this hospital and has been admitted in the past with respiratory problems," he said.

Her nephew, Mr Mark de Freitas, said hospital staff were in no hurry to admit his aunt, and at one stage he shouted: "This woman is dying, we need a doctor."

"The clerk at the door was more worried about showing me a map with different hospital zones on it — he even went off to fetch the map."

But while the family hammered door staff at Groote Schuur, they had only praise for the doctors on duty.

"They didn't know what was going on in the parking lot, but once they saw the commotion and came to help they did their best — by then it was too late," said her niece Mrs Pearl Duimpies.

A spokesman for Victoria hospital said had the De Freitas family found the entrance to the casualty ward, which was well lit and sign posted, she would have been looked after.

"We made a decision at this hospital to treat anyone in desperate need of care and to transfer them to the appropriate hospital later," he said.

Although De Freitas was taken to hospital by her family, the acting head of the Cape Town Ambulance Service, Mr Rodney Bothas, said ambulances often found themselves sitting with a patient which no hospital wanted.

"The other day one of our ambulances was transferring a patient to Groote Schuur, when they were asked to pick up a "walk-in" patient at the Athlone police station.

"They took the man (who was not seriously injured) to Conradie hospital, who said they didn't want him.

"Because they were en route to Groote Schuur the ambulance team thought they would take him on there.

"Groote Schuur said they didn't take walk-in patients and that the ambulance should take him to Hanover Park day clinic.

"They didn't want him there either, but by this time the ambulance driver was so fed up that she demanded they take him — and they did."

TRAGEDY: For four years Pearl Duimpies nursed her bedridden aunt Isabella de Freitas, who died yesterday outside Groote Schuur's casualty ward. ***PICTURE: ANNE LAING***

No room for poor at private clinics

CYNTHIA VONGAI
STAFF WRITER

(98) CT 9/10/96

YOU need a healthy bank balance if you want to get into a private hospital.

A Cape Town couple discovered this when a private hospital in Ceres asked them for proof of their ability to pay for medical treatment after they were involved in a serious motorcycle accident last Sunday.

The woman was immediately transferred to Tygerberg Hospital after the hospital rejected her medical aid plan.

Her boyfriend was only admitted after he provided a "bank guarantee" that he could afford to pay an R8 000 down payment for an operation that he needed urgently after breaking a leg and his pelvis in the accident. He has since been transferred to the N1 City private hospital, where he is still in the intensive care unit.

His girlfriend broke her leg and suffered minor bruises.

A friend of the couple, Mr Chris Jones of Durbanville, said: "On arrival at the Ceres private hospital the couple, who were in shock and excruciating pain, were asked to show proof that they could pay their hospital bills before they were admitted. I think this is disgusting.

"No one should fear if they are involved in an accident that they won't be treated. One should be able to receive treatment from the nearest hospital."

A spokesperson for Ceres private hospital, Sister Surentia van der Merwe, said the hospital always made sure patients were able to pay for their medical treatment before they were admitted.

If accident victims were unable to afford treatment, the hospital first stabilised their condition and then transferred them to government hospitals where they would receive state treatment free.

"We are a business, so we cannot afford to take people in who cannot pay their bills. But we will never turn patients away before they have been stabilised," Van der Merwe said.

If patients were unconscious and could not say if they were able to pay their medical bills the hospital would rather transfer them to a government hospital than incur expenses that the patients would not be able to pay.

Crisis in W Cape hospitals deepens

Nurses cracking under strain

ARG 11/10/96 (98)

JENNY VIALL
HEALTH REPORTER

The Western Cape health crisis is deepening as doctors and nurses crack under the strain of providing free primary health care, and hospitals are hit by huge budget cuts.

Nurses say low morale, dangerous working conditions and heavy workloads are driving them to breaking-point.

Eileen Brannigan, an executive member of the Democratic Organisation for Nursing, said: "We are getting more and more complaints about safety. Nurses are being hijacked, held up and robbed of medicines, and gangs are threatening them."

A seminar at the University of the Western Cape this week was told that nurses at some clinics saw up to 200 patients a day and were often verbally abused and threatened with violence.

Free primary health care, introduced earlier this year, had led to abuse of the system by patients, nurses said. Some patients went from clinic to clinic for medicines, which they then sold. Others went to clinics with minor complaints such as headaches and coughs.

Nurses wanted patients to pay for services, even a nominal amount, to stop the abuse and to encourage them to take responsibility for minor ailments.

Nancy Dziba, until recently a nurse at the Guguletu Community Health Centre, said the heavy workload had led to increased absenteeism, more resignations, burnout and low morale.

With the emphasis on quantity rather than quality, standards of patient care had dropped.

Many experienced nursing staff were leaving the public sector and taking early retirement, going to private hospitals or leaving to work in Saudi Arabia, where lucrative contracts were offered.

In addition to Peninsula hospitals being overloaded, emergency services at Eben Dönges Hospital in Worcester and George Hospital are at crisis point because of the shortage of doctors.

They will have to cut back their 24-hour service unless a solution is found.

Doctors are working up to 200 hours overtime a month to keep emergency units open.

Hardest-hit is Eben Dönges, where the unit is limping along with a skeleton staff and help from private doctors and members of the community.

Superintendent Helise Schumann said she had managed to arrange for doctors to work until October 20. After that she did not know what would happen.

"We're playing it by ear from day to day," she said. "As it is, there is no anaesthetist available for six evenings a week.

"Without an anaesthetist there can be no operations."

George Hospital is in a similar position, with doctors working about 80 hours overtime in addition to the 64 hours required of them a month.

Seven full-time doctors work night shifts in addition to day shifts.

Superintendent Renette Crous said there was a temporary crisis but everything possible was being done to keep a 24-hour emergency service open.

The shortage of doctors may be alleviated from January when George and Eben Dönges get more doctors.

But all other posts have been frozen, and at George there are 50 vacant nursing and support staff posts.

HI

Children's hospital stalled

R4-m needed so work can start on new building

AAG 12/10/96 12/10/96 (98)

JILYAN PITMAN,
STAFF REPORTER

The Red Cross Children's Hospital Fund needs a critical R4-million so that building can start in April at the hospital in Rondebosch.

When this amount comes in, the builders can start the foundation of the R28-million outpatient complex.

The executive director of the Children's Hospital Trust, Bob Bishton, said the "last gasp" of money would enable construction contracts to be awarded as soon as possible to avoid ever-escalating building costs.

Dr Bishton said: "R24-million of the money in the Trust will pay for the building and R4-million will be spent on equipping the complex. The next R4-million is crucial, and if we can get it by the end of this year we can make plans to move forward."

He said the appeal had been going on for almost two years and the public and businesses throughout the country had been "overwhelmingly generous" with cash and commitments, but the last extra amount was still needed.

Some prominent companies, surprisingly, had still not given the redevelopment fund their support, he added. When asked who those were he declined to say.

It is believed an insurance company and a petrol company may be among those failing to provide support.

Once all the money had been received, the "decanting" process could start when about 37 departments would be asked to move out of their 30-year-old prefabricated buildings to temporary quarters elsewhere in the hospital until the new buildings were ready, he said.

Planning and commissioning unit (PCU) spokeswoman Sister Fleur Key said there would be a lot of disruption at first when departments were asked to decant, but she felt sure everyone involved would heave a sigh of relief that "things were now happening".

Departments having to decant include speech and hearing, physiotherapy, cardiology, opthalmology, women's health and the blood bank. Communal facilities, including staff and teaching areas, the transport centre and various training centres, would also have to move.

Contributions to help redevelopment of the only children's hospital south of the Sahara can be sent to the Red Cross Children's Hospital Trust, Box 38783, Pinelands 7438. Fax: 021-686-7861. Contributions are tax-deductible.

HANNES THIART

Branching out: Bob Bishton with a plan of the hospital's new complex which will be built in April if R4 million is forthcoming

Red Cross doctors to move to Cape Flats

24-hour tonic for the townships

(98) ARG 12/10/96

ADELE BALETA
STAFF REPORTER

The Out Patients Department (OPD) at Red Cross Children's Hospital is being restructured in February with at least half of the doctors being seconded to work on the Cape Flats.

The move is expected to lift the burden on the academic hospital and upgrade child health in the areas where it is most needed.

Medical superintendent Shaheed Hassim confirmed that in February, 11 of the 23 medical health officers with paediatric training would be sent to work at community health centres (formerly called day hospitals) on the Cape Flats. Some nurses from the department would also be moved.

The 12 doctors who have been working at the OPD the longest would remain in the department to treat emergencies and patients referred from clinics and day hospitals. The specialist clinics at the OPD will continue.

Regional director of health for the metropole John Frankish said a massive media campaign would be undertaken in the next few weeks to make sure that unreferred patients stopped coming to the OPD and began using the upgraded community health centres.

Details of the restructuring were still being discussed and negotiated.

Medical Superintendent of the community health centres Edmund Michaels said there were at least 45 vacant posts for doctors at the 44 community health centres in the metropolitan area.

Of the 160 fulltime posts, 104 had been filled, and 12 doctors were working part time. He said since the recent pay rise for doctors 20 applications for posts had been received for next year.

Meanwhile OPD doctors have expressed concern that the standard of health services should be continued in the community. They were worried that child health would be relegated to the bottom of the pile as the needs of health care in general had to be addressed. They said their time would be taken up by having to see adults. But Dr Frankish said separate child services would be set up at the community health centres to make sure child health was upgraded.

"We want child friendly services. Children will no longer have to be treated alongside drunkards or people who have been stabbed or had their heads cut open," he said.

These centres were in Mitchell's Plain, Guguletu, Hanover Park, Khayelitsha and Elsie's River, and were open 24 hours a day. A similar centre was planned for Retreat.

At these centres doctors would be required to do overtime on a rotational basis up to 10pm and would handle medical emergencies as opposed to trauma. This would entail mainly dealing with children.

Dr Frankish said the doctors would have to treat mothers if necessary.

"It would be inefficient and time consuming for the mother to be sent to a separate queue to see another doctor."

The doctors who were to be moved had adequate training to treat adults, he said.

There was an agreement to link every primary care facility to a secondary facility. For example, Victoria hospital would be responsible for clinics in the southern substructure.

There would be telephone links between the hospitals and the primary health care facilities to ensure communication.

Dr Frankish said: "We are planning to have full time paediatricians at these support hospitals in the next six months in order to provide direct child health support services to the community centres in their areas."

To ensure that continual training and upgrading occurs, all health staff will be rotated between community health centres and regional and tertiary hospitals.

This meant that those working in child health services would come back to tertiary hospitals for three months at a time.

R4-m needed for children's hospital, page 12

Sweet and sour reaction to milk price cut

[redacted] ARG 12/10/96

PAUL OLIVIER
STAFF REPORTER

A drop in the price of milk in sachets to R1,50 a litre by Bonnita, one of the Western Cape's oldest and largest milk distributors, has been met with mixed feelings by competitors, producers, and some retailers and wholesalers.

Some chain stores indicated they were monitoring the situation closely, and others, like the Seven Eleven group, have informed Bonnita they are suspending "all sales of Bonnita's products because we can't allow other dairies to suffer".

Although consumers in the Western Cape were benefiting from Bonnita's decision to sell milk R1 cheaper than their competitors, producers have expressed concern that lower prices might force them out of the market.

Some producers indicated they were to abandon dairy production in favour of other crops like wheat and sheep "because they were afraid of going under".

But Bonnita marketing director Marius Kritzinger said the move was made to win back market share lost to the many smaller distributors who have entered the market.

"We have been in the dairy business for over 70 years and have a responsibility to our shareholders," he said.

"We cannot allow other distributors to deprive us of our market share and we are acting according to free-market principles."

"With deregulation we have become an international player and have to compete with New Zealand and Europe.

"If we keep our prices high we are encouraging competition from these countries."

Casualty staff crisis

(98)

ARG 12/10/96

Emergency services left without doctors

ADELE BALETA
STAFF REPORTER

Eben Dönges Hospital in Worcester, which serves 300 000 people in the Overberg and Boland region, is understaffed and its round-the-clock emergency service is left virtually unattended by doctors after hours.

The regional hospital has no full-time specialists and only half of the required number of medical officers — who are reported to be "fed up" with working up to 204 hours of overtime a month.

Medical superintendent Helise Schumann said the situation had improved marginally since last weekend, when no doctors were available to run the casualty section on Friday night. Fortunately no one had died, she said, but there were fears that the seriously injured, who were unable to make it to other hospitals in time, could die.

"We are coping with the day shift in casualty, but we only have a skeleton staff to deal with emergencies after hours," she said.

To operate effectively there need to be at least two doctors on duty in casualty at one time and another one for surgery and anaesthetics.

Smaller community health centres in surrounding rural areas now first phoned the hospital to check whether there was space before referring their patients to Eben Dönges. But many still sent patients even though they were told no beds are available.

If there is no space patients are sent to Tygerberg Hospital – which also has severe problems of overcrowding.

Dr Schumann said there was confusion as to who was responsible for running primary health-care clinics in Worcester. This resulted in these facilities – with good infrastructure and trained staff – being underutilised while Eben Dönges Hospital was overburdened.

The hospital had been promised more staff, and was waiting for two full-time physicians, two paediatricians, three surgeons (one principal), an anaesthetist, two orthopedic specialists, two obstetricians, an ophthalmologist and a radiologist, but these consultant posts had not been filled. Part-time specialists were currently doing the work.

'We only have a skeleton staff to deal with emergencies after hours'

Western Cape Health's chief director of administrative and personnel services, Jocelyn Kane-Berman, said Eben Dönges was in a "catch-22" situation. To be able to fill consultant posts specialists had to vacate posts at academic hospitals such as Tygerberg and Groote Schuur.

But a recently "freed-up" post had been given to Michael Maphongwane and J F Jooste near Cape Town.

"It's a slow process and there is no way of hurrying it up. Given the current financial constraints there are insufficient funds to pay consultants to work at Worcester while waiting for specialists to leave academic hospitals so that their posts could be shifted," Dr Kane-Berman said.

Meanwhile, Western Cape director of health Tom Sutcliffe has appealed to general practitioners to help out colleagues at understaffed hospitals.

Dr Sutcliffe said his department was hoping to attract more general practitioners to the trauma section of secondary-level hospitals by offering them a permanent deal.

Dr Schumann said only 10 of the 18 full-time posts available for medical health officers were filled and of these only seven were able to work after hours.

She said medical personnel were unhappy with the new pay deal, in which they would get overtime pay for only up to 16 hours of overtime a week. Many of them work at least 50 hours of overtime a week.

Dr Sutcliffe met Dr Schumann in an attempt to sort out the crisis. Dr Schumann agreed that the staff shortage was a seasonal problem, because doctors tended to leave at the end of the year for new jobs.

Dr Sutcliffe said that although only half of the posts were filled, conditions would normalise in the new year when all posts would be taken.

But Dr Schumann said the situation was worse this year because GP's who had helped out in the past were not as willing to do so this year.

She said there was a perception that health minister Nkosazana Zuma's intention to restrict doctors from dispensing could be the reason for doctors' reluctance to help.

Louis Linde, chairman of the general practitioners' association in the area, said doctors in the private sector were concerned that their peers in the public sector were not being paid for the huge amounts of overtime they worked.

"It's illogical to be prepared to pay GPs while the Government is not prepared to pay state doctors for overtime worked. Why don't they just pay the state doctors?"

Dr Linde said general practitioners often worked longer hours although they did not have the same levels of patient load. "We also have other commitments, and hospital work would be on top of what we do already."

He said some doctors might not be willing to help out because they resented tight controls on dispensing, but he doubted this, because the dispensing issue was being addressed at various levels.

"We have assisted for the past three years and the situation for our colleagues at Eben Dönges has not improved. This is the main issue for us," he said.

Dr Sutcliffe said a plan was being developed to reward doctors for overtime worked beyond 16 hours a week.

CAPE ARGUS MOND

(98)

Thugs spark hospital closure

ARG 14/10/96

ANDREA WEISS
METRO CORRESPONDENT

The Hanover Park Day Hospital was temporarily closed after gangsters threatened to shoot medical staff.

The hospital, which has an after-hours unit for trauma cases, was reopened today. An emergency meeting with the community health forum will be held today to discuss the problem, which has been reported to Western Cape Health Minister Ebrahim Rasool.

The incident happened about midnight on Saturday when a gangster who had been stabbed in the head refused to be treated and overturned equipment in the trauma unit.

Provincial senior superintendent Edmund Michaels said the man's friends threatened to shoot the doctor and three nurses on duty.

The patient was accompanied by a friend inside the unit and six security guards held the rest at bay.

Police were called and escorted the medical staff to safety.

TUESDAY
OCTOBER 15, 1996 ★

NE

BOOST FOR PRIMARY HEALTH CARE

Cape Flats gets more clinics

ET 15/10/96 (98)

WITH THE IMMINENT decentralisation of health budgets to municipalities, the city is prioritising the development of more primary health clinics in areas in which there is demand for these services. **PETER DENNEHY** reports.

WHILE the budgets of major hospitals are being slashed, more money for primary health services is being allocated to local authorities.

Cape Town municipality's subsidy allocation from the provincial administration has risen by seven percent this year, even though the province's health services face a R100 million deficit.

A metropolitan planning committee has drafted a schedule of five proposed new clinics and 18 upgradings or extensions of existing clinics to be built in the next couple of years in the area which Cape Town municipality still administers.

The cost in this financial year will be R7,8m.

In the past three years, an ambitious programme of providing better primary health care facilities has been under way. Three new clinics have been built — one at Seawinds near Lavender Hill costing R500 000, one in Guguletu at roughly the same price, and a R1,5m one in Tafelsig, Mitchells Plain.

Extensions to the combined value of R1,2m have also been made to clinics in Hanover Park, Salt River, Manenberg, Bonteheuwel and Valhalla Park.

These projects have been mainly state funded.

Traditionally, the central government and province have shouldered 87% of the capital cost of providing new clinics. With the proposed new constitution which entrenches municipalities' right to administer their own health services, this may change.

Cape Town's Medical Officer of Health Dr Michael Popkiss said in a report to the council's health committee last week that Cape Town municipality should be prepared to take on up to a third of the capital costs of health facilities, and the Metropolitan Council (Metro) and the Provincial Administration the other two-thirds respectively.

The five proposed new clinics are in Strandfontein (to be financed from RDP funds), Pelikan Park, Weltevreden Valley North, Factreton and Bonteheuwel/Langa.

It is proposed that the Bonteheuwel/Langa clinic be a full community health centre, which means it will be open 24 hours a day and have both maternity and casualty units.

Most of the 18 clinics proposed for upgrading are on the Cape Flats. Five of them are in former black township areas which were only recently included in the city's boundaries.

Popkiss said there was an urgent need for municipalities to expand their health services so that there is consistent provision throughout the municipality.

These developments will also provide evidence of the council's delivering services, boosting the Masakhane campaign, which encourages payment of municipal charges, he said.

Gang warfare closes trauma unit at hospital

Staff fear for their lives

ANDREA WEISS
METRO CORRESPONDENT

Staff of the gang-plagued Hanover Park trauma unit have closed the clinic at night because they fear for their lives.

They have the backing of the Hanover Park Community Health Forum which yesterday agreed to closure of the unit from 7pm to 7am until the end of the month. It will remain open during the day.

Provincial Health Minister Ebrahim Rasool is to have urgent talks with Police Minister Gerald Morkel to discuss security at primary health care centres and has called for a report on security at clinicsto be completed within a week so that money can be spent on the problem..

Mr Rasool's spokesman, Logan Wort, said the minister wanted to thank staff at the trauma unit for their patience and loyalty.

Mr Rasool was not, however, aware of the decision to close the unit at night.

Provincial senior superintendent Edmund Michaels, who is in charge of day hospitals, described the closure as a "unilateral decision" by staff and community members who belong to the area health forum.

He was meeting his staff for a briefing today to discuss whether the province should accept the decision.

The troubled unit was plunged into crisis when a doctor and three nurses were threatened by gun-wielding gangsters on Saturday night.

It was the latest in a series of violent incidents at the unit.

Last year a doctor was shot while treating a baby and a stray bullet from a gang fight penetrated the hospital's prefabricated walls.

Last year, a concrete fence was built and six security officers were employed to protect the doctor, receptionist and three nurses on duty at night.

But on Saturday police escorted staff to safety when a man, who had been admitted with stab wounds, started overturning medical equipment.

Security personnel battled to keep his friends at bay when they pulled out guns and threatened to shoot nursing staff.

The hospital closed for the rest of the weekend because staff feared the gang members would return on Sunday.

Yesterday the community health forum called a community meeting for next Monday to discuss the hospital's problems.

Nursing sister Rose Saville, second in charge at the unit, said the forum was appealing to the greater community to attend the meeting.

"They must either say to us they want the service and appreciate it or we will close.

"Something will have to come out of this," she said.

Trauma unit to get police station

CT 17/10/96 (98)

CHRIS BATEMAN

POLICE are to erect a satellite station near the Hanover Park Trauma Unit, plagued by gang warfare, and will install a special "hotline" at all other community health centres to enable quick response times and to protect health care workers — some of whom now refuse to work.

Speaking after a crisis meeting yesterday with Community Policing Director Fanie Bouwer, Police MEC Mr Gerald Morkel and Health Director Dr John Frankish, Health and Welfare MEC Mr Ebrahim Rasool said it was hoped the police presence would deter gangsters.

At the weekend, a doctor and three nurses were threatened by gun-wielding gangsters after a stabbing victim ran amok during treatment, damaging equipment.

It was the latest in a series of similar incidents at the unit and led to hc 'al staff refusing to work from 7pm to 7am — rendering useless one of the prime functions of the new 24-hour hospital.

Rasool said police and the army would provide a temporary presence at the Hanover Park Trauma Unit while the satellite police station was being set up.

He urged the hospital staff not to "punish the majority of the residents", who appreciated the care they received, "simply because of a minority of thugs causing trouble".

Rasool promised a closer working relationship between police and health authorities so that police could respond quickly to distress calls from them.

He "deplored" the gang violence and said communities had a key role to play in ensuring that health facilities remained neutral territory during gang fights — and that they were seen as "places of safety and care".

Clinic reopened – fearful staff moved

(98)

JENNY VIALL
HEALTH REPORTER

ARG 17/10/96

Nursing staff who have refused to work at night at the gang-plagued Hanover Park trauma unit have been moved to other centres and the unit has been reopened 24 hours a day.

On Monday staff decided to close the unit at night because they feared for their lives after a gang incident on Saturday night during which they were threatened with guns.

They planned to close the unit between 7pm and 7am.

Edmund Michaels, head of the provincial administration's Community Health Centres, said the move was designed to give relief to staff "at the end of their tether" after constant threats from patients.

Security at the hospital is to be improved with the setting up of a satellite police station nearby, it was decided at a crisis meeting between police and the province's health department yesterday.

Until then the police and the army will remain in the area.

NEWS

Big hospitals may close 490 beds

(98)

ARG 17/10/96

Lack of funding blamed

NDREA BOTHA
TAFF REPORTER

The three Peninsula teaching ıospitals – Groote Schuur, Tygerberg and Red Cross Children's Hospital – may be forced to shut 490 beds between them before the end of the financial year.

Nearly 80 of these beds are in the neo-natal wards, where vital medical care is provided for premature babies.

Atties Malan, the head of Groote Schuur's neo-natal unit, blamed insufficient funds for the planned cutbacks and said the actual number of beds to be closed was a controversial topic.

"The idea is that primary and secondary health care will be moved to community clinics and day hospitals, away from the big hospital," said Professor Malan.

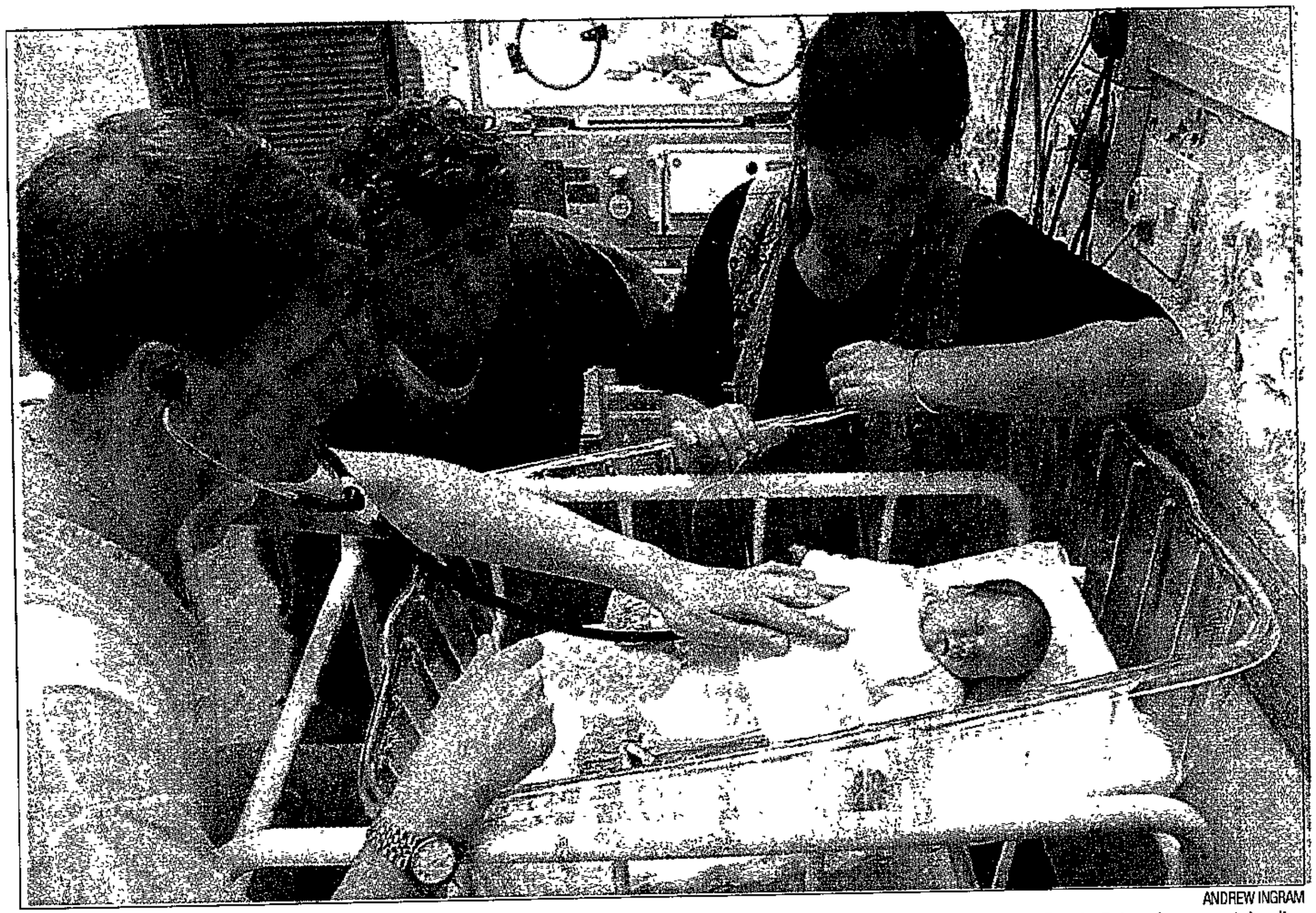
There was a crisis at these hospitals. Morale among nurses was low. Many staff had been retrenched or moved to private hospitals and those remaining were uncertain of their future, he said.

Professor Malan said staff at Groote Schuur's neo-natal unit continued to provide exceptional service to newborn babies in their care in spite of the shadow hanging over them.

The hospital was trying to involve families of the babies in their treatment as far as possible and was still providing an essential medical service while cutting expenses.

This meant trying to reunite mothers and babies as soon as possible after the birth and trying to discharge babies as soon as possible.

He said this might be a more cost-effective way of treating newborn babies.



ANDREW INGRAM

Special care: babies like Morgan Steward, seen with Dr Mark Irving and parents Sue and Ant, may not get this kind of care in Groote Schuur's neo-natal unit

Province	*Total*	*African*	*Coloured*	*Indian*	*White*
Mpumalanga:					
Total number of people (000)	3 007	2 685	15	12	295
% Males	51,0	51,0	52,0	52,1	51,1
% Females	49,0	49,0	48,0	47,9	48,9
Northern Province:					
Total number of people (000)	5 397	5 238	7	5	148
% Males	46,2	46,0	50,7	50,0	50,7
% Females	53,8	54,0	49,3	50,0	49,3

The 1996 Census should give us more accurate data on which to base future mid-year estimates of the population, not only by gender, but also by other demographic variables.

Persons economically active

474. Mr A WATSON asked the Executive Deputy President:†

(a) How many persons in each population group were economically active as at the latest specified date for which information is available and (b) how many of these persons were employed in the public sector at that date?

N828E

The EXECUTIVE DEPUTY PRESIDENT:

Part A

Economically active population—June 1995									
Total		Africans		Coloureds		Asians		Whites	
N (000)	%	N (000)	%	N (000)	%	N (000)	%	N (000)	%
14 497	100	10 078	69,5	1 509	10,4	414	2,9	2 496	17,2

This table includes the former TBVC states. It is based on the 1994 October Household Survey and ratios applied to CSS mid-year estimates of the population.

Part B

In answering this question, national, provincial and local government departments have been included, as well as parastatals, tertiary educational institutions, agricultural marketing boards and public sector enterprises.

Employment in the public sector—June 1995											
Total		Africans		Coloureds		Asians		Whites		Unspecified*	
N (000)	%	N (000)	%	N (000)	%	N (000)	%	N (000)	%	N (000)	%
1 876	100	933	49,7	177	9,4	21	1,1	418	22,3	326	17,4

The table includes the former TBVC states for national, provincial and local government departments, parastatals, agricultural marketing boards, and public sector enterprises, but it excludes university staff, because the CSS did not have access to this information in 1995 (but does now have access, since March 1996)

*Figures are not collected by population group in certain provincial departments.

Hospitals: bed occupancy (98)

509. Mr M J ELLIS asked the Minister of Health:

What was the average bed occupancy rate in 1995 in each specified hospital falling under the control of her Department in each of the provinces?

N871E

The MINISTER OF HEALTH:

No hospitals in any of the Provinces fall under the control of the Department of Health. The information needs to be obtained from each Province and due to the systems of reporting, may not be accurate in all instances.

Please see the attached lists.

Western Cape:

Hospital	*Bed Occ.*
Ceres Hospital	35,13%
Citrusdal Hospital	93,55%
Conradie Hospital	109,73%
Groote Schuur Hospital	92,82
Hermanus Hospital	65,35%
Hottentots Holland Hospital	94,18%
Karl Bremer Hospital	49,12%
Lapa Munnik Hospital	73,85%
Montagu Hospital	68,76%
Mossel Bay Hospital	38,14%
Mowbray Maternity Hospital	72,35%
Otto du Plessis Hospital Bredasdorp	135,74%
Prince Albert Hospital	49,96%
Princess Alice Hospital	64,47%
Robertson Hospital	72,09%
Swartland Hospital	58,40%
Tygerberg Hospital	76,71%
Uniondale Hospital	62,60%
Victoria Hospital Wynberg	68,72%
Vredendal Hospital	85,93%
Total (Western Cape)	80,47%

Northern Cape:

Hospital	*Bed Occ.*
Barkly West Hospital	84,54%
Bill Pickard Hospital	75,01%
Carnarvon Hospital (Aided)	53,00%
Central Karoo Hospital (De Aar)	58,57%
Colesburg Hospital	79,24%
Connie Vorster Hospital	71,67%
Dr van Niekerk Hospital (Aided)	71,88%
Frazerburg Hospital (Aided)	47,03%
Fritz Visser Hospital	69,35%
Gordonia Hospital	72,10%
Helpmekaar Hospital (Aided)	29,00%
Hester Malan Hospital	51,78%
Jan Kemp Hospital (Aided)	128,96%
Kakamas Hospital	26,33%
Keimoes Hospital	135,92%
Kenhardt Hospital (Aided)	47,22%
Kimberley Hospital	89,67%
Kuruman Hospital	68,44%
Olifantshoek Hospital (Aided)	52,03%
Postmasburg Hospital	84,49%
Richmond Hospital (Aided)	38,11%
Sutherland Hospital	51,23%
Voortrekker Hospital	70,39%
Warrenton Hospital (Aided)	79,07%
Wege Hospital (Aided)	54,60%
Williston Hospital (Aided)	43,41%
Total (Northern Cape)	71,60%

Free State:

Hospital	*Bed Occ.*
Bethlehem Hospital Phekalong	84,73%
Bethlehem Hospital	52,12%
Botshabelo Hospital	24,01%
Clocolan Hospital	103,56%
Ficksburg Hospital	58,69%
Frankfort Hospital	72,11%
Heilbron Hospital	61,09%
Hoopstad Hospital Community	46,17%
Jagersfontein Hospital	12,92%
Kroonstad Hospital Boitumelo	77,04%
Kroonstad Hospital Voortrekker	71,73%
Ladybrand Hospital	51,50%
Odendaalrus Hospital	68,54%
Parys Hospital	38,79%
Qwa-Qwa Hospital Manapo	100,66%
Reitz Hospital	64,30%
Senekal Hospital	37,48%
Thaba Nchu Moroka Hospital	45,24%
Universitas/Nasionaal Hospital	65,36%
Virginia Hospital	53,52%
Welkom Hospital Goldfields	51,37%
Total (Free State)	62,56%

Eastern Cape:

Hospital	*Bed Occ.*
Adelaide Provincial Aided Hospital	73,84%
Alice-Victoria Hospital	28,75%
Aliwal North Hospital	56,50%
Barkley East/C Joubert Hospital	62,28%
Bedford Hospital	71,28%
Burgersdorp Hospital	64,30%
Cala Hospital	38,70%

Cathcart Provincial Aided Hospital	60,25%
Cofimvaba Hospital	65,34%
Cradock Provincial Hospital	54,88%
Dora Nginza Hospital	74,76%
Dordrecht Memorial Hospital	78,96%
Empilisweni Hospital	68,03%
Fort Beaufort Hospital	53,93%
Frere Hospital East London	89,25%
Frontier Hospital Queenstown	74,55%
Glen Grey Hospital	48,14%
Holy Cross Hospital	82,96%
Indwe Hospital	67,08%
Jamestown Hospital	73,66%
Komga Hospital	34,43%
Lady Grey Hospital	63,88%
Livingstone Hospital	126,14%
Mary Therese Hospital	108,61%
Middelburg Hospital (W Stahl)	64,46%
Molteno Hospital	102,69%
Mt Ayliff Hospital	19,78%
Nessie Knight Hospital	90,03%
Port Elizabeth Provincial Hospital	63,72%
Rietvlei Hospital	145,24%
Sipetu Hospital	89,35%
Somerset East Hospital (A Vosloo)	130,88%
St Barnabas Hospital	16,63%
St Francis Hospital	51,23%
Sterkstroom Hospital	38,17%
Steynsburg Hospital	68,98%
Stutterheim Hospital	64,33%
Sundays Valley Hospital	73,08%
Tarka Hospital (Martje Venter)	74,63%
Uitenhage Hospital	84,63%
Umlamli Hospital	84,90%
Umtata General Hospital	16,61%
Total (Eastern Cape)	68,57%

KwaZulu-Natal:

Hospital	*Bed Occ.*
Addington Hospital	93,94%
Appelsbosch Hospital	99,14%
Arena Park Hospital	27,40%
Assisi Hospital	89,08%
Benedictine Hospital	85,43%
Catherine Booth Hospital	106,90%
Ceza Hospital	94,98%
Charles Johnson Memorial Hospital	84,17%
Christ The King Hospital	95,34%
Church of Scotland Hospital	115,03%
City Hospital	44,66%
Clairwood Hospital	48,20%
Dundee Hospital	91,14%
Durdoc Clinic	29,84%
East Griqualand and Usher Memorial	94,57%
Edendale Hospital	80,64%
Ekombe Hospital	78,29%
Emmaus Hospital	100,34%
Empangeni Hospital	118,21%
Entabeni Hospital	72,36%
Eshowe Hospital	87,59%
Estcourt Provincial Hospital	76,67%
G. J. Crookes Hospital	84,81%
Grey's Hospital	69,78%
Greytown Provincial Hospital—M4	60,16%
Hlabisa Hospital	126,61%
Itjelejuba Hospital	101,37%
King Edward VIII Hospital	86,78%
La Verna Hospital	56,04%
Ladysmith Provincial Hospital	91,98%
Lower Umfolozi Hospital (War Mem)	43,06%
Manguzi Hospital	117,71%
Margate Hospital	76,70%
Mbongolwane Hospital	73,27%
McCord Hospital	52,17%
Montobello Hospital	84,94%
Mosveld Hospital	74,41%
Mseleni Hospital	141,91%
Newcastle Provincial Hospital	57,05%
Ngwelezane Hospital	105,07%
Niemeyer Memorial Hospital	94,28%
Nkandla Hospital	114,16%
Nkonjeni Hospital	10,98%
Northdale Hospital	79,61%
Osindisweni Hospital	75,24%
Pongola Hospital	30,93%
Port Shepstone Hospital	68,52%
Prince Mshiyeni Memorial Hospital	58,31%
R. K. Khan Hospital	69,26%
Saint Andrews Hospital	99,28%
St Aidens Hospital	42,47%
St Appollinaris Hospital	107,38%
St Augustines Hospital	73,57%
St Mary's Hospital Marianhill	97,62%
St Mary's Hospital—Kwamagwaza	83,52%
Stanger Provincial Hospital	72,55%
Taylor Bequest Hospital	111,95%
The Bay Hospital	40,30%
The Crompton Hospital	68,32%
Victoria Hospital	52,92%
Vryheid Provincial Hospital	50,29%
Wentworth Hospital	62,71%
Amajuba Memorial Hospital	87,96%
Barberton Hospital	127,25%
Bethal Hospital	66,44%
Middelburg Hospital	86,73%
Mmametlhake Community Hospital	35,78%
Piet Retief Hospital	65,76%
Total (KwaZulu-Natal)	78,28%

Northern Province:

Hospital	*Bed Occ.*
Dr C. N. Phatudi Hospital	104,05%
Dr Machupe Mphahlele Memorial	53,89%
Duiwelskloof Hospital	58,65%
Elim Hospital	30,81%
Ellisras Hospital	117,14%
George Masebe Hospital	33,27%
H C Boshoff Hospital	71,84%
Helene Franz Hospital	50,47%
Jane Furse Hospital	52,92%
Kgapane Hospital	38,24%
Letaba Hospital	76,15%
Louis Trichardt Hospital	61,62%
Malamulele Hospital	93,47%
Mankweng Hospital	33,55%
Maphutha L Malatji Hospital	46,94%
Mapulaneng Hospital	54,31%
Matikwana Hospital	44,76%
Matlala Hospital	33,95%
Messina Hospital	74,87%
Mokopane Hospital	73,80%
Nkhensani Hospital	138,81%
Nylstroom—FH Odendaal Hospital	16,06%
Phalaborwa Hospital	61,00%
Pietersburg Hospital	77,63%
Sekororo Hospital	37,65%
Shiluvana Hospital	55,21%
Siloam Hospital	98,89%
St Rita's Hospital	69,43%
St Vincent's Hospital	88,31%
Thabazimbi Hospital	53,71%
Tshilidzini Hospital	102,33%
Tzaneen Van Velden Memorial Hospital	49,98%
Voortrekker Hospital, Potgieter	65,53%
Warmbad Hospital	49,56%
W F Knobel Hospital	19,92%
Total (Northern Province)	62,52%

Gauteng:

Hospital	*Bed Occ.*
Andrew McColm Hospital	33,60%
Boksburg-Benoni Hospital	105,33%
Discoverersk Memorial Hospital	55,87%
Dr AG Visser Hospital	100,66%
Edenvale Hospital	118,61%
Far East Hospital	84,39%
Garankuwa Hospital	91,00%
HF Verwoerd Hospital	77,69%
Hillbrow Hospital	28,12%
JG Strijdom Hospital	93,14%
Johannesburg Hospital	109,29%
Kalafong Hospital	77,28%
Kempton Park Hospital	105,13%
Laudium Hospital	54,14%
Leratong Hospital	109,82%
Mamelodi Hospital	113,87%
Natalspruit Hospital	85,35%
Nigel Hospital	62,15%
Paardekraal Hospital	79,57%
Pholosong Hospital	86,63%
Sebokeng Hospital	101,35%
South Rand Hospital	78,92%
Tembisa Hospital	130,76%
Vereeniging Hospital	123,11%
Willem Cruywagen Germiston	73,70%
Total (Gauteng)	89,19%

North West:

Hospital	*Bed Occ.*
Bloemhof Community Hospital	91,42%
Bophelong Community Hospital	125,25%
Bray Hospital	41,19%
Brits Hospital	77,04%
Christiana Hospital	84,85%
Delareyville Hospital	70,66%
Ganyesa Community Hospital	38,85%
Gelukspan Community Hospital	63,74%
General De la Rey Hospital	55,19%
George Stegmann Community Hospital	26,30%
J. D. Verster Hospital	69,85%
Jubilee Hospital	108,61%
Klerksdorp Hospital	48,22%
Lehurutshe Community Hospital	31,06%
Moreteletsi Community Hospital	79,71%
Nic Bodenstein Hospital	47,79%
Piet Plessis Hospital	53,73%
Potchefstroom Hospital	65,72%
Reivilo Hospital	54,08%
Sannieshof Hospital	82,86%
Scheweizer-Reneke Hospital	67,55%
Stella Hospital	85,08%
Taung Community Hospital	67,37%
Thusong Community Hospital	77,86%
Tshepong Hospital	70,51%
Tshwaragano Community Hospital	53,82%
Ventersdorp Community Hospital	81,47%
Vryburg Provincial Hospital	86,19%
Zeerust Hospital	86,29%
Total (North West)	68,10%

Pyramid selling

559. Mr M F CASSIM asked the Minister of Trade and Industry:

Province	*Number of cases of tuberculosis notified for the period 1 January to 31 May*		*Percentage decrease in 1996 compared to 1995*
	1996	*1995*	
Eastern Cape	2 107	5 437	61,2
Free State	2 698	4 325	37,6
Gauteng	4 120	5 434	24,2
KwaZulu-Natal	2 862	4 401	35,0
Mpumalanga	838	1 260	33,5
Northern Cape	1 207	1 368	11,8
Northern Province	399	1 000	60,1
North West	62	2 310	97,3
Western Cape	8 513	10 084	15,6

It should be pointed out that, under normal circumstances, reports of notifiable medical conditions reach the Directorate Health Systems Research between one and six months after the person making the diagnosis has completed the notification form. Delays may occur at any one of the intermediate health authorities (local authority, regional office, provincial office).

Source: National Department of Health, Directorate: Health Systems Research.

Hospital/clinic accreditation

814. Mr M J ELLIS asked the Minister of Health:

(1) Whether she has introduced a system of hospital and clinic accreditation; if so, (a) what are the details of the system, (b) what are the costs involved and (c) how will it be funded; if not,

(2) whether she or her Department intends introducing such a system; if not, why not; if so, what are the relevant details;

(3) whether any other such accreditation systems are currently in operation in the country; if so, (a) where and (b) what role do such systems play in South African health services;

(4) whether she or her Department will consider making use of any of these systems; if not, why not; if so, what are the relevant details;

(5) whether she will make a statement on the matter?

N1451E

The MINISTER OF HEALTH:

(1) The Department of Health has not yet introduced any system of hospital and/or clinic accreditation in South Africa;

(2) The Department of Health would ultimately like to see a national accreditation system in place, because a programme of accreditation is a way in which health facilities are given recognition for complying with standards and meeting performance expectations. A prerequisite for such a national accreditation system, however, is having a feasible set of minimum standards available which could be applied nationally, and having a well-developed national health information system to support and/or provide for reliable and valid evaluation, feedback and monitoring. At present these two domains are receiving the attention of the Department of Health.

(3) A Hospital Management Improvement and Accreditation programme is currently being offered by The Council for Health Service Accreditation of Southern Africa (COHSASA). (a) COHSASA is a Cape Town-based Section 21 (non-profit) company. At present 40 hospitals in various provinces from both the public and private sector are participating in COHSASA's programme, and (b) the company's aim is to ensure the delivery of quality services through empowering its clients to develop their own superior care competencies.

(4) As the importance of continuous quality improvement (CQI) programmes and the benefits of accreditation in such programmes are recognised, the performance of any CQI and accreditation programme introduced by a organisation need to be evaluated by the Department in view of its usefulness. The programme COHSASA recently introduced into several public hospitals in the North West Province is no exception.

Should the Department in future decide on making use of a system as the one being offered by COHSASA, it is imperative that the relationship between the offering organisation and the Department will be of such that there is a clear understanding on issues such as mandate, powers, responsibility and authority. Furthermore, there should be no hint of favouring and/or prejudice.

(5) No.

Source: National Departments of Health, 1996.

Certain person's salary

872. Mr J A JORDAAN asked the Minister for Public Enterprises:

(a) What salary, including all specified benefits, is being paid to a certain person, whose name has been furnished to her Department for the purpose of her reply, and (b) how many hours has the said person devoted to Transnet business in each month since 1 January 1996?

N1623E

The MINISTER FOR PUBLIC ENTERPRISES:

(a) The present interim remuneration package of the Chairman of Transnet is as follows:—

Taxable annual income with a cash value of R530 400.

(There is a proposed salary which is still subject to discussion.)

(b) Prof L A Tager devotes all her working time to Transnet.

Applications for importation/exportation of hazardous wastes

977. Ms G L MAHLANGU asked the Minister of Trade and Industry:

(1) Whether, since 1 April 1994, his Department has received or processed any applications for the (a) importation or (b) exportation of hazardous wastes, as defined by the Basle Convention; if so, (i) who made such applications and (ii) what was the (aa) nature, (bb) origin and (cc) quantity of the waste so imported or exported;

(2) whether his Department has approved any such applications; if so, (a) which applications were approved, (b)(i) for what reasons and (ii) by what authority were such applications approved and (c) what conditions were attached to the approval of such applications?

N1780E

The MINISTER OF TRADE AND INDUSTRY:

IMPORT CONTROL

The importation of all used and second-hand goods, waste and scrap is since 1 December 1996 subject to import control measures.

The Basel Convention came into effect during August 1994. According to information at my disposal, the Technical Working Group of the Basel Convention compiled three lists generally known as an A, B and C list.

List A contains goods which are to be controlled in terms of the Basel Convention, list B contains goods falling outside the Basel Convention and list C goods in terms of which there is uncertainty

the above-mentioned three lists are also preliminary lists at present as the Conference of the Parties is to finalise the contents of the lists during October/November 1997.

Attached are however, particulars with regard to import permits issued for goods which could be identified in the preliminary list A.

NEWS

A refuge tries to break down walls of ignorance

'See for yourselves' at hospital festival

ARG 18/10/96 98

JENNY VIALL
HEALTH REPORTER

The white-haired elderly woman, frail and tiny in her chair, holds the doll close to her, cradling and talking to it.

Others hug their teddy bears, cuddling them tenderly. It's a touching sight and one that remains long after we visit Alexandra Hospital, home to about 630 profoundly mentally-retarded people.

It's an image that's hard to reconcile with the high barbed-wire-topped walls that surround the sprawling grounds of the hospital in Maitland. But I'm told the walls are to keep people out rather than keep people in.

Showing me around the hospital are head of nursing services Herman Ellis, superintendent Linda Hering and Raymond Moore, chairman of the Friends of Alexandra Hospital.

The mentally handicapped are the stepchildren of psychological services, says Dr Hering. And a society which is materially and intellectually exclusive has shunned them.

To ease our discomfort they are put behind high walls, out of sight and out of mind.

And then, because they have been removed from society for so long, we no longer know about them, and their isolation contributes to the mystique and fear that surrounds them. That all has to change, says Dr Hering, and the mentally retarded must become part of mainstream society as far as possible.

To open up and celebrate its 75th year as home to mentally handicapped people, Alexandra Hospital is holding a festival on October 19. "We ask that the people of Cape Town come to see for themselves," says Dr Hering.

Alexandra Hospital is for the severely retarded, people with IQs below 30 or with severe behavioural problems.

"Our aim is to get people as independent as possible in the activities of daily living, and feeding yourself and going to the toilet on your own are two important goals," says Dr Hering.

■ The Alexandra Hospital's festival is on October 19 from 9.30 am. There will be a beer festival, band, dog show, puppets, fire department display, Scottish country dancing, a craft market and a fun run. There will also be an art exhibition and the mill will be open. For more information contact Ray at 511 3878 or 589 326.

ROY WIGLEY

Helping hand: superintendent Linda Hering with a resident at Alexandra Hospital. The institution celebrates 75 years as a home for the mentally handicapped

State laundries 'wasting R60-m'

Privatise hospital laundry service, says DP

Star 21/10/96 (98)

By Janine Simon
Medical Correspondent

Gauteng's seven provincial hospital laundries are overspending by up to R60-million a year, according to Democratic Party provincial health spokesman Jack Bloom.

He said commercialising or privatising the services could cut down on theft, strikes, go-slows, disorganisation of production teams and sabotage of equipment.

Gauteng's seven laundries – at Edenvale, Dunswart, Johannesburg, Baragwanath, Garankuwa, Rosslyn and Cullinan – service 81 hospitals and clinics in Gauteng.

According to Health MEC Amos Masondo, the average price to launder an item at a state laundry is R1,55 with a monthly turnover of 4,79 million items.

Basing his figures on an independent survey, Harris said a well-run commercial laundry would incur an average cost of 50c an item using conventional washing machinery. The standard price for private laundries servicing private hospitals was 75c an item, said Bloom.

"Using the most conservative of assumptions, it is evident that the laundries are overspending by at least 70c per item processed, and more likely up to R1, which amounts between R40-million to R60-million per annum."

Dr Ralph Mgijima, head of the health department, said he was not convinced that the savings would be as high as stated if the service was privatised.

He said the department was on the brink of implementing pilot programmes to decentralise management, which was a better long-term cost-saving option.

High price of health lawsuits

(98) Sowetan 22/10/96

By Rafiq Rohan
Political Correspondent

THE provincial departments of health and, in some cases, premiers, have so far collectively been served with 155 lawsuits involving mainly malpractice cases at state hospitals.

In some cases the provinces have had to deal with lawsuits that in total run into millions of rands, the Minister of Health Nkosazana Zuma told Parliament.

While some had been settled out of court, most of the 155 cases are still pending.

In Gauteng alone, out-of-court settlements for 1995 amounted to an astronomical figure of R2 012 721.

This figure, the Minister revealed, covered 14 out of-court settlements. In one instance a complainant was awarded an amount of R502 500.

Malpractice

Countrywide, although some claims of malpractice are minor, in the majority of cases they are serious.

For instance, the minister revealed, in one case in KwaZulu-Natal where the premier is being sued, a patient at an ante-natal clinic was tested for HIV. The patient was later informed that she was HIV positive.

However the patient had a second blood test done which proved negative. She is suing for alleged professional negligence. That case is pending.

Also pending in the region is a case where a patient was admitted into the labour ward.

"Legal proceedings were instituted for alleged professional negligence resulting in a baby sustaining head injuries at birth. The child is unable to walk, sit and eat on its own or talk as a result," Zuma's report says.

In one unusual case in the Western Cape, it was not a patient suing the hospital but a lawsuit following a fight between two workers.

"Drain cleaner acid thrown on the claimant during a dispute with a fellow worker resulted in chemical burns to the face, neck and both legs."

Also in the Western Cape, the Department of Health is being sued after an incident where the end of a drill broke off in the patient's femur.

Cases pending at Gauteng Health Services include one where the bladder pipe was cut during an operation, a patient was referred to a mental institution "without reason" and where a patient fell out of bed.

Out of court settlements and successful lawsuits in KwaZulu-Natal amounted to R904 196, 77; R562 620,73 in the Western Cape; and R441 082,95 in the Northern Province.

New clinic ends villagers' long trek to doctor

(98)

ARG 22/10/96

ARGUS CORRESPONDENT

Pretoria – Residents in the North West village of Sandfontein will no longer have to travel long distances for medical services.

A new community health centre, the Sandfontein Clinic, has officially been opened.

However, villagers requiring attention will probably have to join the long queues before they are seen to.

The clinic, built at a cost of R26 000, will be run by a professional nurse, two staff nurses and two nursing assistants.

It is the only clinic in the village and will have to meet the needs of about 12 000 residents.

Nursing services manager at Mogwase Health Centre, Ida Kotsedi, said Sandfontein residents previously had to make a 32 kilometre return trip, often on foot, to obtain treatment.

Disgruntled women protest over lost jobs

(98) Star 23/10/96

By Goba Ndhlovu

A group of sacked Natalspruit Hospital cleaners, who won an appeal for reinstatement in the Bloemfontein Appeal Court six years ago, staged a three-hour sit-in at Gauteng Premier Tokyo Sexwale's offices yesterday until they were granted a hearing.

Although the hospital was ordered by the court in September 1990 to reinstate the workers and, along with the then Transvaal administration, pay all legal costs, the women have battled to get their jobs back.

The cleaners – Juliet Ndlozi, Patricia Ndlovu, Elizabeth Ndaba, Martha Shai, Elizabeth Gule, Mina Mnisi, Rose Dimpe, Gwendoline Molaba, Georgina Makhubela, Suzan Zondo, Lucy Buthelezi, Alicia Sakhela, Christine Madlala, Grace Lekomanyane, Lydia Zulu and Cynthia Zokolo – stormed into the premier's offices at 7am.

Three hours later they were addressed by Gauteng's chief director, Ilva Mackay Langa. She apologised for the "rough-up" they got when security guards tried to prevent them from staying in the building, but warned that the days of confrontational approaches were over.

She requested them to choose four delegates to represent them in discussions in her office.

Later, Langa promised to discuss the workers' plight with provincial superintendent-general for health Dr Ralph Mgijima and said: "Our doors are always open. You can bring all sorts of problems, even those involving provincial ministers; we will listen. I was disturbed that these ladies were harassed before I knew of their presence. I have told them, however, that they should remember that toyi-toying is a thing of the past."

The cleaners were part of a group of 130 workers who had been dismissed for participating in a work stoppage at the hospital on August 18 and 19 1987 after the dismissal of a colleague.

RIAN HORN

Listen to us ... Rose Dimpe (foreground) with other protesters during a sit-in at Premier Tokyo Sexwale's offices yesterday.

Priest
The Re

Drastic restructuring of Gauteng health services

(98) (~~99~~) HTAW 23/10/96

Hospitals and academic institutions face shake-up as closures, cutbacks and shifting of resources proposed

By Janine Simon
Medical Correspondent

The Gauteng cabinet will today consider a far-reaching plan to restructure the province's health services which, if approved, will mean historic changes to Gauteng's 40 hospitals, and particularly to its eight academic institutions.

Among the proposals are the closure of a limited number of small hospitals, dramatic cutbacks at almost a dozen others, and the shifting of resources to, among others, large but under-equipped regional hospitals.

The aim is to build up primary health care, achieve an equitable spread of services and still manage budget cuts of at least R250-million.

A full announcement is expected tomorrow, but Health Department officials are tight-lipped about the details. "As soon as there is any clarity this will be communicated to the players directly and to the public through the media," said media spokesman Joanne Collinge.

Insiders expect heated reaction to the plan, particularly from academics. The plans have been drawn up by a full-time task team seconded from academic and regional hospitals since January.

They are an attempt to both expand and rejig the province's entire tertiary-based health care system in the face of a real budget cut of 20% over the past two years, and a further cut of up to 10% for the 1997-98 financial year.

The province's silence thus far on the budgeting and restructuring process is in marked contrast to the Western Cape, where health department officials, university principals and hospital superintendents have declared an intellectual challenge to the principles underlying the drastic cut in funding.

Gauteng and the Western Cape health departments were forced to absorb about a 20% real cut in budgets in the first two years in office, as the national department, in the name of equity, swung its budget to favour underserved outlying areas like Northern Province and Northern Cape.

Gauteng has been left to convince Northern Province, North West and Mpumalanga to pay for the R400-million worth of treatment this province provided for their patients during those two years.

Budgeting systems for the 1997-98 financial year have been changed, and all provincial health departments are to be funded by the provincial parliaments, which are under pressure to control government spending in line with the macro-economic policy.

Health cuts in Gauteng

(98) M+G 25-31/10/96

Andy Duffy

AROUND 8 500 Gauteng medical staff are to be redeployed or retrenched in a dramatic shake up of the province's 35 hospitals.

Three hospitals will close by February and seven — including Hillbrow —will be replaced with clinics or maternity centures. Staff at others — including Johnnesburg General and Baragwanath — will be reshuffled.

The province's eight academic hospitals will bear the brunt of the cuts, losing 5 000 personnel — 1 500 doctors, nurses and other specialists. Regional hospitals will gain nearly 2 000 staff through redeployment.

The plans are part of a five-year strategy to cut costs, reallocate resources to deprived areas and build primary health care, provincial health department head Dr Ralph Ngijima says.

The reshuffle will save more than R550-million. Around 2 500 staff affected are to be axed, with the remainder redeployed to meet new staffing:patient ratios. Voluntary retrenchment is also being offered.

Kempton Park, Andrew McColm in Pretoria and Westfort hospitals will close. Hillbrow, Hendrick van der Bijl, Laudium, Lenasia, Ontdekkers, Nigel and Willem Cruywagen hospitals — all judged to have too low bed occupancy rates or to be duplicating services — will be replaced with clinics

The plans, unveiled on Thursday, have still to be discussed in detail with unions. The programme, including funding the retrenchment packages, must also be negotiated with central government. Gauteng health MEC Amos Masondo says the province will call for the moratorium on public service retrenchments to be lifted

The reshape follows severe cuts in the province's health budget in favour of other previously disadvantaged provinces. Similar cuts have been foisted on the Western Cape.

Gauteng's R3,8-billion health budget for the current financial year is 10% below last year's level. It faces a further 10% cut this year.

Masondo says the overrun is being reduced over five years to keep the cuts manageable. "If the department were to attempt to break even in one year, the kind of cuts required would cripple the hospital services and bury any plans to establish community-based primary health care."

3 Reef hospitals closing: 2 500 jobs to go

(98) Star 25/10/96

Hillbrow is one of seven that will be converted into community health clinics in bid to cut R400-m overspend

By Janine Simon

Gauteng is to close three hospitals and convert seven others into community health clinics to even out distribution of health services and contain rising costs.

The Hillbrow Hospital is among those to be converted, and about 2 549 staff, mostly non-medical, will lose their jobs while 6 000 others will be transferred between hospitals.

Almost 1 000 extra nurses will be employed and resources moved to smaller hospitals such as South Rand and Edenvale to give township residents better access to hospital care.

Hundreds of nurses will have to be moved

Announcing the plan, health MEC Amos Masondo said it was a strategic model to transform the public health service and reduce the health budget overspend, which is expected to quadruple to R400-million this year.

The department plans to close the little-used Kempton Park and Andrew McColm hospitals, as well as Westfort, a psychiatric hospital condemned for its inhumane conditions, by January 31.

By March 31 it aims to have converted the Hillbrow, Lenasia, Nigel and Willem Cruywagen hospitals into 24-hour health centres with maternity facilities, and the Hendrick van der Bijl, Laudium and Ontdekkers hospitals to day-time health centres.

Regional hospitals such as Kalafong, Leratong, South Rand and Natalspruit will gain a total of 1 996 posts, with academic hospitals losing about 5 000 posts, although fewer than 1 500 of those are likely to be medical.

About 2 300 of those retrenched will be support staff, although a total of 118 medical officers will lose their jobs, and medical specialists who resign will not be replaced.

However, the province has first to approach the Central Bargaining Chamber to lift the moratorium on retrenchments.

Masondo said the conversion of Hillbrow had been a difficult decision, taken because the metropolitan area was oversupplied with beds and Edenvale, Baragwanath, Coronation and South Rand hospitals were all running well below capacity.

The plan would reduce the overspend to an estimated R242-million next year, R209-million the year after and R73-million in 1999-2000, Masondo said. Gauteng would endure another two lean years, but expected to break even in 2000 or 2001, once funding based on new census figures, and gambling taxes became available, said Masondo.

The cuts required for the department to break even in one year would cripple hospital services and bury plans to establish community-based primary health care, Masondo said.

Job losses were a "considerable" price to pay for rationalisation, but leaving the overspend uncontrolled would probably double the number of retrenchments.

The deans of the province's three medical schools were reluctant to comment last night and are expected to release a statement later today.

Hillbrow Hospital superintendent Dr Emma Bondarenko said she understood the logic behind the decision, reports **Lara Smith**. "It doesn't make sense to have two big academic hospitals side by side, but I am very, very sorry that it had to come to this."

Bondarenko said about half the staff would be affected and most would be moved to other hospitals.

Edenvale Hospital superintendent Dr Mervyn Damelin said the restructuring had been done "very nicely" and would restore confidence among health workers, reports **Troye Lund**. Edenvale Hospital's capacity is to be almost doubled to 205 beds – giving Alexandra residents access to better facilities.

Nurses at South Rand Hospital – which, with 218 additional beds, will help to serve Soweto – said they would first have to be fully briefed on the new plans, which they hoped and believed would probably put health care on the right track.

However, National Education, Health and Allied Workers' Union president Vusi Nhlapo said that although the union had not yet examined the health service restructuring plan in detail, it would oppose anything that advocated mass dismissals.

Shortages push hospital from crisis to crisis

(98)

Star 25/10/96

lo staff, so dead patient remains in ward for 16 hours

BY TROYE LUND

Alarming decreases in staff – as well as shortages of linen, ankets, pyjamas, and oken medical equipent – are having increasgly severe effects on illbrow Hospital.

"But the problems are ot unique to Hillbrow," id hospital superintenent Dr Emma Bonarenko. "They're comon to all state hospitals."

A matron at Johannesurg Hospital, who asked ot to be named, agreed: Running short of linen id equipment and nurs- leaving is bad and is afcting the quality of care. ut what can you do? We just hope it will get better."

The Star checked on conditions at Hillbrow Hospital after complaints from its nursing staff.

Particularly unhappy are those nurses working in the 20-bed admission ward, because they often have to find a way of accommodating 40 people a day.

"Patients line passages on busy days. We are forced to transfer patients from one ward to the next, and often they are again sent back to us. They often sit around on tables all day and we make a plan at night," said nurses in Ward 12.

Pointing to an empty linen room, another nurse said the last of ward 12's linen had disappeared three months ago after it was sent to an East Rand laundry.

Also, a lack of pyjamas meant patients had to wear their own clothes, nurses claimed.

A patient who had been in hospital for a week said he had not been given clean sheets or pyjamas in seven days.

On Tuesday a patient in his ward had died at 10am – but had not been removed by 4am because of the staff shortage, he claimed.

Bondarenko said theft from linen rooms was not as bad at Hillbrow as at other hospitals in Gauteng and denied a bed shortage, saying that only 520 of the 774 beds in the hospital were occupied.

However, on "heavy intake" days, new patients often did spend time in wards they were not meant to be in, she said. She felt that maintaining expensive equipment was more of a problem.

Machines like the one used for radiation in the oncology department, which had broken a few months ago, took several months to repair and cost millions of rands.

Once she had applied for and received permission from the Health Department to fix the machine, the R980 000 repair job would be put to tender.

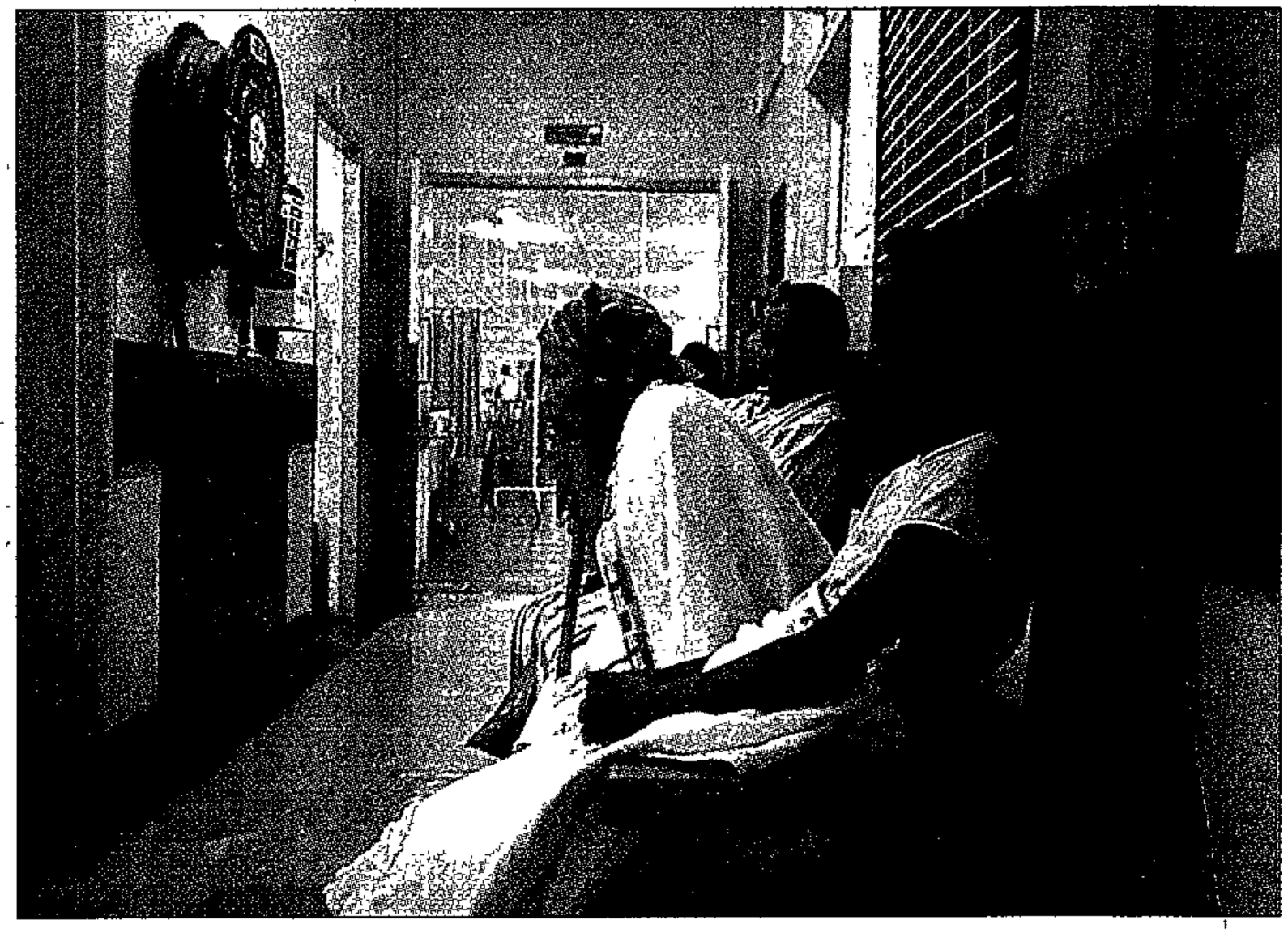
"It takes time to get tenders approved, and then another six weeks to do the job. In the meantime patients needing treatment from the machine are accumulating," she said, stressing that these problems paled in comparison with the the rate at which nurses were accepting severance packages being offered to civil servants.

She added: "So many are leaving. How we are going to reorganise around this one and care for patients is difficult to say. The first batch went last month and then a batch will go every month after that."

Over 100 of her nurses had already applied for packages and Bondarenko was sure "lots more" would be applying.

The Health Department could not be reached for comment yesterday.

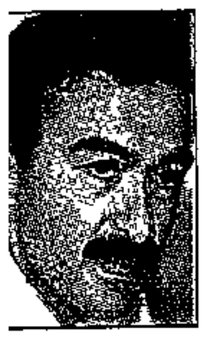
CHRISTINE NESBITT



The long wait ... conditions at state hospitals are deteriorating rapidly as staff go and equipment fails.

:W BUILDING PLANNED

Red Cross close o R20-m target



THE FAMOUS Red Cross Hospital came closer to its target of R20 million for its redevelopment plan yesterday thanks to a R100 000 donation. However, it still needs R4 million. Health Writer **ANEEZ SALIE** reports.

(98) ACT 25/10/96

ED Cross Children's Hospital has entered the last lap of its fund-raising campaign for its redevelopment pro-mme with R4 million still needed to :h the R20m target.

Yesterday, the hospital received a)0 000 donation from the Board of cutors.

"The planning stage has been complet-ınd we are now in a position where ten-s can be invited," said Dr Bob Bishton, cutive director of the hospital's trust.

"We would like the construction con-:ts to be awarded as soon as possible to)id ever-escalating building costs.

"The Cape Town and Gauteng commu-les have been good to us, and we hope critical R4m we need for the redevelop-nt programme to start will be forthcom-."

The R100 000 donation is linked to a)men's Health Clinic at the hospital, to)vide a service incorporating all aspects women's health, aimed at a healthy)ther and a healthy baby.

By focusing on preventative and pro-)tive health care, the clinic could signifi-ntly improve the quality of life of)men and their children in a more cost-ective manner.

The clinic is in line with the hospital's ilosophy of providing a "one-stop-)p" to cater for all aspects of a child's alth. Hundreds of thousands of mainly or children accompanied by their moth-ers (and some fathers) pass through its doors annually. Last year, about 350 000 people passed through its doors.

Since the hospital was built in 1956, no new permanent buildings have been erect-ed, except for prefabricated ones in the 1960s, which were meant to be temporary.

And because of severe budget cuts brought about by the need to redistribute resources to poorer provinces and because of the government's macro-economic plan which restricts social spending, no money has been forthcoming from the state for vital capital works or for new equipment.

Beds have had to be closed, staff cut and services curtailed.

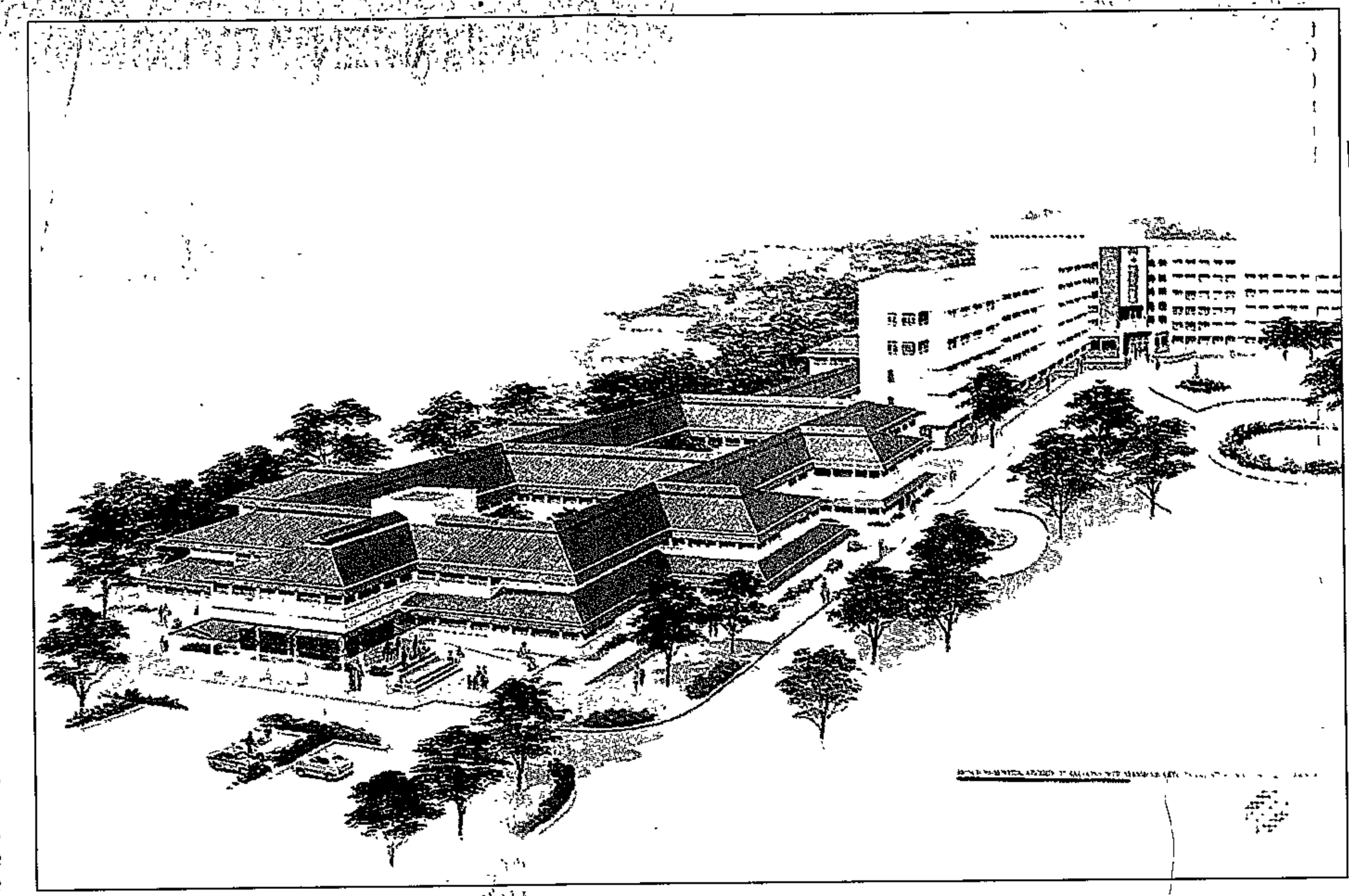
However, the national Department of Health has given R5m towards the redevel-opment programme.

Besides its curative function, Red Cross is also a vital research and teaching centre of the University of Cape Town's medical school.

"As the only dedicated children's hos-pital south of the Sahara, it is imperative that the specialist clinics the hospital pro-vides, are maintained.

"The 30-year-old prefabricated 'tempo-rary' buildings need to be replaced urgent-ly if the hospital is to continue accommo-dating children in need," said Bishton.

● Contributions can be sent to Red Cross Children's Hospital Trust, P O Box 38783, Pinelands 7438; fax: (021) 686-7861.



NEW RED CROSS: An artist's impression of what the redeveloped Red Cross Children's Hospital in Klipfontein Road, Rondebosch, could look like — but only with the community's help. The red-roofed buildings in the foreground are the new additions.

(98)

Three Gauteng hospitals to close

CT 25/10/96

OWN CORRESPONDENT

JOHANNESBURG: Gauteng Health Department is to close three hospitals and convert seven others into community health centres in a sweeping move aimed at changing the face and cost of health care in the province.

One of the hospitals to be converted into a community health centre is the Wits University affiliated Hillbrow Hospital.

Some 2 549 mostly non-medical staff will lose their jobs in the process, although almost 1 000 nurses will be employed and health resources shifted into key regional hospitals, like South Rand and Edenvale, to give township residents better access to hospital care.

The department plans to close the little-used Kempton Park and Andrew McColm hospitals, as well as Westfort, a psychiatric hospital, by January 31.

By March 31 it aims to have converted the Hillbrow, Lenasia, Nigel and Willem Cruywagen hospitals into 24-hour health centres with maternity facilities, and the Hendrick van der Bijl, Laudium and Ontdekkers hospitals to day health centres.

BD 25/10/96 (98)

Rationalisation of Gauteng health services will see 2 418 retrenched

Kathryn Strachan

A FAR-REACHING plan aimed at revitalising Gauteng health services will begin today, but rationalisation will go hand in hand with the retrenchment of 118 doctors and 2 300 cleaners.

By redeploying staff and resources in hospitals and health centres to where they are most needed, the plan, announced by Gauteng health MEC Amos Masondo yesterday, aims to improve the quality of services and achieve budget cuts.

It involves closing three smaller hospitals and downgrading another seven to health centres. Nurses will not be retrenched but there is a surplus of doctors in the province. A further 88 medical specialist posts will be lost over the next five years as posts are frozen when specialists resign.

Some regional and township hospitals will be strengthened, while hospitals which are underutilised or duplicate services will be closed.

The hospitals to be closed are Pretoria's Andrew McColm and Kempton Park, both of which are less than 40% full, and Westfort psychiatric hospital, which was recently condemned for its "inhumane" conditions.

Hillbrow, Lenasia, Nigel, Willem Cruywagen, Hendrick van der Bijl, Laudium and Ontdekkers hospitals will all be downgraded to health centres, bringing about a 40% saving on their running costs.

While the plan was initiated to stop the accumulated overspend (which is heading for R400m this year) getting out of hand, the province hopes to also bring equity and improve services for patients across the province.

This will be done by redeploying 6 000 health workers to create a more equitable spread of personnel and by strengthening primary health care.

Unions would be consulted in the retrenchment process, the province said, but the fundamental redesign of hospital services had enabled the retrenchment figure to be limited to 2 600 — far less than the 8 500 retrenchments that would have occurred without the new rationalisation plan.

The plan brings about substantial savings from 1997/98, but it does not immediately close the gap between spending and budget provision. However, it keeps the overspend to manageable proportions, reducing it to an estimated R242m next year, R209m the year after and R73m in 1999/2000. The expectation is that Gauteng will endure another two lean budget years, until the new census figures kick in and gambling tax becomes available. It should be possible for the health department to break even in 2000/01.

Union threatens action over plans to retrench hospital staff

(98) Star 26/10/96

The Hospital Personnel Trade Union (Hospersa) has threatened legal action over the Gauteng Health Department's plan to retrench 2 600 employees and close three hospitals.

Two Pretoria hospitals – Andrew McColm and Westfort – are among three Gauteng hospitals to be closed in January. The third is Kempton Park Hospital.

Another seven Gauteng hospitals will be converted into community health centres, and 2 600 employees will be retrenched and 6 000 transferred as part of the process.

Announcing the plan, Gauteng MEC for Health Amos Masondo said it was aimed at cutting the department's budget deficit, reducing inequities and improving efficiency.

The department is facing a budget deficit in the current financial year of at least R400-million.

Hospersa said yesterday it would not hesitate to take legal action to protect its members' rights if the department did not abandon the plan to retrench 2 600 employees and close the hospitals.

The union said the planned retrenchments would be tantamount to an unfair labour practice.

Westfort Hospital acting superintendent Dr Leandre Gauch said last night that no staff members at the hospital would lose their jobs.

He said there were about 330 staff members, of whom 140 were nursing personnel, and all of them would be transferred to other institutions.

Westfort had between 160 and 170 psychiatric and 30 leprosy patients.

Andrew McColm Hospital superintendent Dr Wim Kloosterer said last night that no big problems were expected regarding the hospital's staff and hopefully most of them would be transferred.

Union threatens action over plans to retrench hospital staff

(98) Star 26/10/96

The Hospital Personnel Trade Union (Hospersa) has threatened legal action over the Gauteng Health Department's plan to retrench 2 600 employees and close three hospitals.

Two Pretoria hospitals – Andrew McColm and Westfort – are among three Gauteng hospitals to be closed in January. The third is Kempton Park Hospital.

Another seven Gauteng hospitals will be converted into community health centres, and 2 600 employees will be retrenched and 6 000 transferred as part of the process.

Announcing the plan, Gauteng MEC for Health Amos Masondo said it was aimed at cutting the department's budget deficit, reducing inequities and improving efficiency.

The department is facing a budget deficit in the current financial year of at least R400-million.

Hospersa said yesterday it would not hesitate to take legal action to protect its members' rights if the department did not abandon the plan to retrench 2 600 employees and close the hospitals.

The union said the planned retrenchments would be tantamount to an unfair labour practice.

Westfort Hospital acting superintendent Dr Leandre Gauch said last night that no staff members at the hospital would lose their jobs.

He said there were about 330 staff members, of whom 140 were nursing personnel, and all of them would be transferred to other institutions.

Westfort had between 160 and 170 psychiatric and 30 leprosy patients.

Andrew McColm Hospital superintendent Dr Wim Kloosster said last night that no big problems were expected regarding the hospital's staff and hopefully most of them would be transferred.

Mineworkers' union becomes key investor in Johnnic equity

The National Union of Mineworkers emerged this week as a key investor in the unbundled Anglo-American subsidiary Johnnic.

Surprising observers, the NUM acquired 5,8% of Johnnic's equity, 4,5% directly and 1,3% through the Mineworkers Investment Company.

Other trade unions taking part in the offer included the SA Railways and Harbours Workers' Union and the SA Clothing and Textile Workers' Union.

An investment in Johnnic gives participants interests in several blue-chip companies including South African Breweries, Omni Media and the Premier Group.

Anglo-American offered a 35% stake of Johnnic in a bid to promote black economic empowerment.

Star 26/10/96

Cuts could kill mums and babies

ST(CM)27/10/96 (98) (~~97~~)

By YVETTE VAN BREDA

MOTHERS and children will die in greater numbers if the budget for obstetrics services is cut further, some of the Western Cape's top obstetricians and gynaecologists have warned.

The cuts would severely jeopardise safe motherhood in the Western Cape in the name of equity elsewhere, 17 doctors and professors attached to Groote Schuur Hospital's obstetrics and gynaecology unit have said in a letter to the Sunday Times.

They emphasise that they support the transition process.

However, they say the slashing of a third off teaching hospitals' budgets and the closure of about 500 beds will harm the Western Cape's exemplary obstetrics services.

For 25 years, the province's maternity services have been tiered.

Only high-risk pregnancies are referred to Groote Schuur, which means it handles only 15 percent of the annual 28 000 deliveries.

This system has proved efficient and cost-effective and has ensured safe motherhood.

"The obstetrics service in the Peninsula is a prime example of a community-based service that now faces inappropriate rationalisation," the doctors write.

The government's macro-economic plan to redress past inequalities dictates that 800 academic hospital beds must close over the next five years in the Western Cape.

These cuts are being applied pro rata to the obstetrics services — and if this continues, the safety of pregnancy and childbirth in the province will be compromised severely, the doctors warn.

"An increased death rate seems inevitable."

The director-general of health care in the Western Cape, Dr Faried Abdullah, recently said that the health plan would upgrade primary and secondary levels of care and downgrade tertiary levels.

Almost 40 primary centres had been established in two years and several secondary hospitals had been developed, opening nearly 400 beds, he said.

However, the doctors note that these hospitals do not have facilities for high-risk maternity patients.

Asked about a new secondary hospital, G F Jooste, which opened last month and was reportedly taking over about 60 percent of Groote Schuur's emergency patients, the doctors said the hospital did not have a maternity service.

"These changes make a complete mockery of primary health care-based medicine and will end in denying the population of Cape Town a decent minimum standard of midwifery care.

"We believe the maternity services of the Western Cape are a model for the rest of the country, rather than an over-funded relic of a discredited regime.

"We also believe that although certain aspects of women's health might be more appropriately managed at second-tier hospitals, sensitivity dictates that women (who already carry a disproportionate burden of society's ills) should not be summarily dispossessed of a decent minimum standard of care in the name of equity-driven macro-economic planning."

Outrage over plans to downgrade hospital

By Janine Simon
Medical Correspondent

Wits University's dean of the faculty of health sciences is to meet shocked medical staff at Hillbrow Hospital this morning to discuss last week's announcement that the academic hospital will be downgraded to a health and maternity centre by March 31.

The change is part of the Gauteng Health Department's plan to cut costs and equalise services by closing three hospitals, converting seven to community health centres, retrenching 2 500 staff and redeploying 6 000 others.

But the announcement has badly strained the department's fragile relationship with academic institutions struggling with the shift to primary health care.

On Friday, Wits Professor Max Price, dean of Medunsa Professor M B Bomela and Professor D J du Plessis of the University of Pretoria's medical faculty demanded that the province rethink its plans.

"Without criticising key objectives or the need for radical restructuring, we demand a detailed impact analysis for each hospital," they said in a statement.

The plan, particularly for Hillbrow Hospital, was unrealistic and had devastated the morale of the very people it should have supported, Price said yesterday.

"People on the ground don't know where the patients are going to go, or how such a decision could have been made without informing those affected," he said.

Hillbrow would be gathering figures to challenge the department's finding that its bed occupancy was only 56% as the picture at departmental level was "very different", he said.

Price said the department appeared to have swept away medical posts jointly held between the university and the province, including those of three professors; registrar posts for doctors doing four-year speciality training; and intern posts, despite written contracts with province for final-year students to take up these positions in 1997.

Hillbrow Hospital's radiation therapy department, the only one in southern Gauteng, had to be housed in a thick-walled, lead-lined building, and could not be transferred within six months, Price said.

He said province had responded to budget difficulties using the standard option of cuts without even considering allowing hospitals to become efficient and to attract private patients to raise revenue.

Gauteng was also bowing to unrealistic pressure and should question the pace of implementation of the macro-economic policy.

However Gauteng's head of health Dr Ralph Mgijima said the plan was not cast in stone. The department knew that its information was poor, and had expected negotiations.

"We are not insensitive to suggestions. I was planning to contact the deans to arrange a further meeting," he said. "The only thing province is not prepared to accept is a continuation of the status quo. We anticipate delays, but they must give reasons and alternatives."

Star 28/10/96

Medical school heads demand rethink on health plans

Patient fee battle takes turn for the worse

BD 28/10/96 (98)

Kathryn Strachan

GAUTENG's far reaching hospital restructuring plan could encouter difficulties should the province fail to retrieve money owed to it by neighbouring provinces, sources said.

The plan is intended to cut the budget deficit, which in the current financial year is at least R400m.

In announcing the plan, Gauteng health department head Ralph Mgijima said it depended on getting payment from Northern Province, Northwest and Mpumalanga.

The three provinces owe Gauteng R300m treating for patients who have been referred to Gauteng hospitals.

The battle for the funds has raged on for most of this year, with Northern Province saying it would pay some of the money owed, and Northwest and Mpumalanga stating outright that they would not pay. These two provinces say they have not budgeted for this interprovincial patient flow.

Gauteng is disputing this, saying the provinces redirected health funds to services far removed from health.

While Gauteng continues to press for payment, independent sources said the province "was on shaky legal ground" in the matter.

"The legal question here is not too clear," said the source.

"The confusion over this payment has created unnecessary conflict between the provinces and left Gauteng in a precarious position, not knowing what it can do legally."

However, this tangle is expected to get far worse when the new Budget formula is introduced next year. At present Gauteng is bailed out by the payment it receives for academic, research and training costs. Next year this payment will no longer be made.

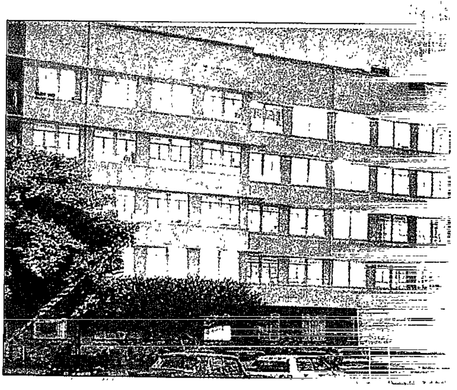
Financial and Fiscal Commission senior researcher Clive Pintushewitz said that in the 1997/98 Budget, provinces would receive a bulk allocation for all services and it would be up to them to decide how much of that allocation to spend on health.

This could mean that as they did not yet have health services in place, they would not give health sufficient priority in their expenditure and their patients would continue to use Gauteng's health services.

Forty years of caring for our children

(98)

ARG 28/10/96



JENNY VIALL
HEALTH REPORTER

It's Monday morning in the Burns Unit at the Red Cross War Memorial Children's Hospital.

A little boy cries in pain as his dressing is changed. Other children are asleep, sedated and bound up like mummies.

The Burns Unit is one of a number of wards at Red Cross Children's Hospital offering first-world care, often in third-world conditions.

For many parents in the Western Cape and further afield, it's the hospital they bring their sick and injured children to, knowing its reputation for excellence, built up over the years.

This year the only dedicated children's hospital in sub-Saharan Africa turns 40. It sees more than 1 000 children a day, and more than 30 percent of these come from outside the Western Cape.

In the wards babies and children lie in rows of brightly painted cots. It's a child-friendly environment, with no sign of white coats and stethoscopes.

At most bedsides there's a mother watching over her child. The hospital is keen for mothers to stay with their babies, to speed up the healing process.

Among the hospital's achievements are the first open heart operation on a child, the first child's liver transplant, the establishment of a dedicated Burns Unit and in 1966 the first successful separation of conjoined twins, the forerunner of several others.

The trauma unit opened in 1984, allowing for the complete management of injured children in one area.

The hospital has a separate oncology unit, improving the management and treatment of children with cancer. Accident prevention and poison centres have been established as well as a Child Health Unit.

Red Cross was built after World War 2 as a specialist referral centre with money raised by ex-servicemen. Later "temporary" prefabricated buildings were created for outpatient services. Today they're still there.

Head of surgery Sid Cywes, who has spent much of his working life at the hospital, says staff and management over the years have tried to stem the flood of parents seeking treatment for their children.

"Nothing could stop or lessen this flood and I doubt whether anything or anybody will, as people prefer being treated at *the* children's hospital," he said.

From early next year the outpatients department will be scaled down, in line with the move from tertiary to primary health care.

Red Cross will once again become the specialist referral hospital it was built to be.

However, even if patients can be persuaded to go to primary health centres, thus taking the load off the hospital, severe budget cuts will have far-reaching effects.

Professor Cywes said: "The hospital is facing a major crisis because of draconian cuts in its budget and the question needs to be put: 'Are we going to see the breakdown and ultimate destruction of what has been built up and achieved over the past 40 years'?"

Already staff are leaving on retrenchment packages, posts are frozen and wards may have to be closed.

The full effect of staff depletion has not yet been felt. There are 350 beds at the hospital: how many will be closed remains to be seen.

"We all need to ask ourselves what can be done in the face of these severe restrictions to enable us to continue providing a tertiary child health service to our community and still retain the excellence which has been built up over past years," said Professor Cywes.

To help redevelop specialist clinics and buy essential but expensive equipment, a private trust was set up in 1994 to raise R28-million.

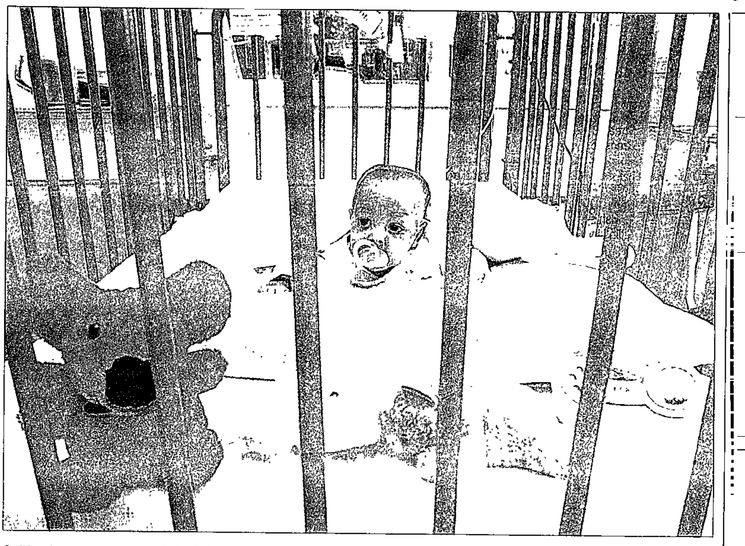
To date R16,5-million has been raised, evidence of the community's good will, which also shows itself in the work of the voluntary Friends of Red Cross.

With the emphasis on the hospital's financial need, it is easy to forget the individual dramas at Red Cross. A visit to the hospital changes that.

It's sobering to see little clothes hung up on a rack in the tracheotomy ward. These belong to a child who lives at the hospital because she needs a ventilator at night to survive..

For all those whose lives are touched by the hospital, it's a link to hope and a better quality of life.

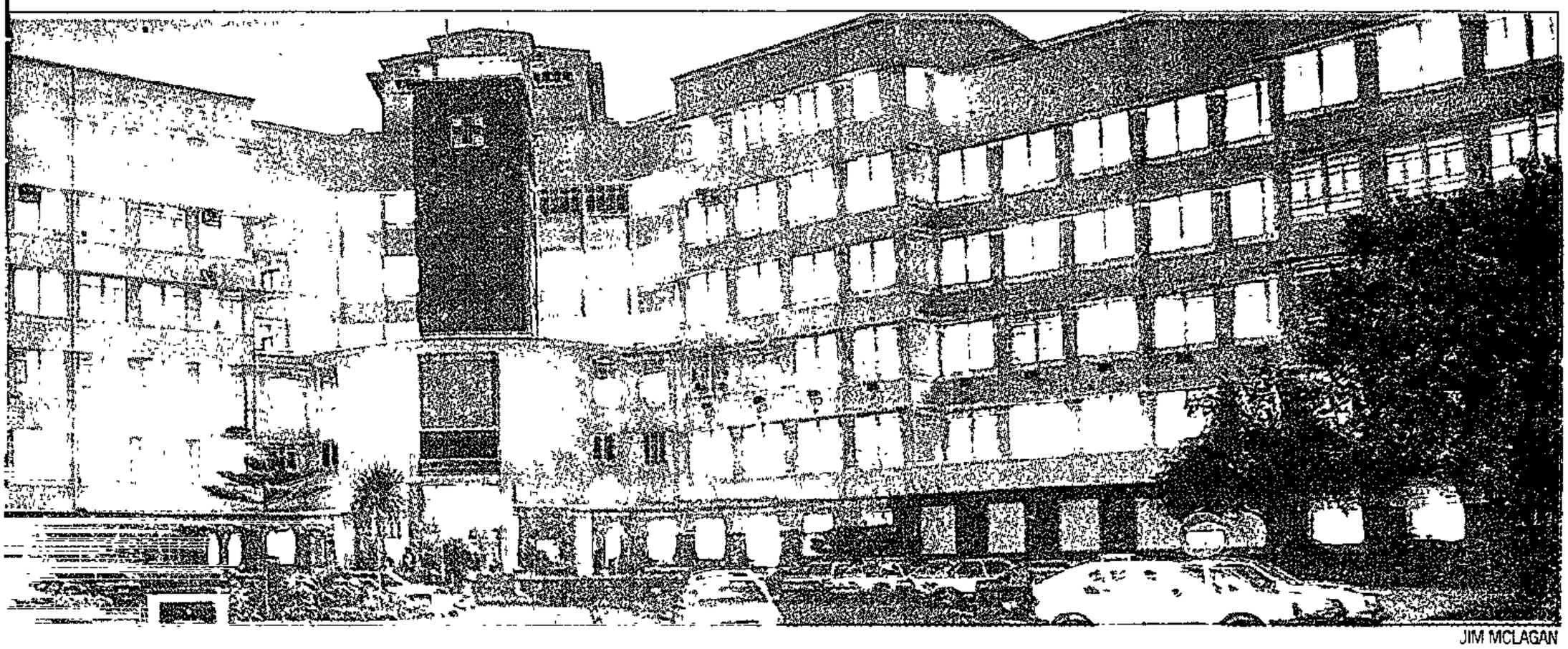
■ The hospital is holding a carnival on Saturday, starting with a fun run at 9am. There will also be a photographic exhibition called Forty Years of Caring For Our Children.



Getting better: little Shakirah Ryklief, a surgical patient

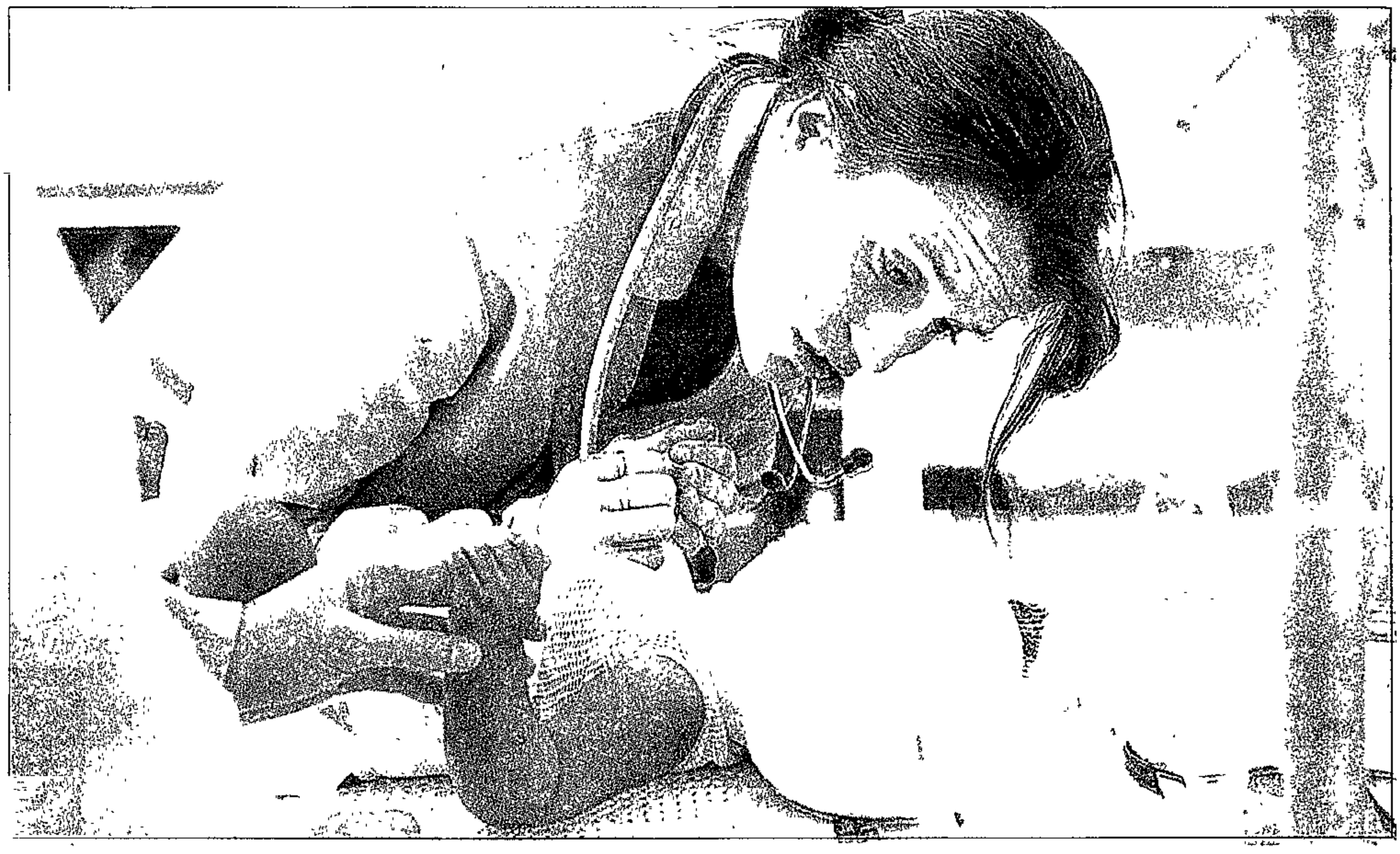
Heart surgery: Gaby Walthers and John Hewitson in surgery

LIFE



JIM MCLAGAN

40 years old: Red Cross Children's War Memorial Hospital celebrates its 40th birthday this year



Expert care: a physiotherapy student attends to a burn patient

Lifeline for Hillbrow Hospital

Star 31/10/96 (98)

By Janine Simon
Medical Correspondent

The future of Hillbrow Hospital is to be re-examined as Wits University and the Gauteng Health Department struggle to defuse anger sparked by the province's plan to restructure health services.

Furious Hillbrow Hospital staff say they have not been consulted or informed about the decision to convert the flatland [illegible]demic hospital into a co[illegible]nity health centre, and want [illegible]t) on their job status.

In a diplomatic joint statement yesterday, Wits faculty of health sciences' dean Professor Max Price and Gauteng's deputy superintendent-general of health Dr Eric Buch said they had agreed both on the goals of the plan, and the establishment of a task force to re-examine options for restructuring Hillbrow.

It was clear from the statement that while Wits stood behind the restructuring, the department has acknowledged the faculty's serious concerns with details of the plan.

These include the accuracy of the data underpinning the decisions, that Gauteng – which trains half the country's graduates – is bearing the medical training costs of other provinces, and the option of hospitals generating revenue by attracting paying patients.

The two parties agreed on the need to reduce spending in hospital services, achieve equity in staffing, and improve access for those historically underserved by public hospitals and primary health care facilities.

"We are also in broad agreement on the strategies to achieve these goals, including the closure and co[illegible]nversion of hospitals, the redepl[illegible]ment and, where necessary, the retrenchment of staff," the statement said.

The provincial plan indicated that data on which decisions had been based needed to be validated, the statement said. This might lead to different conclusions on implementation dates and bed and staffing targets.

Revised proposals on Hillbrow would be within the framework of the original plan for bed provision in Greater Johannesburg, and would have to achieve patient loads and savings comparable to those of the proposed closure.

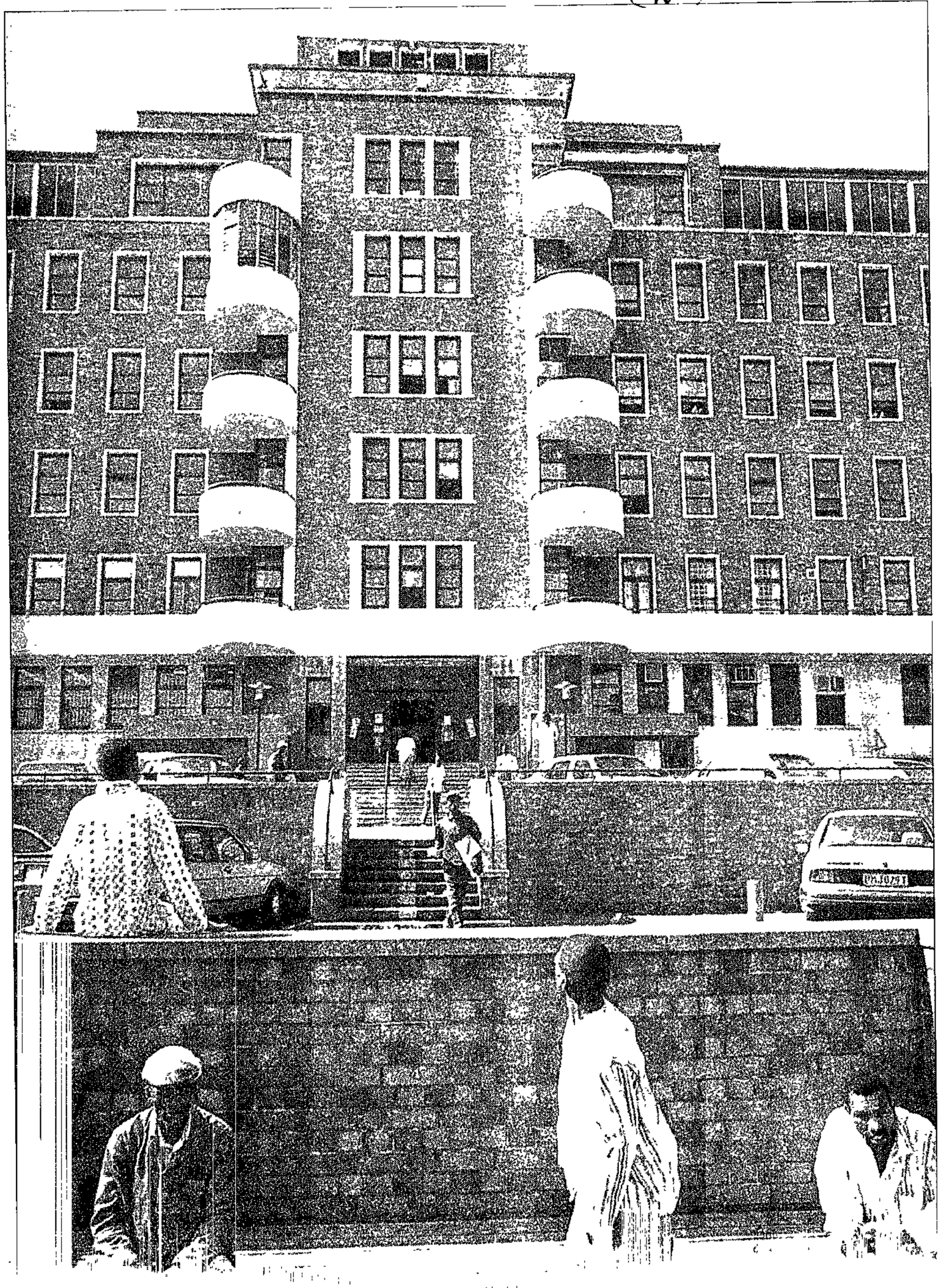
The question of Gauteng bearing training costs had been raised at national level and would be pursued, the statement said.

It was agreed that the province should move speedily to devolve management authority to hospitals and institute pilot projects designed to generate revenue from paying patients.

Has everyone forgotten the patients?

(98) Star 1/11/96

THYS DULLAART



Painful times ... Hillbrow Hospital, Johannesburg's 'hospital of the poor', is being downgraded o a community health clinic.

Doctors and nurses express their displeasure at the *fait accompli* of the Gauteng health plan

By Janine Simon
Medical Correspondent

We are angry, uncertain and anxious, a group of nurses from Hillbrow Hospital told a panel of Gauteng health department officials this week.

At a meeting to discuss the downgrading of the hospital to community clinic status, about 200 staff members took the opportunity to lambaste the department for announcing the most drastic restructuring in the history of Gauteng's health services.

"Where were our democratic rights when you made the decision?" asked a polyclinic doctor, to loud applause.

"Where is the task team document? What about our jobs? What about the patients?

"Hillbrow is the hospital of the poor. They hobble here from Park Station, they come from Alex and Soweto. What about the patients?"

The message was clear: they weren't buying what the health department was trying to sell. With the effective closure of 10 hospitals, the department wasn't restructuring, it was simply cutting back services.

Head office talk about district health and tweaking equity staffing ratios holds little water in hospital corridors. "I don't want to hear about Edenvale, or the South Rand," said one polyclinic doctor. "They are 50km from where I live. I want to know about here."

Even the most seasoned administrator would have a tough time smoothing out the way for employees ahead of such major changes.

But Gauteng's health department, not yet two years into its job, is having to cope with a 30% budget slash in three years, a non-existent health information system, academics locked into eight teaching hospitals, and political pressure to provide a fundamental shift in the way services are delivered.

It's not surprising then that, in a weak moment, the architects of Gauteng's new health plan say they fear being lynched.

What keeps them going, they say, is that they have managed to avoid a clearing exercise that would have chopped 10 000 jobs to break even. They have instead made a genuine attempt to achieve a fair and sustainable service.

Every hospital and health centre in the province has been reclassified as primary, secondary or tertiary service, and resourced accordingly.

Kalafong, Leratong, Natalspruit, and Vereeniging, have been promoted to full secondary status, with significant changes to staffing. Leratong, for example, picks up 20 specialist posts, 27 doctors, and 297 nurses.

On the other hand, central, tertiary level hospitals, such as H F Verwoerd, Baragwanath, Johannesburg and GaRankuwa, will lose specialists, doctors and nurses over four years.

All the hospitals that have been downgraded are close to another major hospital, and all, save Hillbrow, have been struggling to maintain full staff quotas and bed occupancies.

For example, of the hospitals to be closed, Andrew McColm has a 26%

The hospitals struggle to maintain full staff quotas

bed occupancy rate and Kempton Park 39%. And Westfort has abominable living conditions.

But both the strengths and weaknesses of the department's plan have drowned in a quagmire of bureaucracy.

For months now, questions about the restructuring have been rebuffed, with the department saying that premature publication would betray the consultation process.

In the end that's exactly what happened: a Hillbrow Hospital task team fell apart after only two meetings. And the deans of Gauteng's three medical faculties saw the details of the plan only an hour before the official media conference.

They were lucky: the trade unions were provided with details an hour after the briefing.

The decisions seemed *faits accomplis* save the standard addendum that they would be implemented "in close consultation with a range of important role players".

However, most players in the health game know that the health services are in a bad way and acknowledge the fear voiced by MEC Amos Masondo: "Had we waited and discussed details, the decisions would never have been made."

As a result, the objections to the plan have been absorbed into the restructuring process and will be tackled by new joint ventures between hospitals and the department, such as the new Hillbrow task team announced on Wednesday.

Even DP health spokesman Jack Bloom is echoing what some academic hospital superintendents have been preaching for years: give hospitals the autonomy to attract private patients and earn their own money. (Bloom is also big on the privatisation issue, saying Gauteng could save more than R100-million a year by outsourcing non-core activities.)

Planners now have to determine the veracity of the figures on which their decisions were based. They will also have to work out the practicality of cutting central hospital posts before peripheral improvements are in place to treat patients and to train students.

Questions remain about the impact of the 30% cut of specialist staff on academic teaching – GaRankuwa will lose 45 of its 120 specialists – and whether Gauteng's medical schools, which train half the country's medical graduates, should be budgeted for as national educators or provincial health-care providers.

But, points out Alex van den Heever, economist at Wits University's Centre for Health Policy, no one has questioned the appropriateness of cutting health budgets.

No province can plan rationally for a 30% cut in budget, particularly when they don't have the information or systems they need to manage the change, he says.

The panel at Hillbrow Hospital this week did its best, apologising unconditionally for the pains of the procedure.

But, predicts Van den Heever, in two years time the only change those hobbling patients may find will be a decline.

Children's hospital receives R1-m gift

Couple respond to Argus appeal

(98) ARG 2/11/96

JILYAN PITMAN
STAFF REPORTER

A generous couple from Cape Town have given R1-million to the Red Cross Children's Hospital Redevelopment Trust, bringing plans for the hospital's building programme in April a step closer.

Following an appeal in Sunday Argus for a "special injection" of R4-million by Christmas, the couple, who wish to remain anonymous, made the donation after a tour of the hospital.

James McGregor, finance director of the Board of Executors (BOE), also handed over a cheque for R100 000 to the hospital's chairman David Beatty.

Chief executive of the Trust Bob Bishton said he was delighted by the "magnificent gestures" and praised the goodwill of South Africans.

An unexpected contribution of R25 000 from a Johannesburg stockbroker has also been received by the Trust.

Dr Bishton said there had been other individuals and organisations who had contributed money in the last 10 days.

Contributions have come from the SA Security Association (R5 000); Sembach Galleries (R2 000); private doctors' donations (varying from R100 to R5 000); Tulip Inn (R3 000); grateful hospital patients living in Mitchell's Plain and Khayelitsha (R700); Rotary and Round Table Service Clubs (varying from R3 000 to R8 000) and Hebrew Primary Schools (R2 500).

"With current escalations in building costs mounting daily it is imperative that the construction of the redevelopment be implemented as soon as possible," said Dr Bishton.

"R4-million by Christmas will not mean the target has been reached, but it does mean that a significant milestone has been reached.

In 18 months the hospital fund has raised R16-million in cash and contributions.

Dr Bishton can be contacted on 686-7860 for more information about the hospital's redevelopment plans.

So, tell us what's up at Bara – why not?

(98) CP 3/11/96

GAUTENG health officials are being slow to release the findings of an inquiry into allegations of racism at Baragwanath hospital, where it is claimed management posts are reserved for whites.

The Baragwanath Staff Association (BSA) said they were not amused by the officials' so-called "dilly dallying" tactics on the matter and are threatening to make the machinery of hospital administration grind to a halt.

BSA alleges that people have been promoted according to race and not their capabilities, experience and qualifications.

Following BSA's complaints, Gauteng health MEC Aaron Masondo appointed Dina Bodenstein to head an investigation.

The list of grievances covered the issues of merit and promotions, overtime, transparency, investigations of all personnel files, leave and qualifications.

BSA executive committee members Nicodemus Mokgabudi, Stephen Ramafoko and Gerry Papo said they were perturbed because only whites were receiving merit awards.

They said there was lack of transparency at the hospital and white employees seemed to know everything which took place there while their black counterparts were left in the dark.

White junior staff were given first preference for jobs despite their lack of experience.

BSA claimed it had documentary proof that candidates for certain positions at the hospital were selected in advance and interviews with other candidates were a mere formality.

According to BSA, the findings of the inquiry should have been released at the end of July, but nothing has been announced yet.

Bodenstein told City Press a fortnight ago that she had finished investigating and had submitted her report to the Gauteng health department's medical superintendent, Dr Ralph Mgijima.

Mgijima's office confirmed receipt of the report, but said it was for Mgijima to release it.

LET'S HAVE THAT REPORT... Baragwanath Staff Association committee members (from left) Nicodemus Mokgobudi, Stephen Ramafoko and Gerry Papo want to know more about alleged racism at the hospital.

Hospitals in Gauteng owed R162-m in fees

(98) Star 4/11/96

R47-m in irrecoverable bad debt has been written off over past two years

By Mondli Makhanya
Political Reporter

Gauteng hospitals are owed more than R162-million in patient fees, according to provincial Health MEC Amos Masondo.

This is nearly half the total amount of R328-million which patients were charged during the past year.

Replying to a written question from Democratic Party MPL Jack Bloom, Masondo revealed that over the past two financial years R47-million had been written off as bad debt. Academic hospitals alone were owed R124-million.

Johannesburg Hospital is owed R57,5-million, H F Verwoerd R32,5-million and Garankuwa Hospital R16,5-million.

Masondo said many patients being treated at public hospitals gave incorrect personal details, making it impossible for authorities to trace them.

He added that although all hospitals had their own debt collection facilities, the Government was now considering enlisting the help of debt collectors and tracing services to track down defaulters.

The revelations come on the heels of a Gauterig government announcement that three hospitals are being downgraded to community clinics as a result of a shortage of funds.

The move has drawn severe criticism from many quarters including doctors and opposition parties.

Also putting pressure on Gauteng's public hospitals and exacerbating the problem of non-payment is the influx of patients from other provinces.

Reacting to the disclosures, Bloom said the figures were "disturbingly high" especially given the recently announced downgrading of three hospitals.

Bloom said part of the answer lay in giving autonomy to hospitals and allowing them to retain revenue collected from private hospitals.

He said the Gauteng health department was dragging its feet in granting the necessary autonomy to hospitals which still suffer from bureaucratic red tape.

"Attention also needs to be paid to information systems which will enable correct billings for private patients, as private patients are substantially underbilled in public hospitals because of their lack of incentive to obtain revenue," Bloom added.

tinues to grant itself amnesty.

of the noses of Cartier, owned by Richemont.

Picture: ROBERT BOTHA

'Billions' are needed to upgrade hospitals

BD 7/11/96

(98)

Kathryn Strachan

NEARLY a third of all existing hospital buildings and equipment will need to be replaced or upgraded over the next decade, costing "several billion rand", according to this year's SA Health Review.

The review, released by the Durban-based Health Systems Trust and the US-based Kaiser Family Foundation earlier this week, said most facilities, particularly hospitals, were dilapidated, with decaying electrical and water systems. Many primary clinics also lacked the most basic necessities such as water and electricity.

Many facilities were badly designed, resulting in some hospital wards having far more beds than was originally planned. For example, wards in the Northern Province had 25% more beds than planned. The review said 39% of acute care hospitals had bed occupancy rates of less than 40%.

The huge disparities between the health facilities of various provinces were highlighted in the review, with Gauteng having three times more hospital beds for the same number of people as Mpumalanga.

Another problem was the distribution of health professionals: of a total of 16 000 pharmacists, fewer than 1 000 worked in the public sector.

An area where progress had been slow was in setting up information systems which could provide important statistics.

The review showed that AIDS continued to escalate as the prevalence of women attending antenatal clinics increased from 7,6% to 10,4% over the past year. Yet the public focus that should have fallen on the comprehensive HIV programme was diverted by the Sarafina 2 scandal.

For the past year there had been a moratorium on the building of private hospitals, but pressure was mounting to allow some projects to go ahead. However, loopholes in the regulations had allowed certain private facilities to develop — without proper quality control.

30-09-96 30-09-95 31-03-96

Gauteng undertakes to consult before closing any of its provincial hospitals

The Gauteng Health Department had agreed to consult interested parties before closing or restructuring any hospitals in the province, the Hospital Personnel Trade Union said yesterday. 98

Hospersa, for its part, withdrew an application for an interdict against the department.

It said the understanding had been reached earlier yesterday in a meeting between the presiding officer of the Industrial Court and the lawyers of Hospersa and the Health Department.

"The parties have agreed to a special Public Service Bargaining Chamber meeting to be held at JG Strijdom Hospital in Johannesburg on Thursday, where this burning issue will be discussed," Hospersa said.

The Health Department last month announced plans to close three hospitals on January 31. Seven other hospitals had been earmarked to be converted to health centres.

Hospersa has denied it opposed to the rationalisation of Gauteng health services, but said the authorities would not be allowed to act unilaterally.

The union released a letter addressed to Hospersa in which Gauteng health superintendent-general Ralph Mgijima said no final decision on the future of Gauteng hospitals would be taken without consultation.

Mgijima said Thursday's meeting would examine whether the department's rationalisation plans could be achieved without closing or restructuring certain hospitals. Should this prove to be unavoidable, the retrenchment and possible redeployment of health staff would be discussed with concerned parties.

The Professional Health and Public Sector Union earlier this week threatened industrial action if plans to shut down two Pretoria provincial hospitals were not abandoned. – Sapa

Star 9/11/96

Call for blood bank bosses to be sacked

CT 13/11/96 (98)

ANEEZ SALIE
HEALTH WRITER

WESTERN CAPE blood bank chiefs now admit they erred in trying to "ward off" the government in rationalising their lucrative industry.

But workers at the Western Province Blood Transfusion Service (WPBTS) remain unimpressed, and are circulating a petition to demand their bosses be dismissed.This follows a Cape Times exposé last month that the employers tried to bypass the government, staff and donors in merging or selling off the local plant to a Natal pharmaceutical company.

The petition has been signed by most of the workers, and is to be sent to the Director-General of Health, Dr Olive Shisana, according to Mr Thabo Mveta, chairman of a WPBTS shop steward committee of the National Education, Health and Allied Workers Union.

Central to their concerns, he said, was a statement in a confidential letter from the WPBTS' administrative director, Mr Malcolm Khan, to his counterpart at the Natal Blood Transfusion Services in September last year. The letter called for an urgent merger or sale, and that "this pro-active move will ward off any future approaches, from government, or whatever source, for rationalisation of the industry".

Mveta said the WPBTS directors had not answered the obvious question as to why they felt it necessary to "ward off" government, if their intentions were completely correct.

In a four-hour interview between the Cape Times and two of the directors, Dr Arthur Bird and Khan, and the chairman of the executive committee, Mr George van der Merwe, it was conceded that the wording "ward off" had been a mistake.

In mitigation they said they were mindful of bad experiences their counterparts had apparently undergone in other countries, notably the United States and Britain, where governments had stepped in to rationalise the blood and blood products industry, with what they claimed were disastrous consequences.

At the time they were also apprehensive about the new health department's track record, although they were now committed to working with the authorities, they said.

Khan's letter, leaked to the Cape Times, had been written less than a month after the inaugural meeting of the National Blood Committee (NBC), comprising the state and various blood transfusion services around the country.

Shisana had earlier expressed concern about the development and said an investigation would be launched.

However, her chief director national services, Dr Hans van Heerden, has subsequently attended an NBC meeting in the WPBTS boardroom, and said there was little cause for concern.

"We have discussed the matter and I am satisfied with the WPBTS explanation," said Van Heerden, although he refused to divulge what the explanation was.

"I have nothing to add to the statement of Dr Bird's (medical director of the WPBTS), which covers everything," he said.

Asked if it was not extraordinary that a civil servant — entrusted with protecting the interests of the public against possible exploitation by blood bank chiefs — referred to Bird's statement as his own, Van Heerden said it was not.

Meanwhile, a Cape Times investigation has found that the chairman of the WPBTS executive committee, Mr George van der Merwe, has done work for the service, including replacing a boardroom table at a cost of R25 000.

He said there was nothing irregular about it because his company had tendered, and that it was the lowest tender.

Asked if it was not wrong for him, as chairman, to tender for private work which his executive committee had to approve, Van der Merwe, supported by Bird and Khan, said it was not.

Van der Merwe also said he had been appointed to the top post by Khan, even though the service had maintained it was democratically controlled by donors.

Khan and Bird conceded that because of the thousands involved, representative blood donors were not actively involved in the work of the WPBTS, nor did they control it.

The service is entirely dependent on donors, who supply their blood free.

KwaZulu-Natal strengthens probe into fraud at hospitals

(98) BD 13/11/96

Farouk Chothia

DURBAN — An investigation would be conducted by lawyers and policemen to unearth fraud and corruption at KwaZulu-Natal hospitals, provincial health MEC Zweli Mkhize said yesterday.

This was despite the fact that a commission of inquiry, made up of Adv Kenneth Mtiyane SC and Ronald Hardman, had been looking into problems at hospitals for the past two years.

It had cost the taxpayer R5m. Mkhize said the commission previously focused on a host of problems at hospitals, including administrative and labour relations difficulties.

He now wanted it to focus exclusively on fraud and corruption.

Mtiyane and Hardman would be assisted by three lawyers, police seconded from the SAPS crime unit and officials from the health department. Mkhize said that a number of crime syndicates had been involved in various kinds of fraud.

These included theft of order books to create fraudulent orders, multiple payments to a single supplier and the manipulation of computer-based financial management systems.

Syndicates were linked from hospital to hospital, he said, and the probe would focus on 10 hospitals, including Addington, King Edward VIII and Ngwelezane.

Mtiyane said millions of rands had been lost in criminal activity which had been going on for a long time, and KwaZulu-Natal had been left "impoverished" by it.

The commission was believed to be investigating the alleged fraud of about R3m which had taken place in Ngwelezane hospital's maintenance department, and the theft of about R2m through the use of stolen order books.

In the case of Addington, it had already recommended the blacklisting of supplier Eagle Fire Control "or any other firm owned by R Allen Investments or any firm for which Terry Derham works or may have an interest in".

The commission said evidence pointed to possible irregularity in VAT payments by Eagle Fire Control.

Mkhize said three retired magistrates would be retained by the department to deal with a two-year backlog of about 300 misconduct cases at hospitals.

This would speed up the disciplinary process and cut down on salary payments to suspended employees.

Remote clinics face staffing problems

Changes in national health policy are taking place — but do they filter down to clinics? In the first of a series on clinics around SA, Kathryn Strachan visits a remote clinic in Mpumalanga

(98) BD 13/11/96

THE clinics scattered in the mountains of Eerstehoek, Mpumalanga, are so remote that it is almost surprising that health reforms sweeping the country have reached these faraway corners.

The teacups are still inscribed KG (for the former KaNgwane government), but other than this, everything else appears to have changed over the past few years. These changes are often for the better, but sometimes for the worse.

Jabulani Mndebele is acting head of Eerstehoek's 17 primary health clinics. Two years ago, the clinics were dilapidated, with leaking roofs, peeling paint and broken cupboards, he says. There are now only two clinics left which still need to be renovated, although these two have had an initial "quick-fix". The improvement which has made the greatest difference to the clinics, however, is the advance of electricity, and only two clinics have now still to be connected.

The battle for telephone connections is proving to be more difficult, and only six clinics have phones. "Telkom keeps promising, but nothing ever happens. It is very frustrating for us, particularly when a clinic needs to call an ambulance in an emergency. There is a radio system in the clinics, but it doesn't work when it is cloudy."

Nomthandazo Mthimkhulu, a nurse at Glenmore Clinic, confirms that the radio system does not work well, and in an emergency she often has to travel by taxi to the public phone in the nearby village to call an ambulance.

A paramedic ambulance for emergencies has recently been put on the road. "It is really quick, it takes less than two hours for them to come," says Mthimkhulu. But the "non-emergency" ambulance is less reliable. Outside the clinic, a polio sufferer who fell and hurt his leg has been waiting for more than four hours for this ambulance to arrive to take him to hospital.

The building has been vastly improved this year, says Mthimkhulu. "We got hot water this year and the roof leaks were repaired. Before, when it rained, it leaked everywhere," she says.

While there are elements which have changed for the better, the staffing crisis has got worse, says Mndebele. "The number of nurses has stayed the same, but with free primary health care the workload has increased," he says.

At the same time, government health authorities are looking to nurses to drive new projects, such as taking primary health care into communities, and to integrate mental health into their services.

"With enough personnel and with clinics upgraded into health centres, we can run a comprehensive primary health care service. But without that we cannot," he says simply. As a result, plans to change the structure of mental health services have not been implemented.

"On the one hand, things such as the buildings improve. But on the other, we can't provide high quality services because we just do not have the personnel — and, in the end, the two do not balance out."

Five of the clinics in Eersterus are still staffed by only a single professional nurse. Previously, the clinics were visited each month by a doctor from the local hospital who gave support and reviewed chronic patients, says Mthimkhulu, but the clinic has not seen a doctor for a year.

The health department is giving nurses in-service training to upgrade their skills, but in the remote clinics the turnover in nursing staff is so high that patients seldom benefit from this training.

"We would like to spend more time with each patient, but there is no time for thorough examinations," says Mthimkhulu. "We look at them, and only if we think they are very sick do we examine them. There are conditions that we miss sometimes, because we have no time to do proper examinations.

"The patients think we do not care for them, because when it is so busy we do not have time to talk to them."

Some patients require counselling, but there is only time to give people medication, she says. If patients are "very distressed" they are referred to a social worker.

Before free primary health care was introduced, Mthimkhulu's clinic saw about 500 patients a month. Now more than 1 000 come through the clinic doors each month, and there are still only two nurses to deal with the flood.

Her colleague has been on leave for the past month, so she has had to manage on her own. In one morning she weighed and vaccinated more than 80 babies.

"We are very overloaded and find it difficult to cope," she says. "Some nurses are now losing hope that things will ever change."

One of the 80 children who streamed through to Glenmore Clinic, Mpumalanga, on its growth monitoring and immunisation day. Picture KATHRYN STRACHAN

SA BREWERIES has seen sales in its Tanzanian venture rise 35% this year and remains optimistic about the investment potential in the region.

Danie Niemandt, chief executive director of Tanzania Breweries, in which SAB is the main shareholder, said that business was running well, and had already surpassed expectations.

"SAB started operations here in 1993 when company sales were reaching just over 495 000 hectolitres. "In 1994 that increased to 620 000 hectolitres and to about 870 000 in 1995.

"This year we will sell about 1,2-million hectolitres," Niemandt said. "I think that it has been very successful, and the venture is starting to live up to expectations

Alex clinic is 'millions' short of needed funds

(98) Star 13/11/96

By Melanie-Ann Feris

The Alexandra clinic, which serves a population of about 500 000, is facing a crisis.

The clinic, which operates as a NGO, has already been forced to approach the government for funds to help sustain its services this year. It received a cash injection of R8,2-million for its current financial year.

This constitutes about 60% of the centre's R13,6-million budget. The money was granted on condition that the clinic offer free primary health care to its patients.

Clinic financial manager Lionel Janari said of the estimated R15-million needed for the next financial year, the clinic had only secured R2,5-million, just about 17% of requirements.

"The government won't let the clinic down, but made it clear that money is becoming more scarce. For this year we are in a position to carry on, but all our contractual agreements are coming to an end," he said.

He added that if no money was available the clinic would implement cutbacks; a desperate move considering the clinic is already buckling under the strain of a personnel shortage.

Outpatients department manager Sister Legora Marumoat said the clinic was struggling to cope with the new patient load since it began delivering free primary health care from August 1.

"Medical and nursing staff are still operating at the same numbers as before and people are waiting up to four hours for treatment. This is obviously going to affect the quality of care."

Popo Maja, a spokesman for the Department of Health, said the government would not like to see the clinic close because of its strategic situation in an area with no similar facilities.

Union objects to Gauteng closures

A MARCH by National Education, Health and Allied Workers' Union (Nehawu) members will be held in the centre of Johannesburg today to protest against Gauteng health department plans to close and convert a number of hospitals.

Union president Vusi Nhlapo said last night the action would proceed despite the establishment of a working group to re-examine the department's plans. The closures and conversions of three hospitals into health care centres would result in the retrenchment of health workers including cleaners, porters, nurses and doctors.

(98)

BD 14/11/96

IN BRIEF

Baragwanath is officially world's biggest hospital

BD 14/11/96 (98)

THE Baragwanath hospital in Soweto has entered the 1997 Guinness Book of Records as the largest hospital in the world.

George Ross, director of the 3 297-bed hospital, on Tuesday received a signed copy of the new edition from Dusanka Stojakovic, head of the distributor, Pan MacMillan.

Built in the Second World War to treat white soldiers, Baragwanath later developed into a specialist centre for the treatment of tuberculosis before becoming a hospital exclusively for blacks because of the former policy of apartheid.

Spokesman Esther Voster said the hospital which serves the 4-million residents of the township now practised all medical specialities except heart surgery. More than 3 000 nurses and 600 doctors worked in the public hospital which treated 2 000 outpatients a day, Voster said.

Trauma over hospital plan

(98)

M+G 15-21/11/96

Plans to restructure many of Gauteng's hospitals have been delayed following much criticism, reports Andy Duffy

THE Gauteng government's plans to close or downgrade nearly a third of its hospitals have been put on hold, pending further investigation.

The provincial health department, which has faced a barrage of criticism, says it is "sympathetic" to calls from academics, unions and communities for more time to comment, and plans to assess arguments against the proposals.

Delays will reduce projected savings from the plans for the next financial year.

It also emerged this week that the province will have to spend an estimated R100-million on retrenchment packages if the staff identified as surplus are shed.

The plans, unveiled last month, include closing three hospitals, converting seven into clinics, redeploying 6 000 employees and axing a further 2 500 staff.

The programme was to have kicked in from January. But the department decided this week to extend the consultation from the end of this month possibly to the end of January, pushing the programme's implementation back to June.

Officials say the basic aims of the programme — to cut costs and redistribute resources more equitably — will remain. But the lengthy consulting process could herald changes in meeting these goals.

The department insists the delay is neither a climbdown, nor a tacit admission that it should have consulted more before going public with the reshape plans.

"If we had consulted in advance of putting something on the table there would have been a process of endless consultation," says department deputy superintendent general Eric Buch.

"The core of the plan will remain intact, but there may be some substantive changes."

Savings expected from the plan in the 1997/98 financial year were originally projected at R550-million, before the cost of retrenchments. More than 60% of this saving would come from the proposed staff cuts.

The figure for staff retrenchment costs remains a rough estimate. The province still has to secure agreement from central government to lift the moratorium on public service retrenchments.

The hospitals facing closure are Andrew McColm (Pretoria) and Kempton Park, and the Westfort (Pretoria) psychiatric hospital. Those to be downgraded are Hillbrow, Lenasia, Nigel, Willem Cruywagen, Hendrik van der Bijl, Laudium and Ontdekkers.

Much of the opposition focuses on the plans for Hillbrow — widely viewed as a crucial medical facility in the heart of the city.

The department and the University of the Witwatersrand's faculty of health sciences have established a task team to investigate the closure plans.

The team — which is also assessing what the Hillbrow downgrade would save (savings from individual closures and downgrades have not been spelt out) — is due to report at the end of this month.

Faculty dean Max Price says the problem is with the process, rather than the department's overall aims.

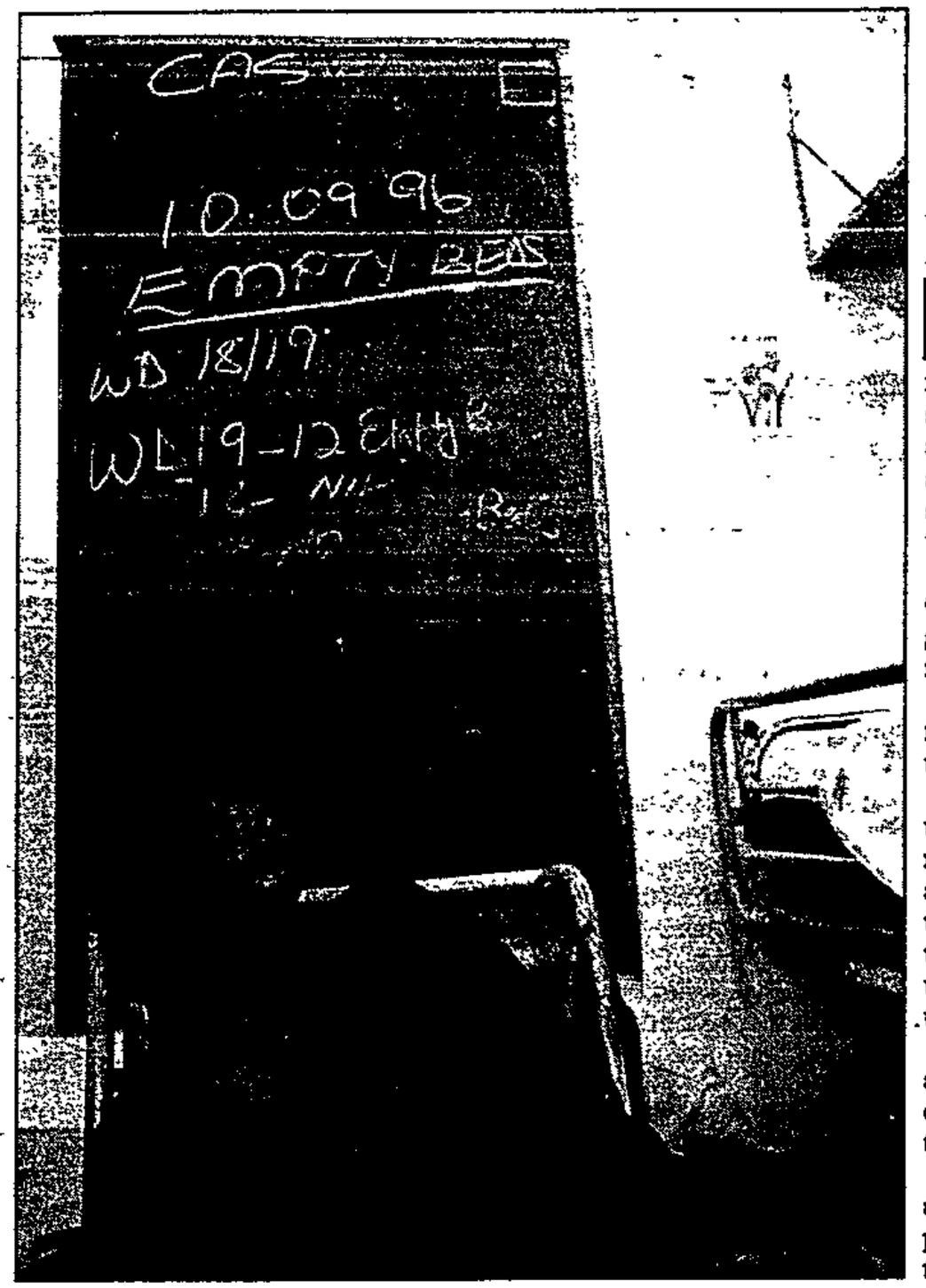
"It's outrageous in our view. There's been a loss of faith in the planning process," he says. "They haven't checked the facts and they haven't heard people's opinions."

He says downgrading Hillbrow cannot happen before the end of next year anyway. It could take at least 18 months to shift Hillbrow's radiation unit — one of two in the public sector in the province — to Johannesburg Hospital. It is also not clear where the patients Hillbrow serves will go.

The department's plans also threatens to deter interns — Hillbrow's workhorses — from taking up their one-year posts with the hospital.

Buch counters that the department's data is based on figures provided by the hospitals over the past year. He adds that opponents have still to support their argument that the immobility of the radiation unit is a reason to keep the whole hospital going in its current form. A plan to draft the interns into Johannesburg Hospital's pool has also been tabled.

Price says options for Hillbrow include outsourcing various activities, and bringing in private sector management. Buch agrees, saying Hillbrow cannot continue in its present form.



Trauma unit: Many of Hillbrow's casualties will have nowhere to go should the hospital be downgraded PHOTOGRAPH: SIDDIQUE DAVIDS

Blood, sweat and tears

David Shapshak

IT'S part of the job description that staff at Hillbrow's trauma unit have to cope with appalling conditions of filth and human degradation. The smell of excrement and urine permeates the air, pools of blood seep across the floor, and the moans and screams of stabbing or shooting victims form a constant backdrop.

And this is early Saturday evening. Once the trickle of patients coming in grows to a flood "it doesn't stop until morning", Dr Bassam Younis says.

"If we weren't two minutes away from the heart of Hillbrow many of these people would die."

Among nurses, paramedics and trainee army medics in action that night, that's the general feeling against plans to downgrade the hospital into a primary health care clinic — the lives of the 200 or so casualties it treats will be jeopardised if they have to be ferried somewhere else.

"All the wards here and elsewhere are nearly full," one nurse says. "Most of these people are unable to help themselves."

There is little concern among staff about jobs — most expect to be redeployed — and when it comes to it, there is little affection for the building. Imperfect as it is, however, Hillbrow is far better than nothing.

For interns, Hillbrow is widely seen as among the top hospitals to sign up with. Dr Danilo Ghirlando, a 25-year old junior, found Baragwanath "too much" to handle. Hillbrow provides a good balance between practical experience — nearby eight staff are attempting to pin down a stab victim so they can insert a saline drip — and academic and specialist back-up.

By close to midnight the unit is filling up; dazed patients wait slumped in wheelchairs; a blackboard records the rapid take-up of beds; and a cleaner again douses her mop before going after another blood smear on the floor.

"Hillbrow is so convenient," Dr Younis sighs. "It saves lives."

TABLE 8.3 : SECTOR BY GENDER AND AREA, 1980

Health staff protest over planned cuts

98

By JANINE SIMON
Medical Correspondent

Star 16/11/96

About 3 000 members of the National Education, Health and Allied Workers' Union (Nehawu) marched on the Gauteng health department offices in central Johannesburg yesterday, demanding it suspend its plan to restructure and rationalise health services.

The controversial plan – which includes the closure of three hospitals, the conversion of seven others to community health centres, the transfer of 6 000 staff and retrenchment of about 2 500 others – has already been strongly criticised by academics and hospital staff, and is now being punted instead as a proposal document for discussion.

The march coincided with the day on which it was tabled before the technical committee of the province's bargaining chamber.

Nehawu regional chairman Sheila Sikiti said yesterday the union was concerned that the plan had been developed in secrecy.

"We note with alarm and dismay that this so-called plan will result in the reduction of the health service staff complement by 5 010 workers and the retrenchment of 2 594. This plan flies in face of the country's constitution on transparency and accountability and does not even pretend to address the human resource problem in the hospitals," she said.

The union called for bilateral discussions with the MEC and for the department to honour the agreement, reached in the Public Service Bargaining Chamber in April, that there would be no employer-initiated retrenchments.

Accepting the marchers' memorandum, MEC for health Amos Masondo said the province would not "go around" central bargaining chamber agreements, and would consult on redeployment of staff in the provincial bargaining chamber.

CHRIS COLLINGRIDGE

Angry marchers ... about 6 000 National Education, Health and Allied Workers' Union members marched through Johannesburg city centre yesterday in protest again the proposed closure of a number of hospitals in Gauteng.

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Health rationalisation held up

(95) (98) BD 15/11/96

Linda Ensor

CAPE TOWN — Vested interests within Western Cape academic hospitals had held up the process of rationalisation and international consultants would be brought in to devise a strategy for the transformation of the sector, provincial health and social services MEC Ebrahim Rasool said yesterday.

He said negotiations were under way to bring the consultants, preferably from London where the hospital system was overhauled and rationalised and where hospitals such as centuries-old St Bartholomews were closed.

"The impetus seen in rationalising the academic health centres is faltering under the weight of complex structures, committees and sensitivities."

Rasool said interest groups at Stellenbosch and Cape Town universities were using issues such as language differences as barriers to change.

But the province had no time to waste as it had to have plans in place by the start of the new financial year. Rasool believed the use of international experts on a short-term basis would give impetus to the rationalisation process.

Their brief would be to find ways of trimming expenditure while maintaining existing infrastructure. Rasool said expenditure of academic hospitals had been cut from R1,1bn in 1994 to the present R980m and would have to be cut further to R830m in the next few years.

Approaches had been made to foreign ambassadors to cover the cost of the consulting exercise.

Despite the budget cutbacks Rasool found cause for greater optimism about the health service which had made notable achievements since the ANC took over central government. The department's budget deficit had been cut from R400m at the end of 1994 to R150m.

A mid-term ANC health session concluded that people were beginning to feel the difference.

However, issues of governance were a source of unease within the ANC.

"The ANC is concerned that no direction exists between local and provincial governments about who has responsibility for health at the district level," Rasool said. A team had been elected to report in one month to prepare the ANC's position so negotiations could commence.

Rasool said the ANC was also concerned the "potentially devastating" use of voluntary severance packages was not the best tool for rationalising the health service as it would lead to the loss of vital expertise. Discussions were to take place within the ANC alliance about what other methods could be adopted.

The goal in the transformation of social services was to overcome the past political patronage, financial irregularities and corruption by past officials. Negotiations were under way to use the Post Office for pension payouts to replace Nisec, whose contract was being evaluated by the Tender Board.

National Education, Health and Allied Workers' Union members protesting in central Johannesburg yesterday against rationalisation of health services in Gauteng. Heath MEC Amos Masondo later addressed the crowd.

Picture: TYRONE ARTHUR

Ambulance service crisis

BY PENNY SWIFT

EIGHT large Western Cape ambulances, including two new advanced life-support paramedic vehicles worth more than R500 000, have been withdrawn from service because there are no qualified drivers to man them.

This has affected not only the provincial ambulance service, but also two voluntary emergency medical service groups based in Hout Bay and False Bay which are having to use smaller vehicles.

As the Christmas season, with its inevitable increase in accidents, approaches, this could lead to unnecessary loss of life, ambulance sources have warned.

The Hout Bay emergency service cannot carry vital "jaws of life" — essential for extricating accident victims from mangled vehicles — and other life-support equipment in the substitute vehicle it has been given.

Last weekend, False Bay's emergency service had to get outside help because its smaller ambulance could not carry all the victims of a motor smash.

Most ambulance drivers have only basic Code 8 licences, but it is understood the Traffic Department has told the Western Cape Ambulance Services that it is now compulsory to have a Code 10 licence, which qualifies people to drive vehicles of more than 3 500 kg.

According to Dr B A Brand, provincial director of the Western Cape Ambulance Services, "somebody" realised that two new Iveco paramedic vehicles were over the limit for Code 8 drivers.

"Then they discovered we had other heavier vehicles. The ambulances have been pulled off the road and we are rectifying the situation."

According to another spokesman, who has asked not to be named, only about 20 of 290 ambulance service personnel have Code 10 licences.

"Now our chaps have to get learners' licences and then do Code 10 tests. The first eight go for their learners tomorrow," he said.

Even though four of the 30 volunteers from False Bay EMS have Code 10 licences, they cannot use the larger ambulance. According to David Burr, a full-time paramedic who heads the False Bay service, the repercussions could be serious.

Bruce Bodmer, head of Hout Bay EMS, said the service's main problem was that not all the emergency and rescue equipment could fit into its smaller ambulance.

"If there are serious accidents we will now have to wait for Metro Rescue to assist us and time becomes a critical factor. The only solution is to get our Code 10 drivers licences. I am confident we will overcome the problem, but I doubt if we will be able to do so this year."

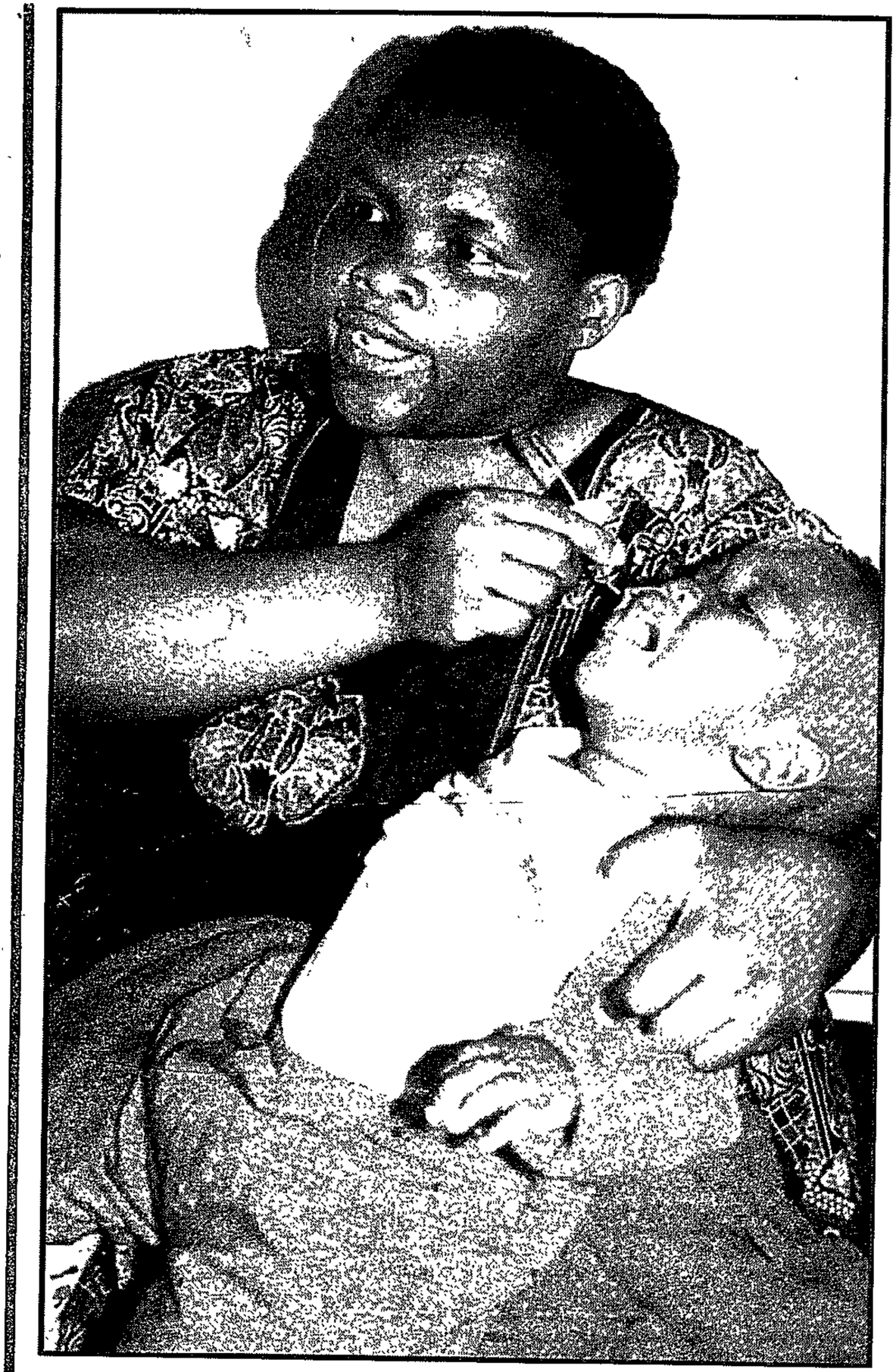
Voluntary EMS units were introduced largely because of the poor response time of ambulances called to areas like Hout Bay and False Bay.

Although no one at the Traffic Department was available to confirm that a fax, insisting on Code 10 licences, had been sent to the ambulance services about 10 days ago, a spokesman said the only relevant factor seemed to be the gross vehicle mass of 3 500 kg.

'Hospital ruined my son's life'

Mum alleges that her baby was starved of oxygen minutes before a minor operation

(98) Sowetan 18/11/96



Ms Willbroda Dlamini with her one-year-old son whom she claims suffered brain damage after he had undergone a minor operation at Johannesburg Hospital.

PIC: MOTLAPELE SEGALE

By Muzi Mkhwanazi

LAWYERS representing an Alexandra Township family are investigating a possible case of negligence against Johannesburg Hospital after their one-year-old baby boy allegedly suffered brain damage following a minor operation.

Mr Pritzman Mabunda, the lawyer acting for Ms Willbroda Dlamini, told *Sowetan* at the weekend that a case was pending against the health ministry. However, he declined to divulge any details saying the matter was still under investigation.

Johannesburg Hospital's chief medical superintendent Dr Trevor Frankish confirmed yesterday that the child had been treated at the hospital.

He said the matter was currently under legal investigation but added that the medical records indicated that the child had received excellent medical care.

However, he said the investigation would ascertain whether there were any grounds for the allegation of negligence.

Relating the ordeal to *Sowetan*, Dlamini said she had taken her son to the hospital on February 18 after he had contracted flu. She claimed that the medicine given to the child had adversely affected him.

The next day, she returned to the hospital where she was told by a doctor that the flu was a minor infection and that the child would be fine after a few days. She insisted that the child was not well after which an X-ray was taken.

The X-ray revealed that the child's chest was blocked and she was told that the baby had to be admitted for an operation.

Dlamini alleged that when her child was being prepared for the operation an empty oxygen container was used and the person responsible only realised the mistake just before the operation started, at which point he replaced the container.

Unconscious

"All that time my son was unconscious and no oxygen was going into his lungs and brain. After the operation he lost his eyesight and a hole was opened on his forehead and a drip inserted. I questioned the doctors about the drip on his forehead but no answers were offered," she claimed.

Dlamini said she was informed about her son's condition only after a speech therapist who had treated her son intervened. A meeting was held where the doctor concerned told her that the child had brain damage.

"I brought the child to the hospital suffering from flu and now he is brain damaged. I am almost certain that the cause of his condition can be attributed to the period before the operation when an empty oxygen container was used when he needed oxygen," she alleged.

NEWS

Mitchell's Plain hospital lambasted by magistrate

But clinic says patients' care is paramount

ARG 18/11/96 (98)

LENORE OLIVER
STAFF REPORTER

A magistrate has lashed out at the state of the Mitchell's Plain Medical Centre, saying if people knew what the general standard at the hospital was, they would "elect not to be admitted" to the hospital.

Magistrate William October made these remarks during a judgment at an inquest in the Mitchell's Plain Magistrate's Court.

The inquest was held after a woman, Mary Lynne Awood, died at the hospital after receiving an epidural injection in January 1993.

The inquest court found that Mrs Awood's death had been caused by the negligence of anaesthetist Dennis de Villiers.

The court heard during evidence that Dr De Villiers had left another patient, in a different operating theatre, to administer the epidural injection to Mrs Awood.

Mr October said: "It totally boggles the mind how a hospital could allow an anaesthetist to attend to more than one operation at the same time."

There had been evidence of the lack of an intensive care unit, high care facilities and ventilators, among other things, he said.

Mr October said the court also heard evidence that hospital records had disappeared.

He criticised Dr De Villiers and said that in a medical context, time was not money: "Time means, in a medical context, life – the correct management, equipment and attitude is what saves life," said Mr October.

He said that health services in the country were already in a "pathetic state".

He said if private hospitals adopted an attitude such as the one portrayed in court, "we are heading for tragic proportions".

Mr October said the court had heard during evidence that the hospital was one of nine hospitals certified nationwide as being acceptable by international standards.

"I am sure that if the public becomes aware of what transpired in this case and what the general standard at the institution is, they will elect not to be admitted to the hospital," he said.

"These allegations must be investigated because if I understand it correctly, they are not worthy of a licence which classes it as a private hospital," Mr October added.

Replying to Mr October's criticisms, Medi-Clinic Corporation marketing and public relations manager Peter Menelaou, said that for the level of surgery performed at Mitchell's Plain Medical Centre, the hospital was well equipped with the latest technology required.

"Our patients' care is paramount," said Mr Menelaou.

"We believe that we do have adequate facilities – a high care facility with professionally-trained staff manning the unit 24-hours a day," he said.

He said the hospital also had a ventilator for short term ventilation and should the need arise, additional ventilating equipment could be obtained from neighbouring Medi-Clinic hospitals.

He said the hospital strongly contested the remark that hospital records disappeared.

"We invite Mr October and the public to visit and inspect Mitchell's Plain Medical Centre facilities to gain first hand information," said Mr Menelaou.

A section of Baragwanath Hospital showing the casualty section and a large group of outpatients arriving for treatment.
PIC: LEN KUMALO

Man dies in filthy conditions at Bara

The first thing I noticed was blood dripping from the sheets to the floor

By Sonti Maseko

NKELE, A WOMAN FROM Orlando East, Soweto, was one of the people who phoned *Sowetan* after she was horrified by the conditions at Baragwanath where she had gone to visit her workmate. She gave us this story:

"My colleague Jonas 'Malawi' Mwantisi was a factory shop assistant. He was already retired but he did part-time work at the factory as a watchman and also helping out with customers.

"He fell sick and was taken to hospital by his grandson Peter on Friday, October 11. The following day I went with Peter to visit Malawi during visiting hours and that's when I saw the situation at Bara.

"The whole ward was dirty, his pyjamas were dirty too. Down at the feet, they looked as if they had been used to wipe mud off the floor. There was that brown stain on them.

"There was a sheet lying on the floor and when Peter lifted it and put it back on the bed, I protested, seeing that it was not clean. But Peter said that was the sheet Malawi was using.

"Opposite Malawi's bed there was another bed. The first thing I noticed was blood which was dripping from the sheets to the floor.

"About 30 seconds later a porter came pushing a middle-aged woman on a wheelchair to that bed. He instructed the woman to climb on the blood-soaked bed, which she did.

"I noticed that the woman was wearing a hospital nightdress without the gown, and it had blood stains at the front and back.

"All this was happening during visiting hours and I was feeling very bad, wondering how people could be treated like this.

"Malawi was also hungry but unable to feed himself. We bought him chips from the hospital tuck shop and fed him. He finished the whole packet and I wondered if he had been fed.

"On Sunday October 20 I was informed that Malawi had died. I can't help thinking that he died because nobody really cared. You could see from his dirty pyjamas that they did nothing for him.

"I went with Peter to fetch his belongings. His clothes – a shirt, a pair of trousers and undergarment – have disappeared. We only found his shoes. Where could they have gone?"

Stink over Bara

Even hospital's administration admits there's a problem

(98) Sowetan 19/11/96

By Sonti Maseko

BARAGWANATH Hospital in Soweto, the lifeline of more than three million people in black townships and surrounding settlements, is threatened with collapse.

Lawlessness has become endemic at the hospital as workers disobey and threaten their superiors. And management seems powerless to discipline or dismiss them.

It is a problem that nobody – from the general staff to the hospital's administration – denies exists. As a result, the hospital, from the wards to the outside, is filthy and the standard of patient care is declining.

Baragwanath has been listed in the 1997 edition of the *Guiness Book of Records* as the world's largest hospital.

Sowetan carried out an independent investigation following several complaints from members of the public who use the hospital.

At different times, we found dirty and stuffy wards, rubbish piled up outside the wards, sheets and blankets used by patients thrown outside on the ground.

Baragwanath acting superintendent Dr George Veliotes admitted in an interview this week that there were serious problems at the hospital that had resulted in the filthy condition of the wards.

Veliotes said staff morale was low.

"We are in trouble. I do not know how you change the whole work ethic of a nation. People are depressed with crime and violence. If you are not happy, you do not work well," he said.

He acknowledged claims by staff that there were threats and intimidation that made it difficult for people in authority to take decisive action.

No reprimands

"People are scared to reprimand anybody in case their kids or family get beaten up.

"They simply tell you they will wait for you outside (the hospital)."

Veliotes is the first to admit that the hospital needs a clean-up. He produced correspondence with local authorities requesting a clean-up of the outside of the hospital to prevent dirt blowing inside.

However, he said the biggest problem came from cleaners and the hospital administration was powerless to act against negligent workers.

"We cannot fire anybody. If workers arrive drunk and we fire them, there will be a big strike. There is no authority," said Veliotes.

He expressed frustration with the hospital's procedure that was too slow in investigating complaints and misdemeanors by workers.

"If you file a complaint, it takes two years before it comes back. As a result, everybody is granted amnesty and the hospital only takes action against serious cases such as murder or theft," he said.

He cited the example of a worker who assaulted a nursing sister last year and was still at work.

"She (nursing sister) withdrew the charges and left. The man is still working here. We have not managed to get him fired.

"What do you do? He just waves his pistol at you," said Veliotes.

Baragwanath has also been entered into the *Guiness Book of Records* as the hospital with the greatest number of beds in the world.

Veliotes said: "Let's not have the reputation as well of being the filthiest hospital in the world."

● See page 2

Reports may save 'dirty' Bara

Sowetan 19/11/96

(98)

By Sonti Maseko

NORMALLY the smell of medicine and antiseptic would permeate the rooms and wards of a hospital, but at Baragwanath Hospital in Soweto a thick and unpleasant human odour prevails.

Walking through the wards there is no need to look for the bathroom or toilet, the ablution facilities announce themselves before you get to them.

As you walk around you are likely to catch a glimpse of a puddle of water on the floor, see a brown ring around the bath or basin and some missing tiles.

There have been rumours that Baragwanath is dirty, that the air in the wards is foul and there have been concerns about the quality of patient care.

Rumours are true

Sowetan established that the rumours are true after visiting the hospital last week.

The hospital serves more than three million people, mainly from Soweto and surrounding informal settlements.

Many disgruntled families have called *Sowetan* and complained about the unhygenic state of the hospital.

Callers complained about dirty laundry and said patients wore stained nightgowns.

Health workers, nurses and matrons admitted that the hospital was in a bad state and some even expressed hopes that a media report exposing these conditions would bring change.

While some wards at the hospital were clean, aired and had properly made beds, others, particularly those for adults, were dirty, with bits of food, banana peels, tissues and papers on the floors.

The silver doors of the lifts leading to different floors were thick with grime, fingerprints and smudge, which clearly showed they had not been cleaned in a long time.

Dusty room

Stretchers were kept in a dusty room with no sign that the room was ever cleaned.

Last year the hospital announced that it had lost more than a million rands worth of blankets and sheets and it had ordered new linen at a cost of over R270 000.

However the way laundry is handled did not show that the hospital was in any way anxious to discourage theft.

In one ward, staff members used some sheets and pyjamas to stop water overflowing from a handbasin to the floor.

At night cats roam around the hospital, going through heaps of dirt near the dustbins and plates with food left by patients and uncollected by kitchen staff.

Just as bad

Outside the wards, the situation is just as bad.

The hospital yard is littered with paper, empty cans and leaves piling up between wards.

Baragwanath does not resemble a health service.

Millions of people in Soweto and informal settlements have no choice but to go to Baragwanath.

With some luck, some patients come out of it healthy.

Bara's laundry dept a 'dustbin' of problems

Staff have to deal with faeces and bloodied linen as there are not enough people to sluice material beforehand

(98) Star 20/11/96

THEMBA HADEBE

Cleaning up ... a worker sweeps away the bloody debris which finds its way into the laundry because the hospital has no staff to sort or sluice linen.

BY JANINE SIMON
Medical Correspondent

The laundry department at Baragwanath Hospital has become a "dustbin" exposing the depth of problems faced by the world's biggest hospital.

Bara, outside Soweto, has been sharply criticised by many of the millions of patients who go there for treatment each year and also in newspaper reports for declining standards of care and cleanliness as well as poor discipline.

Like much of the hospital, the laundry section is a contradictory collection of high-tech equipment alongside old machines, poor productivity and discipline, questionable cleanliness and frustrated management.

Despite instructions for linen to be sluiced before being sent to the laundry – as is standard practice in most hospitals – Bara's laundry must contend with bloodied sheets, blankets, theatre garb and lotion cloths.

In among these are hazardous waste like sanitary towels, used nappies and bloodied disposal linens. "We regularly get faeces, bloodied needles, instruments in their wrapping," said manager Simon Ngwenya yesterday. "It's like we are a dustbin."

Cleaning unsluiced material costs more, takes longer, and shortens the life of the linen, but hospital public relations officer Hester Vorster says there are not enough staff to sluice linen: only 417 out of 530 cleaner posts are filled, and nurses are under too much pressure.

The laundry has just installed five new tumble-dryers worth R100 000 but has scales dating to 1975. To tighten control it has Gauteng's only computerised bar-coded packing system, yet yesterday there were bags of unidentified linen lying against the laundry wall.

The laundry has the most advanced tunnel washers, but trucks carrying dirty linen from hospital wards and the 13 Soweto clinics are never disinfected before being loaded with clean laundry, according to laundry manager Douglas Vosloo.

Part of the problem is that theft and expansion have left Bara with a chronic laundry shortage, and it runs with at least 40% less linen than is needed, Ngwenya estimates.

The laundry is operating at only a third of capacity and turnaround time would be better if productivity improved, but it is often down to skeleton staff for the week after payday. Management can't do much to curb indiscipline as cases have to be sent to the disciplinary committee of labour relations, said Ngwenya. "It breaks morale of hard workers when they see others dodging and coming to work drunk and nothing is done," he said.

Laundry managers are being trained to improve laundry procedures, and new labour relations officers have been appointed to guide managers, said Anton du Plessis, deputy director of logistical services at the Gauteng Department of Health.

But, like all Gauteng health services, a cash crisis lies behind most of the problems: Bara's real budget has declined over the past 12 years. The hospital has been allocated only R370-million of the R460-million budgeted for the 1996-97 financial year, said superintendent Dr Chris van den Heever. That was hardly sufficient to maintain services, let alone redress past imbalances, he said.

Strike blamed for Bara decay

(98) (92) Sowetan 20/11/96

By Sonti Maseko

THE sorry state in which Africa's largest hospital, Baragwanath, finds itself today may have started back in June 1992 when the hospital was hit by a bloody and messy strike, according to some hospital workers.

The violence and intimidation associated with the strike may have resulted in a new culture that prevails at the hospital today – a culture of settling scores through violent attacks.

One staff member told *Sowetan* that supervisors lived in fear. They were constantly promised beatings if they dared to take up issue with workers neglecting their duties.

"Supervisors cannot say anything," she said. "They do not want to put themselves in danger by creating enemies who will attack them in the townships."

Most of the cleaners were described as being "so relaxed" because they were union members and the union would protect them against their supervisors.

"You cannot give anyone an instruction because they will run to the unions to report you," a staff member said.

Another worker said many cleaners were satisfied with sweeping and cleaning a ward just once a day.

"It's not unusual for a cleaners to arrive in the morning to sweep a ward and then to dismiss themselves or idle the whole day away until the following morning," one nurse said.

To some professionals, the situation at Baragwanath today may be the chickens of the 1994 mismanagement of the strike coming home to roost.

The strike was by skilled non-medical staff demanding a living wage and improved working conditions.

It dragged on for four months. Management responded by firing 850 strikers and replacing them with inexperienced and untrained workers.

Allegedly the new workers were Inkatha Freedom Party supporters, brought in from Natal and hostels in Gauteng. The hospital management was accused of bringing them in "to deal with striking workers" who were members of African National Congress-aligned National Education Health Allied Workers Union. The hospital denied the allegation.

Nurse complained

A nurse at Bara complained then that the new workers were unskilled and insubordinate. They refused to carry out instructions.

Doctors warned that patient care seemed to be worsening.

Through mediation the hospital reemployed most of the dismissed workers but experienced considerable resistance from the scabs, who saw themselves as permanent workers.

A nurse identified some of the hostel men employed as cleaners as part of the problem.

"They employed people without experience who lacked the basic relevant training.

"When striking workers returned there were many small groups and the scabs would not take orders from experienced workers," the nurse said.

Police fire teargas as city hospital workers protest

(98)

ESTELLE RANDALL AND LINDSAY BARNES
STAFF REPORTERS

ARG 20/11/96

Workers and police clashed at Lentegeur Hospital in Mitchell's Plain today after staff blockaded the entrance to protest against security guards not being paid overtime for the past six years.

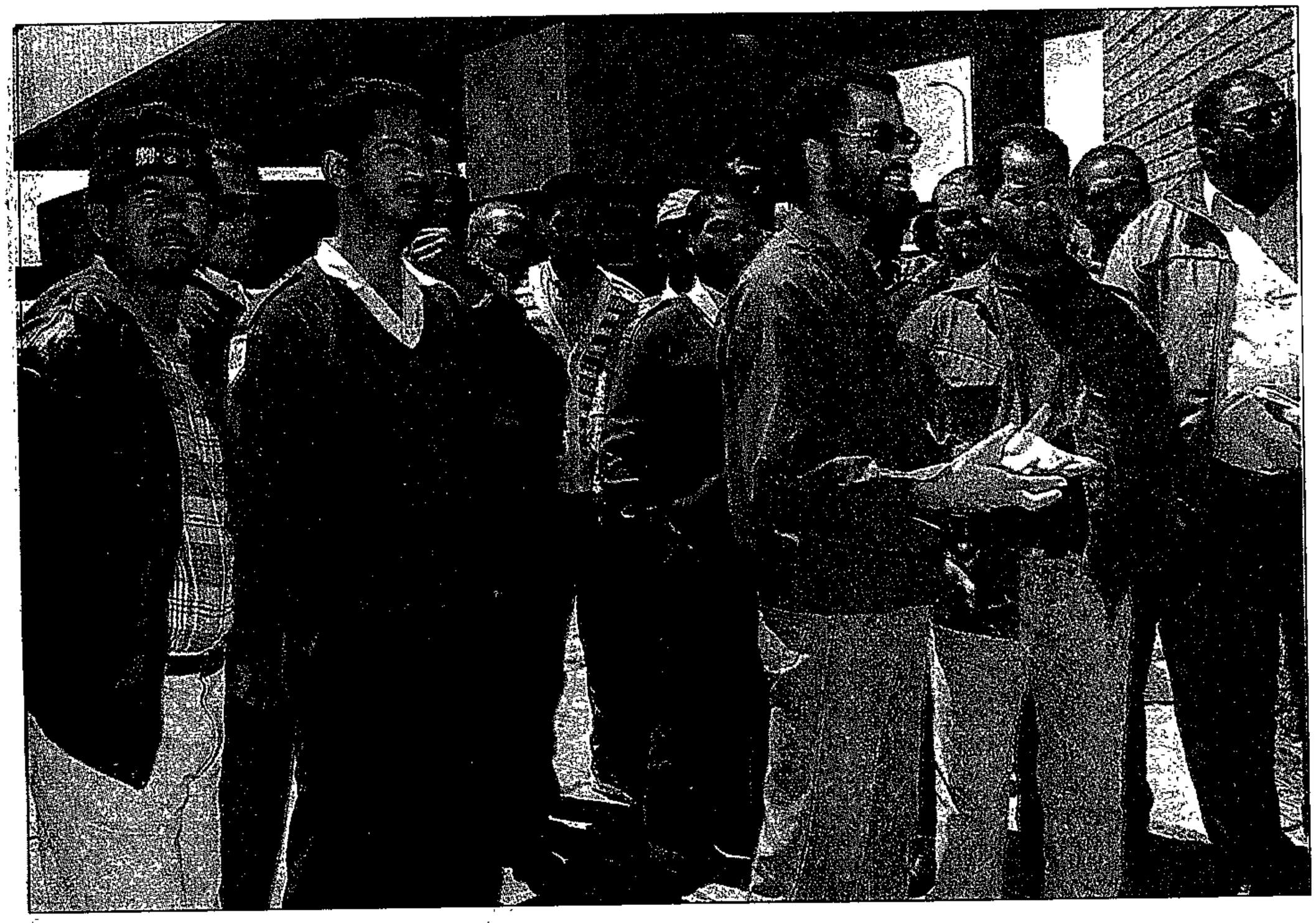
Police captain Desmond Laing said police fired teargas at the protesters after workers resisted attempts to remove vehicles blocking the entrance.

Shop stewards of the National Education Health and Allied Workers' Union said police had also assaulted workers. Shop steward Wayne Weitz said one person was slightly wounded in the face when police spraying teargas at the crowd knocked into the protester. Four or five canisters of teargas were sprayed after people refused to allow the vehicles to be towed clear by police. One car was dented when it was towed away and police used sjamboks on the the crowd, Mr Weitz said.

About mid-morning the police agreed to leave after an emergency meeting between hospital superintendent Koos Miller and union representatives from Nehawu and the Public and Allied Workers' Union of SA.

Hospital management and the unions agreed to hold talks on the security guards' pay grievance after police had left. The unions also undertook to persuade workers – security guards and general assistants – to "normalise the situation at the hospital". Nursing staff were not involved in the action.

The unions are aggrieved about security guards not getting back-pay for overtime. About 40 security guards at Lentegeur are affected but the issue touches all the estimated 500 guards employed at hospitals under the Western Cape Provincial Administration umbrella.



STRIFE: Security guards at the Lentegeur Psychiatric Hospital blockade the entrance yesterday in support of their demand for payment of overdue overtime pay. Police, called to clear the entrance, used a hand-held teargas canister to disperse the guards. ***PICTURE: THEMBINKOSI DWAYISA***

Teargas used as police break up hospital protest

(98)

SECURITY guards at Lentegeur Hospital in Mitchells Plain yesterday blockaded the entrance to the psychiatric institution to support their demands to be paid for outstanding overtime.

Last night the hospital management and union representatives were locked in talks to resolve the dispute.

Shop steward Mr Wayne Weitz said the government had previously agreed to pay, and although some departments such as education had complied, health had not.

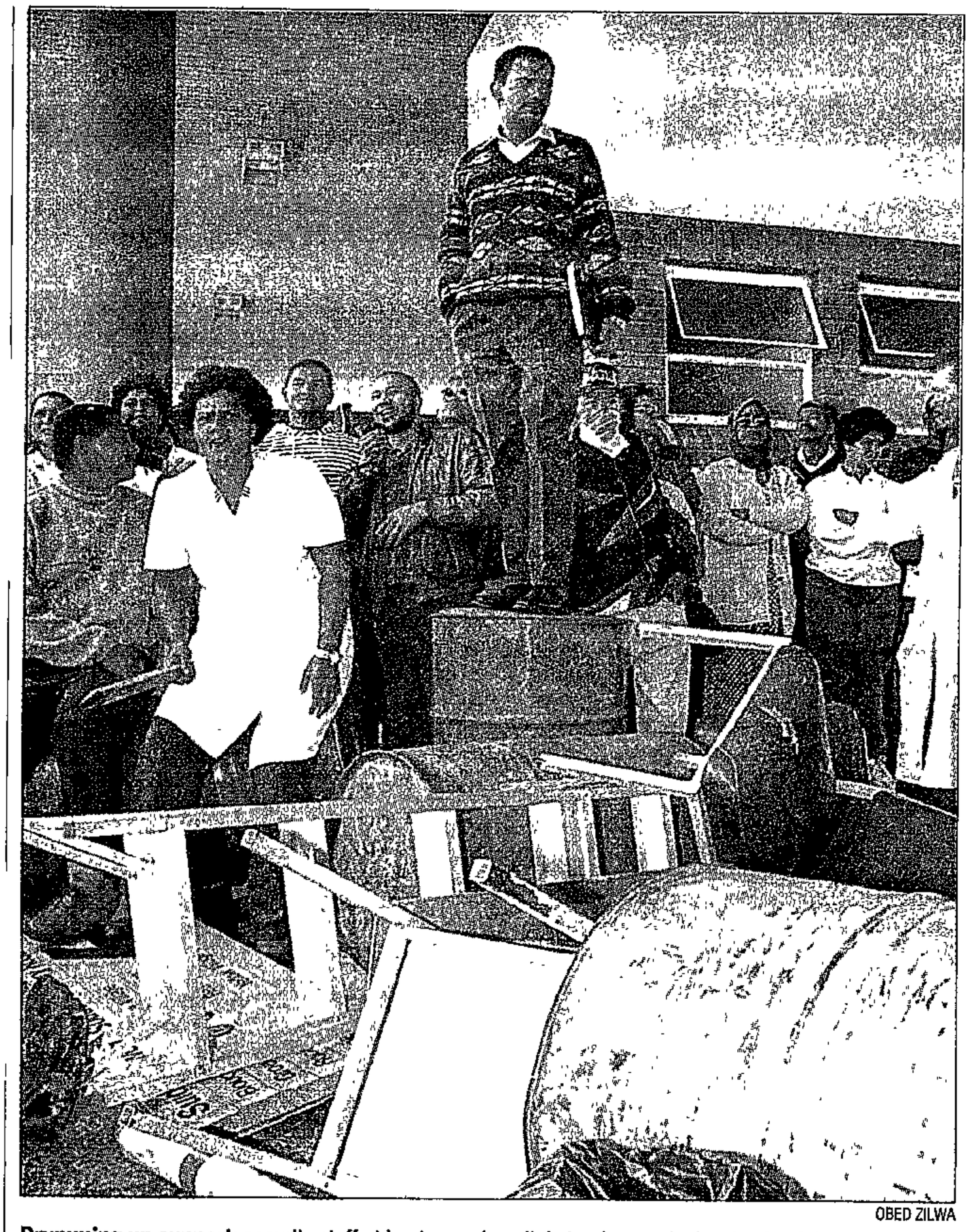
Workers were fed up with the constant delays, he said, and this had compelled them to draw attention to their plight through the blockade.

The protest by about 40 workers started at the change of shift at 7am, but was cleared soon afterwards by police at the request of the Lentegeur management.

Weitz criticised the police for the ensuing scuffles, during which teargas was used.

Police confirmed a hand-held teargas canister was discharged. — Staff Writer

CT 21/11/96



OBED ZILWA

Drumming up support: security staff at Lentegeur hospital stand around a barricade of drums

Hospital staff return after clash with police

LINDSAY BARNES (98)
CRIME DESK
ARG 21/11/96

All was quiet at the Lentegeur psychiatric hospital in Mitchell's Plain today after a brief confrontation between striking security staff and police yesterday over cars blocking the entrance to the institution.

Late yesterday hospital management threatened to apply for a court interdict to prevent further strike action, but staff returned to work, said National Education, Health and Allied Workers' Union (Nehawu) shop steward Wayne Weitz.

Police used teargas yesterday to disperse the group, which had gathered outside the main entrance to demand overtime pay for the past six years.

Strikers resisted police attempts to tow away the vehicles and hand-held cannisters of teargas were emptied into the crowd.

Shop stewards from Nehawu and the Public and Allied Workers' Union of SA (Pawusa) began negotiations with management today. The unions agreed to provide proof of overtime worked.

Mr Weitz said security staff would work to rule until the overtime pay backlog was cleared and would consider further action if the issue was not clarified today.

Senior medical superintendent Koos Muller was not available for comment.

Baragwanath's staff transfer held up by negotiations

Kathryn Strachan (98) BD 21/11/96

BARAGWANATH hospital is to get 500 additional cleaners to resolve its staffing crisis, but the transfer is being held up while Gauteng's recently announced hospital restructuring plan, of which it is a part, is being negotiated with unions, hospitals and medical schools.

Gauteng health department deputy director Eric Buch said yesterday that while Baragwanath had enough nurses and doctors, its support staff was short by 500 posts.

The hospital restructuring plan aims to achieve equity by moving staff from better-resourced hospitals to those which are battling Part of the plan is to convert Hillbrow Hospital into a health centre and thereby spread the concentration of resources and personnel from the city centre to outlying townships.

"The ability to deal with the crisis at Baragwanath is locked into the plan ... we cannot move staff in until we receive comment on the plan and negotiate the transfer of staff," said Buch.

He said the province was expecting an additional R750m next year and if it materialised, Baragwanath would get an additional allocation.

Opposition to ANC's renaming of hospitals

(98)

Proposal to change J G Strijdom to Helen Joseph Hospital and naming Baragwanath after Chris Hani

ALG 21/11/96

STAFF REPORTER

The National Party has shot down recommendations that the names of Gauteng provincial health institutions be changed to reflect the new political order.

They said name changes, such as the proposed J G Strijdom Hospital to the Helen Joseph Hospital, went against previous agreements.

The Gauteng standing committee on petitions and public participation released its report yesterday, making, among others, the recommendations that Baragwanath Hospital be renamed the Chris Hani Baragwanath Hospital, the Boksburg/Benoni Hospital be called the Tambo Memorial Hospital, and the Hendrik van der Bijl Hospital become the Johan Heyns Hospital.

NP spokesman Annalize van Wyk said all parties on the standing committee, including the Democratic Party, the IFP and PAC, had voted against the recommendations contained in the report.

Van Wyk said the move was out of line with the agreed principle that when controversial names are changed they should "not serve to further deepen controversy".

But ANC provincial secretary Paul Mashatile said his organisation's caucus had fully endorsed the recommendations yesterday and did not regard the name changes as controversial.

"These names emerged after wide consultation with our constituency and are names of people who have made a great contribution to democracy," he said.

Dr Peter Raper, recently elected chairman of the National Place Names Committee, said the move appeared to run contrary to the trend.

"If you look at the naming of airports and dams, there has been a move away from those of political figures," he said.

Raper added that internationally, specifically in Canada and America, governments advised against the naming of places after living people. However, it was difficult for names not to be political, whatever their background, he conceded.

Bara should be firm on staff – DP

(98) Sowetan 22/11/96

Department of health urged to involve private sector to restructure services

By Sonti Maseko

DEMOCRATIC PARTY Gauteng spokesman on health Mr Jack Bloom has called on the province's health department to "take a firm hand" to control the "disgraceful conditions" at Baragwanath Hospital.

In a statement yesterday, Bloom urged the department to involve the private sector in the restructuring of health services. This would bring about savings and generate money for the provincial hospitals which, he said, were at present totally dependent on a shrinking budget from central Government.

Bloom projected savings of R8 million to R10 million a year if Baragwanath Hospital, already sitting with a R110 million deficit, outsourced activities such as cleaning, sterile packaging and laundry.

Based on figures he had obtained from the provincial government, Bloom said Baragwanath had expensive laundry machines which operated only at 60 percent capacity. With good management the hospital's laundry could generate extra revenue by extending the laundry service to other sectors.

Reacting to recent reports by *Sowetan* on the filthy conditions at Baragwanath, the breakdown in authority and the declining quality of patient care, Bloom said it was "scandalous" that the hospital, which had more cleaners than any other hospital, had dirty wards.

"With the amount of cleaners they have at Bara, the hospital should be sparkling," he said.

He called on trade unions, particularly the National, Education, Health and Allied Workers' Union (Nehawu), to which most of the staff at Baragwanath belong, to be involved "in a responsible manner" to find a solution.

11 Gauteng hospitals to be given new names

Star 22/11/96 (98)

Gauteng will have new names for 11 of its 30 provincial hospitals once the recommendation by the provincial legislature is ratified by the Gauteng Cabinet.

Baragwanath Hospital is to be renamed the Chris Hani-Baragwanath Hospital, to honour the assassinated MK commander, and the J G Strijdom Hospital, named after the National Party prime minister in the 50s, will become the Helen Joseph Hospital to honour the late ANC activist.

All opposition parties – the Freedom Front, NP, Democratic Party, Inkatha Freedom Party, Pan-Africanist Congress and African Christian Democratic Party – opposed the changes.

The National Party said the renaming of public institutions should not be politicised, but done on historical and geographical grounds. The PAC, DP and ACDP said they would have supported the changes, recommended by a working committee report, had the names of fallen heroes of other liberation movements been included.

The working committee of the legislation has recommended changing the names of 11 hospitals, two provincial laundries, one nursing college and one community clinic.

The H F Verwoerd will become Pretoria Academic Hospital, the C G Visser Hospital in Heidelberg becomes the Heidelberg Hospital, the Sybrand van Niekerk Hospital in Carletonville becomes the Carletonville Hospital, the Paardekraal Hospital inKrugersdorp becomes the Dr Yusuf Dadoo Hospital, the Boksburg-Benoni Hospital becomes the Tambo Memorial Hospital and the Hendrik van der Bijl Hospital in Vanderbijlpark becomes the Johann Heyns Hospital. – Staff Reporter.

Education, hospitals to gain from UK expertise

British Council 'has much to offer SA'

ARG 25/11/96 (98)

WILLIAM-MERVIN GUMEDE
POLITICAL STAFF

The British Council is to offer expertise to help South Africa rationalise academic hospitals and develop education policies.

The offer came from council director-general John Hanson, after meeting Education Minister Sibusiso Bengu and Arts, Culture, Science and Technology Minister Lionel Mtshali on a South Africa visit.

He also met provincial ministers, non-government organisations and private institutions in Cape Town, Johannesburg and Durban.

Sir John said in a interview that the British government was keen to offer its experience in the rationalisation of health services to the Western Cape government.

"Britain has already gone through a process of health care reform and has much to offer South Africa," he said.

Last week Sir John met Western Cape Education Minister Martha Olckers to discuss school governance and the new Schools Bill. "The council wants to assist the education departments in strengthening educational capacity and developing management skills," he said.

The council would help the National Education Task Force and the National Education Policy Unit.

Sir John saw University of the Western Cape rector Cecil Abrahams and UCT rector Mamphela Ramphele.

"The British Council has been in South Africa since 1958 and its work has focused primarily on the disadvantaged communities. In the new era of democracy we are assisting in South Africa's move towards sustainable growth," said Sir John.

Villagers take control of health care

BD 28/11/96 ~~BD~~ (98)

In our series on policy changes filtering down to clinics, **Kathryn Strachan** looks at two centres in Northern Province

Kathryn Strachan

THE sign on the door at Mamitwa Clinic reads "Labour Ward", but beyond the door is a cramped dark room with a dilapidated bed and a rusty metal crib.

The room leads off a veranda where waiting patients can hear the screams of childbirth. Of all SA's forgotten rural clinics, Mamitwa near Tzaneen in the Northern Province bushveld has to be in the worst condition.

The small consulting room, where everything from the ceiling to the equipment is falling apart, leads on to the "postnatal ward". Here the two beds, with their stained linen, side by side leave it so cramped that the door can only open half way.

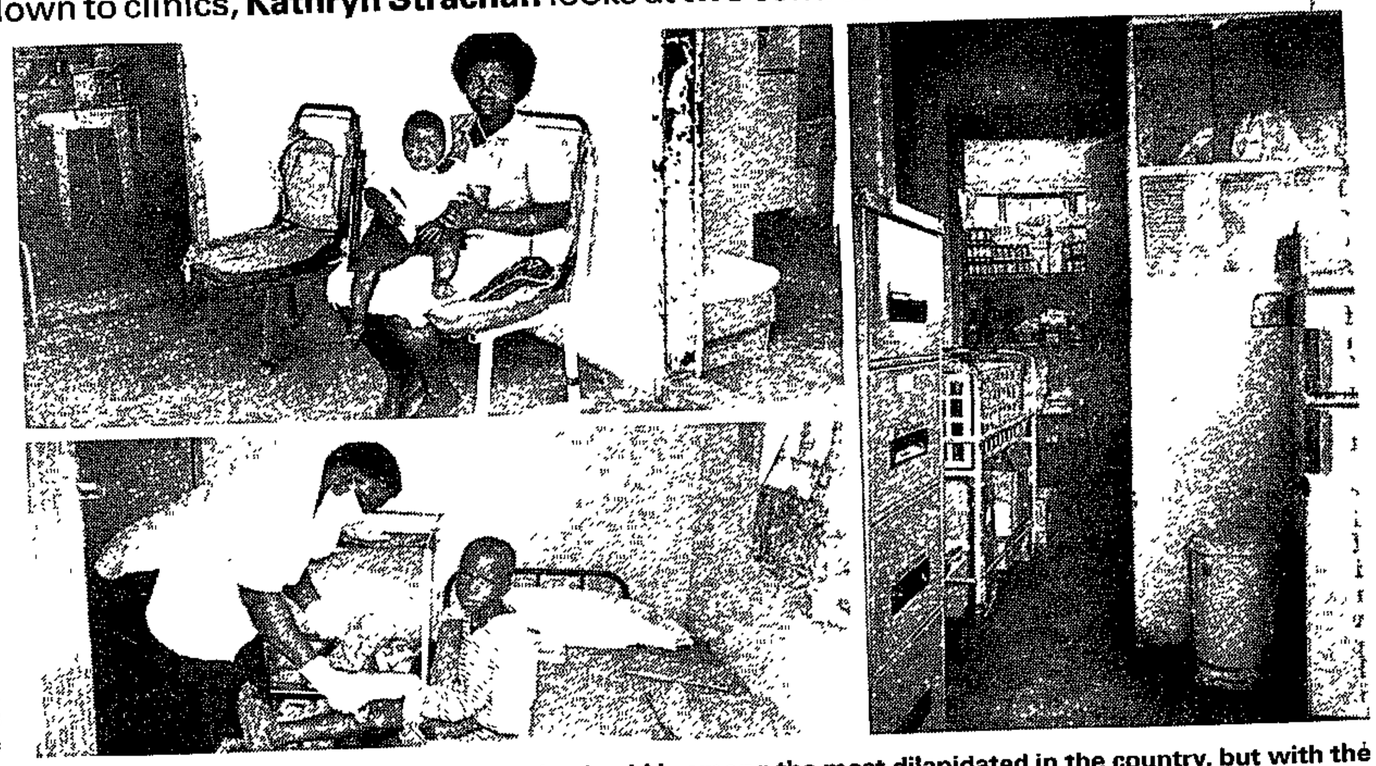
Patients are seen initially by a nursing assistant on the veranda, before being referred to the sister inside. When it is not too windy or too wet, the patients are sent to the "waiting room" — the shade of the Acacia tree facing the veranda — but the scene of a teenage girl having her urine sample tested on the veranda is an unnerving reminder of how privacy is a luxury when there is no space.

Sister Dorcas Mhlongo is the only qualified nurse at the clinic.

Each day she sees about 100 patients. "To get through all the patients we just check the pressing problems, and even those we have to rush through," she says.

But the veranda's ingenious chairs — salvaged bus seats — are a sign of hope in this dark depressing clinic. This hope comes from residents in the village who, through new initiatives in the province to involve the community in decisions on health care, have recently been drawn into the operations of the clinic.

The first thing the community in the wider district decided was that Mamitwa Clinic was to be near the top of the list of clinics to be upgraded in the area. Plans were made, and foundations for the extension are already being dug.



Mamitwa Clinic in the Northern Province bushveld is among the most dilapidated in the country, but with the help of local residents new initiatives are bringing improvements. Picture: KATHRYN STRACHAN

Mhlongo expects it will be ready early next year, and she is also hoping for five new nurses to help with the workload.

"In the meantime we just persevere, hoping that things will be better when the new clinic is built," she says.

Mamitwa falls under the Grace Mugodeni subdistrict, which is piloting new district health system initiatives for the wider Letsitele district.

Steering the process is Sister Angelina Masungwini, who is based at the Grace Mugodeni Health Centre. She explains that the interim district health system development committee, made up of representatives from each village health committee, is initiating the project, and from here it is expected to be replicated in other parts of the district.

The committee is starting by conducting an analysis of its people, their health status and their living conditions, and using that as a basis for planning services.

Through the committee the community is finally being given an opportunity to say what they want.

They are involved in choosing the sites where new clinics should be and making sure that it gets built according to plan. They are also involved in recruiting staff which means local nurses who are attuned to local needs are selected.

Part of making the district health system a self-contained unit is upgrading the health centre, and this means a lot of changes for Grace Mugodeni. The centre takes referrals from five clinics and provides all the basic services to the 34 villages in its area.

A few months ago a youth centre was set up and two mobile teams were launched to reach out to more remote communities. The centre recently was given incubators and sterilisors and a laboratory is being set up. Two doctors who visit from the local hospital have increased their visits from once a week to every day, the number of nursing posts is expected to increase and more advanced nursing staff will soon arrive.

However, Sister Nellie Nkuna explains that there are still problems. There are power failures at least once a week, and without the cold storage, the vaccines often have to be discarded. "Its also difficult to deliver a baby by candlelight," she says.

Free primary health care has doubled the number of patients coming to the centre.

"It has brought happiness to the people, but we are battling with staff shortages," she says.

"We do try, but with the workload its difficult to give patients the care they need."

The health centre has also been given its own budget which allows it to set its own priorities and make its own plans.

Previously the budget was controlled by the hospital superintendent who handed on to primary health care only what was left over once expensive hospital equipment had been bought. The health committee has also started drawing up operational plans which will enable it to lobby for additional funds in next year's budget allocation.

"There's a motivating force now, we can take responsibility and have better control over what happens," says Masungwini. "We are the most disadvantaged province but we have vision and that makes us able to see our way through the problems."

Health workers hold demos in Gauteng

(98) (1992)

Sowetan 29/11/96

By Sonti Maseko

MEMBERS of the National Education, Health and Allied Workers' Union yesterday braved the rainy and chilly conditions to demonstrate at several hospitals, clinics and old age homes around Gauteng.

Nehawu president Mr Vusi Nhlapho vowed yesterday the one-hour work stoppages would continue until the union was granted a meeting with Gauteng MEC for health Mr Amos Masondo to discuss health care reforms in the province.

He said there were meetings at Baragwanath, Hillbrow, Johannesburg and Natalspruit hospitals yesterday and demonstrations at these institutions would start today.

Nehawu, with a countrywide membership of 150 000, held demonstrations at JG Strijdom in Johannesburg, Paardekraal in Krugersdorp, Discovery in Roodepoort, Pholosong and Willem Cruywagen on the East Rand among others.

Nhlapho said the action was being taken to halt the "unilateral" transformation of health services in Gauteng, which was being done without the consultation of the union.

Masondo's health reforms threatened to to take away 2 600 jobs from Nehawu members, most of whom were nurses, clerks, porters, cleaners and ward attendants.

"As a union which organises in these grades we find that unacceptable (also) because the Central Bargaining Chamber has reached an agreement this year in April that there will be no forced retrenchments," Nhlapho said.

He said the union was also opposed to plans by the Gauteng department of health to convert Hillbrow Hospital into a day clinic.

Gauteng Superintendent-General Dr Ralph Mgijima yesterday condemned the demonstrations and said Nehawu was not acting in good faith by resorting to protest action. He said "every avenue to influence the process of transformation" had been opened to the union.

Mgijima said in a statement that talk of retrenchments was premature at this stage because of a national moratorium currently in place on public sector retrenchments.

"The national moratorium can only be lifted if there is agreement in the CBC. Nehawu itself would have to be part of such a decision," Mgijima said.

Now sort - Sithole's trial

Government delivers on promises in Sharpville

(98) Sowetan 2/12/96

By Themba Sepotokele

THE Gauteng health ministry has made great strides in bringing health care to the doorsteps of the people.

This was evident on Friday when Gauteng health MEC Mr Amos Masondo opened the Sharpville Health Centre and Tshepiso Clinic in the Vaal Triangle. The two facilities cost R2,8 million and R600 000, respectively.

In a ceremony marked by the slaughtering of a cow blessed by traditional healers, Masondo told elated residents that the time for delivery on election promises had started, especially since the Vaal had been neglected for a long time as far as health care was concerned.

He said his department would use whatever means at its disposal to see that health care was taken to the people.

He added that it was in this regard that the Presidential projects in the area had to be implemented.

The clinics were built by the community of the Vaal.

According to Masondo's spokesman, Mr Popo Maja, the Sharpville Health Centre was built with government funds and would be maintained by the government. The Tshepiso Clinic would be maintained by the local people.

Meanwhile construction of a new R45 million clinic in southern Sebokeng is under way.

Transnet executive director Mr Zukile Nomvete said the hospital was scheduled to be completed in July next year.

He said the clinic was a joint venture between Propnet and Sebokeng Property Holdings.

Nomvete said: "This is a key example of Tranet's commitment to making land available for development and community upliftment through addressing community needs.

"These kinds of projects are contributing significantly to economic growth and development."

Health workers call off strike

(98) (98) Sowetan 6/12/96

By Sonti Maseko

THE National Education, Health and Allied Workers Union has stopped demonstrations at Gauteng hospitals and clinics in protest against plans by the provincial authorities to restructure health services.

However, Nehawu president Mr Vusi Nhlapho yesterday said the demonstrations might resume soon.

The union wanted Gauteng MEC for health Mr Amos Masondo to respond to a memorandum delivered by the union late last week, requesting a meeting to discuss health plans.

Nhlapho said the memorandum contained a declaration of a dispute between his union and the Gauteng department of health. The MEC was given until today to respond to demands by the union.

"His response will determine whether there will be serious problems between the department and ourselves," Nhlapho said.

He said the union had the option of calling for a strike or applying to the Commission for Conciliation, Mediation and Arbitration which has been set up in terms of the Labour Relations Act.

Nehawu wants the health department to abandon its health reforms, which the union said would result in 2 600 health workers, mostly union members, losing their jobs.

Declared a dispute

Spokesman for the department Mr Popo Maja confirmed that the union had formally declared a dispute with the department but said it was "unthinkable" for the department to suspend the health reform plan.

"The MEC can meet Nehawu but the demand that the department suspend the plan is quite unreasonable. Let Nehawu submit an alternative plan."

Maja said Nehawu, together with other unions, was in agreement with the four pillars of the plan, which aimed to rationalise hospitals, create equity, strengthen primary healthcare and align the department's expenditure to its budget.

However, he added: "The trade unions are concerned about the possibility of retrenchments and we also are not interested in seeing people on the streets.

"We will do whatever we can to redeploy people."

2★★

'We want to work – or we will strike!'

By LANNIE MOTALE 98

WORKERS at South Africa's second largest state hospital – Ga-Rankuwa, north of Pretoria – have threatened to embark on labour action with a difference, and bring the hospital to a grinding halt if drastic measures are not immediately taken to "get them working".

The workers said the hospital's administration was on the brink of collapse due to lack of control measures and co-ordination between two faction groups in its management. CP 8/12/96

"I feel guilty that I'm receiving my salary every month without working. This really frustrates a lot of us," one clerk said.

A spokesman for the workers said several workers and departments had expressed dissatisfaction at the day-to-day running of the hospital.

"There is so much lack of control that one worker has been in and out of prison, sometimes for months, without being noticed. He has been earning his full salary and even got promoted," said another worker.

"Most administration members report for duty in the morning and leave the hospital during office hours to do their shopping.

"They only return later in the afternoon, perform the day's duties – and then claim overtime," he said.

It was further alleged that thousands of rands have been paid out to suppliers without any proof of the goods being delivered – and that staff order goods for themselves.

Ga-Rankuwa Hospital director David Mthembu confirmed the hospital's administration lacked foresight and co-ordination.

"We're presently setting up mechanisms to control the situation.

"Several meetings with union representatives, heads of departments and sections are in the pipeline to address the situation," Mthembu said.

CHRISTINE NESBITT

Health is at hand ... Aisha Kara (11), Khadijah Moosa (6) and Yasmin Kara (7) were all smiles after a container was delivered by members of their Laudium Islamic community to serve as a clinic for the Alexandra community.

'Container clinic' will ease burden on Alex facilities

Star 10/12/96 (98)

By Audrey Sekwakwa

Alexandra's only clinic will have its heavy patient load reduced following the installation of a containerised primary health care clinic in Wynberg near Alexandra yesterday.

Businessman Osman Tayob and his three brothers, who are all doctors, sponsored the clinic through the Islamic Wagful Wagifin Foundation, an Islamic charity organisation in Laudium near Pretoria.

The foundation is in partnership with provincial health ministries throughout the nine provinces and its eventual aim is to help deliver primary care to the masses in all of them.

Osman Tayob said the basic structure of the container cost R65 000, the administration costs would be R15 000 and the health equipment R10 000.

The project was launched following a personal appeal by President Nelson Mandela's adviser and ANC MP Ahmed Kathrada.

Kathrada, who cut the ribbon at the opening of the clinic, said it was the first of up to 11 more to come.

He appealed to the Alexandra community to protect their new clinic against spiralling vandalism and crime.

National co-ordinator of the foundation, Dr Imtiaz Sooliman, said Wynberg had been chosen as the site because of the large number of traders, many illegal immigrants, who were in the area with their children.

He added: "About 300 taxis are taking people to Wynberg daily and many of them need the services of a clinic."

The whole project is motivated by humanitarian reasons. "Compassion knows no geographical boundaries, wherever there is a need that is where we help."

The ministry of health and the community of Alexandra had decided jointly to install the clinic in Wynberg.

Dr Neil Martinson from the Eastern Metropolitan Sub-structure said the project will save the local authority money.

He explained it would operate with primary health care nurses for four hours, five days a week in December and the hours would be increased to eight next year. The clinic is expected initially to serve about 100 people each day.

TYGERBERG HOSPITAL CELEBRATES

Killer germ eradicated

(98) CT 12/12/96

TYGERBERG HOSPITAL is celebrating the return to health of its intensive care units. Health Writer **ANEEZ SALIE** reports.

THERE is some extra jingle in the bells at Tygerberg Hospital this Christmas because the killer Klebsiella epidemic that plagued the intensive care wards has been eradicated.

Since September, when the Cape Times first exposed the deaths of at least 16 babies over nine months because of the germ, close to R3 million has been spent on ridding the institution of the epidemic, which had spread through the intensive care wards via a cockroach infestation and poor hygiene.

Cockroaches had bred unchecked behind the vinyl that lined most of the walls. The vinyl has been removed and the walls disinfected and painted.

The infected wards were closed and cleaned throughout and fumigated to get rid of the cockroaches. Funds for the task were provided by the provincial health and RDP departments.

Overworked health workers had not observed a strict handwashing routine, essential for dealing with the infectious Klebsiella pneumoniae disease, which had put vulnerable premature infants at risk.

Drastic health budget cuts by the central government, and a shift in emphasis and funding from academic hospitals such as Tygerberg, to primary health care centres, had put nursing staff under intense pressure, according to Dr Mark Cotton, a senior specialist in paediatric infectious diseases at Tygerberg and the Stellenbosch University Medical School.

Yesterday, Tygerberg paid tribute to the nursing and cleaning staff for having rid the institution of the Klebsiella epidemic. They were addressed by Cotton and the head of Tygerberg, Dr Abul Rahman, before enjoying a finger lunch laid on by their colleagues.

Cotton praised the workers and said the success of the eradication programme was theirs.

Members of the public, and private companies had also rallied around.

Rahman commended the media for its positive role in exposing the deaths and the Klebsiella problem. Without its assistance Tygerberg could still be suffering from the outbreak and more babies would have died, he said.

A member of the cleaning staff, Mrs Claudette Samuels, said she was pleased the problem had been solved, not only because of the lives it would save, but also because she had been fearful of passing on the germ to her own child at home.

Chief Professional Nurse, Mrs Elise Thompson, who led the nursing team at the height of the epidemic in the intensive care unit, says the staff had been upset and embarrassed by the epidemic.

"When the story first appeared in the Cape Times it was very upsetting," she said. "But now we realise the importance of the service the media provides in bringing such matters to the attention of the public."

SUCCESS: Tygerberg's neonatal ward has been revamped, thanks to staff including (left) Sister Madelaine Alexander, Dr Mariane Senekal, Dr Mark Cotton and Dr Tracey van Rooyen. ***PICTURE: THEMBINKOSI DWAYISA***

MAIL & GUARDIAN
December 13 to 19 1996

Soweto clinics face closure in maternity revamp

MTG 13-19/12/96

(98)

Andy Duffy

THE Gauteng provincial government is to revamp its maternity services — a move which could lead to the closure of poorly supported units in Soweto.

The plans, to kick in next year, include attaching new maternity facilities to overloaded hospitals and, according to department sources, closing some of the 20 existing outlying maternity facilities, most of them in Soweto.

Hospitals such as Johannesburg General are clogged up with basic maternity cases — its level of deliveries has nearly tripled in the past five years and women are routinely discharged just six hours after giving birth. But many of the township units are poorly used.

The new units would handle most of the hospitals' maternity cases. Chief director of health programmes Dr Carol Marshall says the question of closing existing units has not been raised, though their status is being reviewed. Other sources say closures are likely, but the province is reluctant to discuss them, given the opposition to the proposals to reshape general health services it unveiled in October. Such community health centres are also at the forefront of government's universal health care drive.

Department figures show many of the clinics operate maternity services well below a level judged by the province to be economically viable.

The units accounted for less than 20% of the deliveries the public sector handled in the past year. The clinics' average delivery rate in the past year was less than 99 a month, against a cost effective level of 100-150 a month.

The 18 secondary and tertiary hospitals, which are supposed to deal only with referred cases, are handling most deliveries — averaging more than 440 a month.

"Johannesburg General is being swamped by women who don't need that level of care," Marshall says. "It's obvious that if you have overworked staff you don't have the same level of care."

Big shot in the arm for Baragwanath

R24-million allocated for revamp of massive Soweto hospital

(98)

Star 14/12/96

By TOMMY MAKOE

The world's biggest hospital, Baragwanath, is being given a much-needed injection of funds with more than R24-million set aside for infrastructural improvements and maintenance over the next two years.

However, the rebuilding of its outpatient and casualty departments has been put on ice.

The Soweto hospital was among several recently targeted in a Health Department audit that showed many South African hospitals were in dire financial straits.

Upkeep

A total of R8-billion is needed over the next 10 years to save many state hospitals from closure. Only R1-billion of the Health Department's current budget of R18-billion is spent on hospital upkeep each year.

Between this year and next, about R7-million will be spent by the department on infrastructural and maintenance improvements at Baragwanath.

Gauteng Health Department facility planning director Cheman Lalla said: "This amount was budgeted for the 1996-97 financial year.

"The improvements, which are expected to be completed at the end of next year, will concentrate on the improvement of medical-gas lines, building a security wall, repairing roads and upgrading standby plants."

Of the eight academic hospitals audited, Baragwanath Hospital, along with Durban's King Edward VIII Hospital, were in the worst condition.

According to the audit report, about 10 hospitals were in such a dreadful state that they should be written off.

Most of the remaining 542 hospitals audited contained a mixture of "good and bad", the report found.

Lalla said current demands for maintenance and upgrading at Baragwanath Hospital were related to the age of facilities and the fact that the institution had grown well beyond the capacity for which its infrastructure was initially created.

His department had budgeted more than R17-million in its 1997-98 financial year to continue improvements.

"In the new year we are hoping to begin (work on) the kitchen, other buildings, water reticulation and the sewers," said Lalla.

The hospital was losing a great deal of water because water pipes and sewers were in such a poor state, he said.

However, the department was not going to engage in major capital projects in the 1997-98 financial year.

Overcrowding

"Although our highest priority was the outpatient department and the hospital's casualty section, which needs to be flattened and rebuilt, this will not happen in the next two years," the facility planning director said.

The planned rebuilding of the outpatient and casualty departments was expected to cost between R35-million and R55-million.

Lalla rejected rumours that the hospital intended to convert its nurses' home into wards in a bid to deal with overcrowding at the hospital.

PATIENT PATIENTS . . . the queues are long but the treatment is good Picture: JULANI VAN DER WESTHUIZEN

Good health comes to those who wait

(98)

ST 15/12/96

Overburdened state hospitals have come under heavy fire for poor service and overcrowding in recent months. But a Sunday Times investigation of conditions at Pretoria's main hospital found patients and staff surprisingly upbeat. CAS ST LEGER, BABALWA SHOTA, DINA SEEGER and MICHAEL CEBEKHULU report

THE corridors and waiting rooms at Pretoria University Hospital are bursting at the seams.

Faced with doubled patient loads, the 900-bed hospital that used to be known as H F Verwoerd has been at the cutting edge of change. Like other state hospitals faced with shrinking budgets, it has been accused of a decline in standards.

But medical staff are adamant that they are still delivering quality care and patients appear to agree wholeheartedly.

Outpatients surveyed this week limited their complaints almost solely to how long they had to wait to see a doctor.

"But we mustn't grumble," said cardiac patient Rudolf Engelke, 63. "They've saved my life five times from heart attacks. And all for R13 a visit. They're doing their best under very hard conditions."

In October, the Minister of Health, Dr Nkosazana Zuma, hit back at critics, saying: "It depends on where one comes from, how one looks at whether health services are improving or not. If one comes from a situation in which the policy was that vast numbers of hospitals and facilities were preserved for the few, for whites, and suddenly one has to queue with Africans and everybody else, obviously one will see that as a disadvantage."

But at Pretoria University Hospital those who once had the advantages of medical aid and private medicine were as appreciative of the treatment and drugs received for the pensioners' R13 flat rate as were those who had previously had little access to health care.

Still, no one liked the queueing.

Sophie Masilela, 42, an asthma sufferer, said: "I have been a patient here for three years. I understand that there are a lot of patients but the doctors are very slow."

She said the hospital had improved greatly as now there were no "whites only" and "blacks only" sides. "Now everyone can mix with everyone else and people are being treated in a much better manner."

Jessie Elizabeth Christie Wallace, 60, who has been treated at the hospital for 40 years, said: "We wait a long time to see a doctor and we wait for medicine.

"There are more people attending the hospital now."

Since the 1994 elections, Pretoria University Hospital has been flooded with patients from the former homelands. In November 1995, the outpatients' department treated 15 100 people. By November this year, numbers had shot up to 24 000 a month.

Family practitioner Dr Erma Britz said she had seen as many as 60 outpatients a day, with an average of about 40 patients.

"We're very sorry patients have to wait so long. The increase in numbers has been very hard on them. They might have to wait between six to eight hours to see the doctor."

She said patients were streaming in from the former homelands in the belief they would get better treatment than at the rural hospitals. They often had letters from traditional healers giving the history of their illness.

Britz said that budget cuts had not harmed treatment or medication but had affected building maintenance, cleaning and linen supplies.

Sister Mary Nienaber wages a daily war against staff shortages. "Next year will be worse. A lot of nurses are taking severance packages and are not being replaced.

"But I'm sure we will cope," she said.

Gladys Mampya, mother of two-year-old Thabo, was less impressed with the hospital service. She felt little had changed since she had first been turned away from the hospital's black section.

"The first time I brought Thabo here, he was suffering from diarrhoea. I had to go to the black patients' side and I was told the doctor could not see me because I had not made an appointment.

"They could see my child was suffering, but they still turned me away. I had to take him to another hospital. What if he had died in the taxi?"

Mampya said she believed Thabo would have been treated immediately if he had been a white baby. In her opinion, little had changed and people were still being treated unfairly.

But Anna Majoe, 65, had nothing but praise for the hospital staff, despite the long wait. She was first treated at Pretoria University Hospital two years ago after being hit by a car.

"The ambulance came very quickly and when I got here I was not kept waiting. The doctor explained my injuries to me, I was given medication and I went home. Everybody in the hospital was nice and treated me with care."

She said all patients were treated the same.

Sbiya Linda, 60, said he was sure the doctors were doing their best.

"The service has been the same for me before and after the 1994 elections and I am convinced that the health department is doing an excellent job," he said.

Hospital cut-backs will have dire results

THE recently announced further massive budget reductions for the three major teaching hospitals in the Western Cape — Groote Schuur Hospital, Red Cross Children's Hospital and Tygerberg Hospital — will have serious consequences for the delivery of health care and health-care training in this province, and even further afield.

We, the consultant surgeons of the University of Cape Town at Groote Schuur and Red Cross Hospitals, are extremely concerned about these severe financial curtailments and their potential consequences. We therefore feel compelled to make the following statement:

Central government funding has been shifted away from the Western Cape to develop infrastructure and services in other provinces that, it has been argued, have been under-funded in the past. All departments within the provincial administration of the Western Cape are expected to share this burden. Health has been particularly severely cut.

In addition, part of the reduced funds for health are being shifted to bolster primary health care. We applaud and support the initiative to develop the primary care services.

However, the remaining finances are now grossly inadequate and have to be distributed to all other services. This includes academic hospitals such as Groote Schuur Hospital, which handle complicated cases, as well as others such as Somerset, Victoria and Conradie Hospitals.

We are committed to participating constructively in a planned and well-managed rationalisation process aimed at maintaining and building excellence in health care, teaching and research in the academic hospitals — within budget constraints. We believe that, with good management, it is possible to achieve this objective, but not unless the government slows down the rate of proposed budget cuts.

The three major teaching hospitals in the Western Cape are expected to reduce their spending from R998-million in the 1995/1996 financial year to R650-million over the next five years. This will have severe negative implications for the health services available to the community, especially the poorer sections. The hospitals are expected to reduce their workforce by 1 600 posts, and the number of functioning beds by 500 before April 1997.

The government is attempting to reduce staff through what we believe is an ill-advised policy of offering severance packages to all state employees in the health services. We believe that an alternative approach, based on principles of sound planning and management, would correct the problem of staffing imbalances by creating posts where they are most needed and freezing others.

CT. 16/12/96 (98)

VIVA ZUMA: Health Minister Dr Zuma gets a thumbs-up from the staff of Groote Schuur hospital who were impressed with her pleasant attitude and her commitment to improved health care for all in South Africa.

Instead, the "random misery" generated by the "voluntary severance package" approach is leading to a severe loss of skilled and experienced staff and we will not be allocated funding to replace most of them. This could result in key areas of the patient management chain becoming dysfunctional.

The public needs to be informed that these drastic measures will cause very serious disruption in the academic hospitals' ability to carry out their main functions of providing medical services to the community, teaching and training future health-care professionals, and undertaking research.

Many services will be reduced and some vital services may have to be closed entirely. In reality, it will be impossible to maintain the excellent standards of care for indigent patients that we have achieved in the past and which have made our hospitals world renowned.

Over the past few years the escalation in traumatic injuries (due to both violence and motor vehicle accidents) has been enormous. This has greatly interfered with our ability to provide non-emergency or elective surgery to those requiring it.

Waiting lists of a year or more in vital areas, such as cataract surgery for blindness, have become commonplace and no patient can be guaranteed a bed in our hospitals for surgery, no matter how essential the surgery is. Already, patients with problems requiring immediate treatment, for example open fractures of the limbs or face, cancer and other severe surgical problems, have to wait for unacceptably long periods. Operations have to be postponed or even cancelled and ill patients turned away from intensive care units because the financial constraints have caused a serious shortage of all categories of staff and facilities and in particular highly-trained nursing staff.

With the latest budget cuts these problems will worsen. Everyone will be affected, from children to adults. The waiting time for surgery will lengthen further. Children with severe congenital deformities will be made to endure further prolonged physical and psychological damage. Many adult patients will become ill or even die while waiting to be admitted to our hospitals.

There will be fewer and less highly-trained professionals available to train the future doctors, nurses and other support staff, which will compound and extend the problem, affecting the arena of private practice as well. We can arrest this downward spiral by proper planning and management, and a phased rationalisation process.

We therefore appeal for public support to slow the rate of cutbacks in funding for the academic hospitals. Once expertise is lost, services and training may never be reinstated.

PROFESSORS J TERBLANCHE, C BLOCH, A D N MURRAY, J NAUDE, J PETER, H RODE, S L SELLARS, U VON OPPELL, J WALTERS
DEPARTMENT OF SURGERY
UCT MEDICAL SCHOOL

Medical staff bowled over by compassionate Zuma

THE power of the press and media generally to selectively portray misleading impressions about personalities in high positions has never been more poignantly borne out than when portraying our current Minister of Health in full flight carrying out her unenviable portfolio of restructuring our health service.

Her activities regularly suggest to those less well informed that here is a lady riding rough-shod through the country — undoing much of what has been long established without a care or thought for either the health-care workers or the patients themselves.

How far this is from the truth ... as many of those of us fortunate enough to meet Dr Zuma in the flesh can vouch! Last week Zuma managed to fit in a visit to Groote Schuur Hospital as the guest of the Western Province Stomaltherapy Nursing Association. We should add that her hectic schedule is such that the minister works hours that few of us would care to emulate — and she is totally dedicated to promoting health for all and ensuring quality care throughout the country.

She had come to listen and learn of the many facets of our speciality and our wish to continue to provide specialist nursing care to our patients in spite of budgetary restraints. Her warm approach charmed us all! She received a standing ovation following her off-the-cuff summation of our morning's meeting.

Any people present with preconceived hostile feelings towards her were bowled over by her open, warm personality. She is well informed, compassionate and realistic. She certainly welcomed the opportunity to reassure all present that far from wishing to see the demise of tertiary institutions such as Groote Schuur and all it stands for, she endorsed the need to keep the training and specialist expertise viable and operational. She met many of our patients as well as those of us in the field. To each she demonstrated a genuine interest and support.

She is a gracious lady who we believe is frequently on the receiving end of negative press thus engendering poor public perception of her excellent qualities. She is not only gracious but competent with a true concern for her fellow man. She has our fullest support and admiration.

SISTER PRILLI STEVENS
CHIEF PROFESSIONAL NURSE
DR ALASTAIR FORTUIN
MEDICAL SUPERINTENDENT
PROFESSOR JOHN TERBLANCHE
HEAD: DEPARTMENT OF SURGERY
ALL OF GROOTE SCHUUR HOSPITAL

13 more hospitals join in strike

(98)
(15)

Sowetan 19/12/96

By Charity Bhengu

A STRIKE which started on Tuesday at two hospitals in Germiston has spread to about 13 other LifeCare psychiatric hospitals across the country.

The strike at Knights Hospital and Waverley Care Centre in Germiston has left many patients uncared for, according to Miss Doris Makgomathe, national coordinator at LifeCare for the National Education, Health and Allied Workers' Union.

She said the hospitals in all nine provinces were in a filthy condition and a few nurses, who are not members of National Education Health Allied Workers Union, were struggling to cope.

This had resulted in some patients going without meals and others receiving their food at irregular times.

The nurses are being helped by patients who suffer from epilepsy and TB to maintain the hospitals.

Union members demand a 14 percent salary increase backdated to June.

The managing director of LifeCare Special Health Services, Dr Louis Moolman, commenting on claims that patients were being forced to work, said: "No patient was ever forced to take part in doing various jobs at the hospitals.

"Psychiatric patients do various tasks as part of therapy to help them build their independence and self-respect."

LifeMed Hospital in Roodepoort, with about 260 elderly people and TB patients, is being run by about three nurses and patients did not receive proper medication, Makgomathe said.

Nehawu also claims that Millsite Hospital for psychiatric and TB patients in Randfontein was the worst hit with some patients having to go without meals.

It said only 16 nurses were on duty at the hospital trying to take care of about 2 000 patients.

Bid to end strike at 13 hospitals

(98)

Sowetan 20/12/96

By Lulama Luti

A NEW round of negotiations between the National Education, Health and Allied Workers' Union and Lifecare Special Health Services began last night in a bid to resolve the three-day strike at 13 of the group's hospitals.

The strike action, which began on Tuesday, follows months of failed negotiations between Nehawu and Lifecare which started with a wage dispute on October 17. A Conciliation Board meeting on December 11 also failed to resolve the matter.

In a statement yesterday, Lifecare managing director Dr Louis Moolman expressed concern over the strike action, which the company said was illegal.

"The company is extremely concerned about the misconduct of union members as well as their threats against staff that are looking after patients. This is dangerous to our patients and in direct contravention of laid-down procedures and the Labour Relations Act," Moolman said.

According to Moolman, Nehawu declared a wage dispute in October following the union's demand for a higher percentage increase for staff above the minimum wage. The union had earlier on accepted a 39,4 percent salary increase for the lowest nursing rank in the company, he said.

Moolman added that when the Conciliation Board failed to resolve the matter, Nehawu informed Lifecare that it would be holding strike ballots on Tuesday but that before balloting union members embarked on an "unprocedural strike".

No end to tools down

(98) Sowetan 23/12/96

THE strike by members of the National Education, Health and Allied Workers' Union at about 17 Lifecare Special Health Services hospitals ended its sixth day yesterday without any sign of the dispute being resolved.

It was reported to be quiet at most hospitals over the weekend.

Lifecare managing director Dr Louis Moolman has accused striking workers of intimidating volunteer, contract and non-union workers, and said their intimidation was seriously hampering proper care of psychiatric and TB patients.

Moolman said further negotiations with Nehawu did not produce a resolution and the company had instructed its legal advisers to seek legal means to prevent union members from intimidating non-union staff.

"Our revised offer, which would increase the minimum pay of non-nursing staff by 18 percent and nursing staff by 28 percent was laid before the union on Thursday," Moolman said. – *Sapa.*

New bid to end 'destructive industrial action' at hospitals

(98) Star 23/12/96

Talks to end a strike by unionised staff at 17 Lifecare Special Health Services hospitals countrywide were to resume today when a new company offer will be further considered, Lifecare said in a statement yesterday.

Company managing director Dr Louis Moolman said that, despite threats from striking staff to prevent non-union members from working, Lifecare would enter the talks hopeful of ending "this destructive industrial action".

Members of the National Education, Health and Allied Workers' Union went on strike at Lifecare hospitals on Tuesday after a wage dispute became deadlocked.

Negotiations to resolve the issue and end the strike have been unsuccessful.

The strike enters its sixth day today.

Meanwhile, Lifecare consulted its legal advisers yesterday about urgent steps it could take to counter threats by striking workers to prevent non-striking staff, food and medicines from entering its hospitals.

Moolman warned that thousands of patients could be affected seriously if these threats were carried out.

The situation at the company's 17 hospitals affected by the strike was quiet at the weekend, he said in the statement. – Sapa.

Council pleads for hospital to stay open

(98)
Star 23/12/96

Plan is for partnership between public and private sectors

By Hopewell Radebe
City Desk

In a desperate attempt to save the Kempton Park Hospital from being shut down by the Gauteng Health Department, the Khayalami Metro Council has called for a joint venture between the public and private sectors to take over the running of the hospital.

Chief executive officer Hans Muller said since that the health department had announced plans to close the hospital as part of its rationalisation programme, unions and communities had raised serious concerns about the lack of health care facilities in the area.

This prompted the council to approach the Gauteng Health Department and the MEC for Health, Amos Masondo, to "urge him to explore other options" of keeping the hospital working.

He said the closure of the hospital was reducing the standard of health care in the region and adding a burden to local practitioners who did not have adequate facilities to render primary health care.

> **"Unions and communities have raised concerns"**

Muller said the council had asked the department to consider an option of allowing a possible "public and private sector interface" in running the hospital.

However, the council suggested that the section supplying primary health care should be expanded and equipped with the necessary infrastructure.

He said the hospital services regional director and the district health services in the area would co-ordinate the process.

All parties interested in the matter, including three labour unions from the hospital, were being consulted to find a solution.

He said a co-ordinating team would report beck to parties on January 21 about the possibility of starting a public and private sector partnership to utilise the Kempton Park Hospital.

GROOTE SCHUUR FACES BUDGET CUTS

Bleak tidings for transplant unit

(98) CT 24/12/96

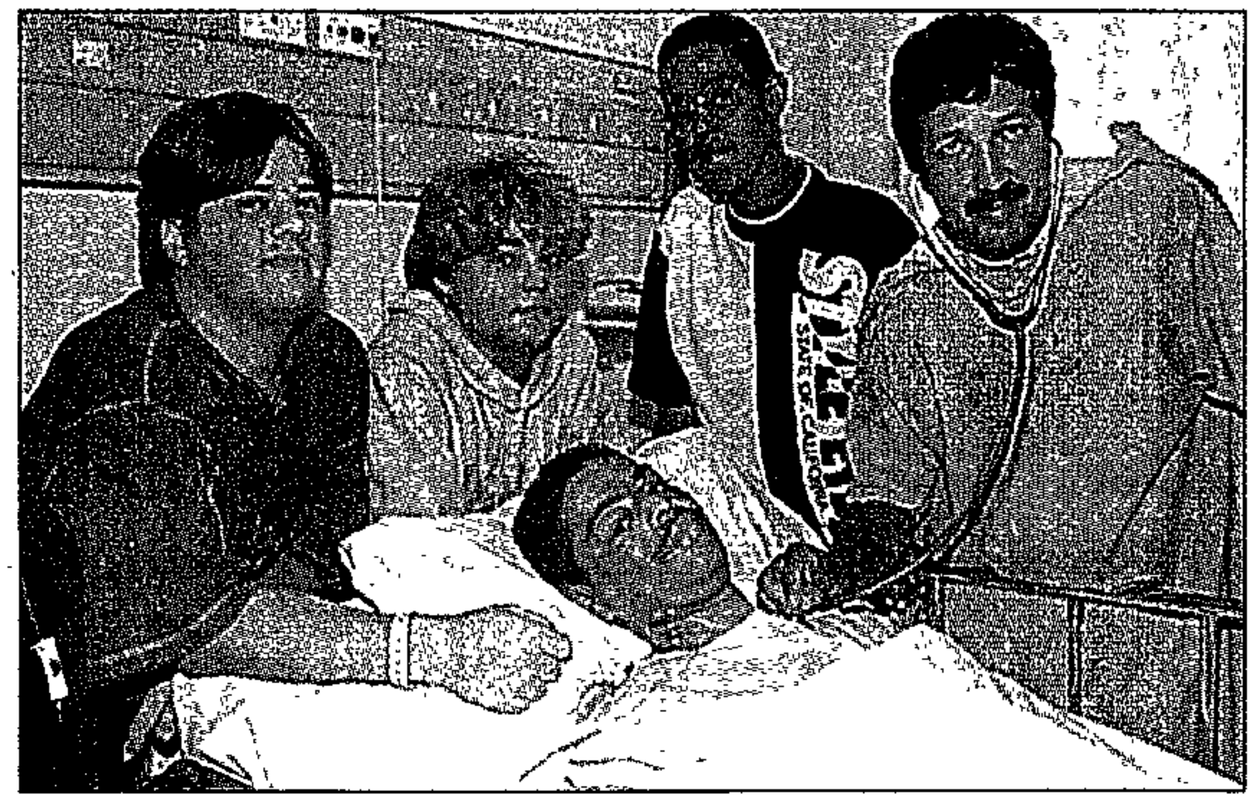
DRASTIC BUDGET CUTS are threatening the ability of Groote Schuur hospital's Organ Transplant Unit to continue its highly successful operation next year. Health Writer **ANEEZ SALIE** reports.

GROOTE Schuur hospital's kidney transplant unit has been particularly busy on the eve of Christmas, with three patients receiving organs this week.

But while patients hail their modern-day Santa Claus — in the form of the Organ Transplant Unit head, Professor Delawir Khan — there are warnings that the hospital may not be able to repeat its performance next year, due to drastic budget cuts.

One kidney transplant recipient, Mr Yusuf Israel, who spoke to the Cape Times yesterday only hours after being wheeled out of the operating theatre, said Khan and his staff were "simply the best".

It was the second kidney donated to him. The first lasted about six years, he said, before he fell ill earlier this year. Israel was on a kidney dialysis machine until a donor became available two days ago.



TRANSPLANT SUCCESS: Kidney transplant recipient Mr Yusuf Israel is examined by his own "Santa Claus", Professor Delawir Khan, while fellow recipients (from left) Mr Clayton Powell, Ms Adriana Weideman and Mr William Kastoor lend a morale-boosting hand.

PICTURE: THEMBINKOSI DWAYISA

"It is obviously great to get this special gift.

"It is like a second chance in life, and I will remain indebted forever to Groote Schuur, the nurses, doctors, the donors and everyone else," he said.

Some of his fellow recipients called in to visit him yesterday, among them Mr Clayton Powell, who received a kidney on Wednesday last week. Discharged two days later, he was up and about, eager to assist.

Khan said he was well pleased with Groote Schuur's 1996 transplant performance — 93 kidneys, 11 livers and 35 hearts.

"But clearly we end the year on a very worried note.

"We need to warn right now that the drastic budget cuts will not make it possible for us to repeat this year's performance in 1997," he said.

If it was not checked, there was bound to be a rapid loss of highly-skilled, key staff, and services would deteriorate rapidly, he said.

● Donations are still required for deaf Salt River toddler Khadeeja Salie, 4, featured in the Cape Times last Wednesday as the latest recipient of a life-changing cochlea implant, made possible by a gift, of R70 000 from an anonymous donor.

Her mother, Mrs Mymoena Salie (no relation to Cape Times health writer, Aneez Salie), pointed out yesterday that the cochlea implant would need fine-tuning in mid-January 1997, to enable her daughter to understand sound. The family therefore required an additional R15 000, she said.

Donations can be deposited in a dedicated trust account — the Khadeeja Salie Fund — at United Bank in central Cape Town, account number 6303444551.

Mrs Salie can be contacted on (h) 47 0794 and 637 1436, or (w) 404 2020.

Interdicts granted to restrain Lifecare strikers

(98) (98)

By Goba Ndhlovu

The dispute between Lifecare and the National Education Health and Allied Workers' Union (Nehawu) took a sharp turn yesterday when the company was granted urgent court interdicts to prevent strikers from further "illegal" acts against hospital staff, patients and property.

Lifecare managing director Dr Louis Moolman said five hospitals were seriously affected and three of them were covered by the interdicts. Staff had variously trashed premises, blocked deliveries, stopped patients getting medicines and food, held sit-ins and, at a Mpumalanga clinic, chased away patients.

At the Lorraine Frailcare Centre in Port Elizabeth, Nehawu members stopped scab labour from entering company premises and poured buckets of water through the wards, he said.

The wage negotiations meeting failed to take place when the union refused to sit with a one-member delegation from management.

"If they were serious about negotiations, they should have sent us their full team," said Nehawu private hospitals secretary, Khumbu Magudulela. "We could not merely give a report to one person who had no decision-making powers."

Moolman said Lifecare had made a revised offer to the union last week, but had not received a response.

Non-nursing staff earning below the hospital minimum had been offered 18% increments and nurses below the minimum 28% more. Non-nursing staff earning above the minimum hospital wage were offered 10% and nurses 8%.

This was a vast improvement on earlier offers and could satisfy the 14% union demand, he said.

Star 24/12/96

Hospital to offer limited services

Sowetan 27/12/96 · (98)

As of January 1, no new patients will be admitted to Kempton Park

THE Gauteng health department has decided to curtail services at Kempton Park Hospital due to an acute shortage of professional staff, the department announced yesterday.

It said from January 1 services would be restricted to out-patients and ante-natal only.

Kempton Park is one of three hospitals in Gauteng which were proposed for closure in terms of the health department's structural transformation plan.

The hospital was assessed as non-cost-effective, because of low utilisation, before the plan was announced on October 24, said deputy director-general in the Gauteng health department Dr Eric Buch.

He stressed that the present cutback of services was not the first step towards Kempton Park Hospital's closure.

He pointed out that the transformation plan still had to be revised in the light of submissions from various stakeholders including universities, local authorities and trade unions.

"Curtailing services at Kempton Park Hospital is not an attempt by the health department to put the structural transformation plan into action or to pre-empt the outcome of any consultations with stakeholders," Buch said.

Misinterpreted

"We would have preferred not to make any changes at Kempton Park at this time because they may be misinterpreted.

"But the fact is that staffing levels at this hospital have dropped so low that it is impossible to keep a full range of hospital services going.

"All the part-time doctors at Kempton Park have resigned and there are now only two doctors left.

"In addition, a large number of nurses have resigned or taken the severance packages that were offered towards the middle of 1996."

Since the end of September Kempton Park has been unable to run a casualty service.

Buch said the department would seriously consider the submission by the Khayalami Metro Council that Kempton Park hospital should become a joint private-public sector venture.

"The down-scaling of services will not prejudice the case of the Khayalami Council in any way."

Kempton Park had also temporarily been carrying part of the patient-load of Boksburg-Benoni Hospital (BBH) because of renovation and construction work at the latter institution.

This work is now complete and BBH will be back to full capacity by January 6, Buch said.

"As from January 1 no new in-patients will be admitted to Kempton Park, although those already admitted will continue to receive treatment until they are ready for discharging (rather than transfer). – *Sapa.*

Court interdict issued as strikers trash hospital

BD 27/12/96 (98)

Deborah Fine

THE SA National Tuberculosis Association (Santa) has obtained an urgent interdict against striking National Health, Education and Allied Workers' Union (Nehawu) members after they allegedly emptied dustbins inside a Soweto tuberculosis hospital and prevented staff from feeding patients.

Santa attorney Mosh Thulare said Rand Supreme Court Judge G Leveson granted the interdict late on Tuesday after union members trashed several wards at the Charles Hurwitz Tuberculosis Rehabilitation Centre, near Baragwanath Hospital, on Tuesday morning.

The workers, on their seventh day of wage-related strike action at 15 Santa facilities nationally, also intimidated kitchen staff and prevented them from preparing meals for the 90 seriously ill patients at the hospital.

More than 370 tuberculosis patients were discharged from the centre earlier this week as a result of the strike.

Thulare said the interdict prohibited the strikers from entering hospital premises except to gain access to their residential quarters or resume their duties. The interdict also barred them from disrupting Santa's operations, obstructing suppliers and emptying rubbish bins on or near the hospital premises.

The strikers began their action on Tuesday after the union rejected management's offer of an 18,75% increase to put the minimum wage of Santa workers at R1 425 a month.

Nehawu members had demanded a minimum wage of R1 500 a month.

Wage negotiations are set to resume on January 3.

Meanwhile, **Jacqui Pile** reports that the hospital and other centres were quiet yesterday after Nehawu members defied a court order obtained on Monday by hospital management company Lifecare Special Health Services. The order banned union members from facilities in Gauteng and KwaZulu-Natal.

Union members allegedly obstructed vehicles taking food to one of the facilities covered by the court order, Germiston's Knights/Waverly Hospital, on Tuesday. Lifecare called in police to uphold the order.

Striking National Health, Education and Allied Workers' Union members gather outside the Knights/Waverley Hospital in Germiston on Tuesday after hospital management company, Lifecare Special Health Services, obtained an urgent Supreme Court interdict barring them from entering the hospital's premises.

Picture: ROBERT BOTHA

Pictures: ROBERT BOTHA

wife from the community. — Sapa.

Kempton Park Hospital starts winding down services

BD 27/12/96 (98)

Iacqui Pile

SERVICES at Kempton Park Hospital east of Johannesburg would be limited to outpatient and antenatal services from January 1 because of a shortage of professional staff, the Gauteng health department announced yesterday.

"All the part-time doctors at Kempton Park have resigned and there are now only two doctors left," said health department deputy director-general Erich Buch.

"In addition, a large number of nurses have resigned or taken the severance packages offered to them towards the middle of (this year)," Buch said.

Kempton Park is one of three Gauteng hospitals which were proposed for closure in terms of the department's structural transformation plan released earlier this year.

The hospital was assessed as not cost-effective due to low utilisation before the plan was announced in October.

Buch said the hospital had been unable to run a casualty service since the end of September.

However, he stressed that the curtailing of services at Kempton Park was not the first step towards its closure.

The transformation plan still had to be revised in the light of submissions from various stakeholders, including universities, local authorities and trade unions.

A submission by the Khaya Lami metropolitan council that the hospital should become a joint venture between the public and private sectors would be seriously considered, he said.

"The down-scaling of services will not prejudice the case in any way," Buch said.

From January 1, no new inpatients would be admitted to the hospital. However, those already admitted would continue to receive treatment until they were discharged.

Patients requiring admission next year should go to Edenvale, Boksburg-Benoni or Thembisa hospitals.

Outpatient and antenatal services would continue and a small number of beds would be maintained for short-term observation and stabilisation of patients.

If the complete closure of Kempton Park Hospital was confirmed early next year, proper notice would be given of the transfer of outpatient and antenataservices elsewhere.

Although staff duties could be affected by the curtailing of services, transfers could not be considered until the list of hospitals to be closed or converted into community health centres was finalised, Buch said.

Leaders 'lukewarm' on proposals to solve great lakes problems

NEW YORK — Raymond Chretien, who visited African capitals last month as special United Nations (UN) envoy, said in his report President Nelson Mandela and other leaders were lukewarm to the idea of an international conference to deal with the problems of the great lakes region.

The report was submitted to

Buyoya told Chretien he would welcome a multinational force. The UN could even have the use of Bujumbura airport on condition his airline was freed from international sanctions and allowed to fly.

Buyoya complained Burundi was suffering hardships as a result of the blockade imposed by its neighbours.

Death toll in Burundi camp rising rapidly

BUJUMBURA — About 1 500 people have died of disease in a camp for displaced people in northern Burundi during the past six months, according to missionaries.

Between seven and 10 people were dying from dysentery, malaria and typhoid every day, a Roman Catholic nun told reporters who visited the camp at Bugenyuzi, Karuzi province, last weekend. "The camp lacks the facilities to cope with such diseases; it has no

Matric

BD 27/12/96

Continued from Page 1

Provincial education department spokesman Nagoor Bissety said the markers had protested against tax deductions from the payment of about R2 400 for their services. The department had pointed out that the markers had signed contracts agreeing to the deductions and they eventually returned to work.

The work stoppage meant that results would be submitted to the examinations certification council today. They were to have been submitted on Monday, Bissety said.

He expected results to be available on January 3 because the "sheer numbers involved makes it more than a mammoth task". A total of 141 000 pupils wrote matric in KwaZulu-Natal, more than in any other province.

Bissety said the examinations had been credible. Papers had been replaced at the "slightest hint" of leaks.

Kempton Park Hospital starts winding down services

BD 27/12/96 (98)

Jacqui Pile

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17 hospitals quiet after interdict

Sowetan 30/12/96

By Charity Bhengu

THE weekend was quiet in 17 psychiatric hospitals across the country after management got a court interdict to prevent striking members of the National Education, Health and Allied Workers Union from entering the premises.

Spokesman for Lifecare Special Health Services Mr Anthony Duigan yesterday said the hospitals affected by the strike were quiet.

He said incidents of intimidation by Nehawu members, who threw stones at non-union members and prevented them from entering hospitals to care for thousands of psychiatric, TB and frail elderly people, had occurred before.

Duigan said: "Nehawu members at Knights-Waverley in Germiston, despite the Rand Supreme Court interdict which was granted last Monday, prevented medicine and food delivery vans from entering the hospital."

At Millsite Hospital on the West Rand, striking workers threw stones at non-union workers and seriously hurt a pharmacist.

They emptied kitchen waste into the dispensary, Duigan said.

He said LSHS management decided to take legal action against the striking workers to protect thousands of patients and non-union members from being intimidated.

The court interdict prevented striking workers from entering the Millsite and Knights-Waverley hospitals in Gauteng and Richmond Hospital in KwaZulu-Natal or interfering with non-union workers who were maintaining patient care.

Lifecare pay dispute goes to mediation

(98)

Johannesburg – Lifecare has decided to refer to mediation its pay dispute with the National Education Health and Allied Workers' Union.

Lifecare managing director Dr Louis Moolman said this followed the direct intervention of Director-General of Health Dr Olive Shisana.

"We have agreed in principle to take the strike issue to the Commission for Conciliation, Mediation and Arbitration," Dr Moolman said.

The strike by Nehawu members began on December 17. – Sapa

ARG 30/12/96

Strike union assists hospitals

BD 30/12/96 (98)

Reneé Grawitzky and Deborah Fine

THE two-week-old strike by thousands of National Education Health and Allied Workers' Union (Nehawu) members at 18 psychiatric, TB and frail-care Lifecare facilities countrywide could end soon as mediation continued yesterday under the auspices of the Commission for Conciliation, Mediation and Arbitration.

Sources close to the dispute said that pressure from the health and labour ministries were brought to bear on the parties to allow the commission to intervene.

Lifecare indicated that som strikers started returning t work on Friday and that a some hospitals the union ha sent skeleton staff to help non strikers with their duties

The union demanded a 14,5% pay increase, which wa revised to 10%, while the com pany offered increases ranging from 5% to 10% for nursing and non-nursing staff. The company had proposed, also, substantial increases to minimum rates paid to both categories. The mediation process would address other issues besides wages, including rebuilding the relationship, the strike aftermath and dispute resolution training.

Bombings may be linked to earlier acts

A DOUBLE bomb attack which killed three Christmas shoppers in Worcester could be the work of the same group that carried out [illegible]

HEALTH & DISEASE — HOSPITALS & CLINICS

1997

JANUARY — JULY

Pay deal ends hospital strike

(852) (98)

Johannesburg – Health union Nehawu and hospital group Lifecare Services have settled their wage dispute.

The agreement comes after weeks of failed talks and strikes at 17 Lifecare hospitals, SABC radio reports.

The agreement was reached under mediation.

Union spokesman Khumbu Magdulela said Lifecare had agreed to the union's demand for a 10 percent across-the-board wage increase.

Nehawu members would return to work on Monday, he said. – Sapa

3/11/97 ARG

Health strike ends

CT 6/1/97 (98)

JOHANNESBURG: The National Education Health and Allied Workers Union reached a wage settlement with Life-care on Saturday, ending a paralysing strike at various hospitals and clinics.

The union said the agreeement had ended the strike.

Workers will get increases ranging from 7,5% to 9% backdated to August last year.

"The agreement is not what the union wanted but represents the best for our members under the circumstances — and it does bring cash relief for our members," union spokesman Mr Khumbu Magudulela said.

A nursing assistant earning R1 200 monthly would now get R1 673. — Sapa

Lifecare workers end 21-day strike

Sowetan 6/1/97 (98)

By Themba Sepotokele

THE strike at 17 Lifecare psychiatric and TB hospitals across the country is over and scores of members the National Education, Health and Allied Workers Union (Nehawu) are expected to resume work today.

Director of the Mediation and Conciliation Centre (MCC) Mr Mahmood Fadal told *Sowetan* yesterday that the decision to resume work followed an agreement between Nehawu and Lifecare management.

He said the agreement was reached after protracted talks brokered by the Commission for Conciliation Mediation and Arbitration (CCMA) at the weekend to end the 21-day strike.

Briefing the media on Saturday, acting director of the CCMA Mr Mohamed Jajabhay said Nehawu would ensure union representation on the board of Lifecare, and "intends to pursue this matter after the industrial action".

He said other issues agreed on included the formation of a task team to finalise the development and recognition of an affirmative action plan by March, identification of suitable candidates for managerial positions and a suitable grading system.

Although no across-the-board increase was agreed on, the parties settled on a minimum wage increase for different categories.

For example, professional nurses got a 7,5 percent wage increase, while other nursing staff received a R1 960, 50 a month minimum wage backdated to last August.

Some nursing categories got 7,5 from August 1 and 1,5 percent from September 1 last year, respectively.

Residential health workers got an 8 percent increase across the board. Their minimum wage is now R1 380 and will be implemented from next month.

State pressure 'a factor in resolving health strike'

BD 6/1/97

Reneé Grawitzky

THE health department reportedly threatened to reconsider renewing its contract with Lifecare health services group if the wage dispute with the National Education, Health and Allied Workers' Union (Nehawu) had not been resolved by the weekend, sources claimed yesterday.

Health director-general Olive Shisana did not respond directly to the claim, but said that as part of the overall transformation process the department was re-evaluating contracts with a number of agencies delivering services for the state, to ascertain whether the department was receiving value for money from these agencies.

She said the the department intended to move towards outcome-oriented contracts with emphasis placed on whether treatment obtained was effective and whether patients were being cured.

Shisana said the department found it difficult to see the Lifecare strike continuing without patient care being affected.

Sources said as a result of pressure from the health and labour departments, the dispute was referred to the Commission for Conciliation, Mediation and Arbitration (CCMA), where an agreement was reached at the weekend with increases ranging from 7,5% to more than 20% in some cases.

CCMA mediator Mahmood Fedal said given its status as an essential service and that the health sector was a relatively new area of collective bargaining, parties had to work hard on preventative dispute methodologies. Nehawu president Vusi Nhlapo said the settlement was a victory for workers as it addressed not only wages but other underlying issues including training, affirmative action and general behaviour during industrial disputes.

Sources said a stumbling block in the process was the union's demand for union and community representation on hospital and management boards. Lifecare, a privately owned health services group in which Real Africa Holdings has a 30% stake with an option of this being increased to 45%, receive a large proportion of its revenues from the state.

The union reportedly told management that in the light of this it was unacceptable for Lifecare not to have black board representation. Nhlapo said in view of the changing culture in which hospitals operated, it was crucial that communities and union had a say.

Lifecare MD Louis Moolman said the company's facilities did not have management boards but did have hospital liaison committees with representation from communities and employees.

In the long term, the union wished to seek ways of having a more open work democracy which could involve share ownership and as a consequence, representation on the company board.

The agreement records Nehawu's demand for union representation on hospital and management boards and indicates its intention to pursue this matter.

Nhlapo said the strike revealed that more training of management and shop stewards was essential to bring them more in line with the culture of the new Labour Relations Act.

Wednesday January 8 1997 SOWETAN

Health workers' claim refuted

(98) sowetan 8/1/97

By Abdul Milazi
Labour Reporter

THE Gauteng department of health yesterday denied allegations by 40 Soweto casual health workers that it ditched them last month after promising them fulltime employment.

The 40 workers told *Sowetan* that they were promised fulltime jobs in March last year after doing voluntary work for five years.

A spokesman for the group, Mr Thami Maake, said: "They (management) told us last month that there was no longer work for us.

"We first volunteered to help at clinics in Soweto in 1992 when the Soweto Community Health Care Centre asked for volunteers to help patients who were receiving medication at home," said Maake.

Maake and his colleagues claimed that they worked under the Chiawelo, Zola, Mofolo and Koos Burkes clinics until June without pay.

"When we inquired about our pay, we were told that the government did not know about us.

"Management was waiting for more donations to be able to pay us," said Maake.

Maake said in October they were only given salaries for four months, even though they had worked for nine months.

"We are not so much concerned about the pay but we want the department to fulfil its promise and give us jobs."

Department of health regional director Dr Ayesha Mangera said her department never promised anyone jobs.

"Every department is allowed to employ casual workers but there is no obligation to give people fulltime employment."

Mangera said since the health services were integrated there were a number of workers from the previously separate departments who had to be absorbed into the new system.

"These workers claim that they were promised jobs by the previous authority. We can not justify employing new people when there is a large number of employees with long service who have to be placed within the system," said Mangera.

LACK OF SPACE AT TYGERBERG HOSPITAL

Trauma services face collapse

(98) CT 9/1/97

ACADEMIC HEALTH services in the Western Cape are bearing the brunt of the Health Department's new national health care plan. **ANEEZ SALIE** reports.

TRAUMA services at Tygerberg Hospital have been drastically reduced, in keeping with dire warnings last year that vital public health services would all but collapse under the strain of too-rapid central government budget cuts.

According to Tygerberg's Chief Medical Superintendent Dr Abdul Rahman, the trauma step was necessary because it was well-known that the institution had a shortage of nurses, and that there was a lack of space to accommodate the hundreds of patients with minor injuries, which occurred especially over weekends.

"Accident victims should note therefore, that the Tygerberg trauma unit will no longer treat less serious injuries, and will deal only with referrals from community health centres for special tests and X-rays," Rahman said.

"All patients will be evaluated before they can be admitted. Those who are conscious, walking and relatively well, will be referred to community health centres. Transport will be the patient's own responsibility," he said.

"Patients who do not have medical aid should immediately be brought to Tygerberg's trauma unit if they have lost consciousness, have unexplained drowsiness, suffer massive blood loss, are unable to stand up or walk, clearly have broken bones, have difficulty with breathing, or have gunshot wounds or severe burns."

Small children with serious injuries would also be welcome.

Rahman said that workers injured while on duty were covered by the Workman's Compensation Act, and were requested to go to their nearest private hospital which offered trauma or emergency facilities. All accident victims with medical aid should go to private facilities.

Non-medical-aid cases with minor injuries could be referred to day hospitals and community health centres in Elsie's River, Guguletu, Hanover Park, Khayelitsha, Mitchells Plain and elsewhere.

Along with other academic health complexes, Tygerberg has borne the brunt of the Health Department's national health plan in favour of primary health care within communities, which the poor can more easily access.

Rahman was among a high-powered group of hospital chiefs, health academics, the Western Cape Health Department, the health MEC Mr Ebrahim Rasool and his senior staff, and others, who have publicly opposed the central government's budgetary and financial policy.

While they accepted without question the need to restructure health in favour of the poor, they complained bitterly that it was being done in such a rapid and unprofessional a manner that vital, existing services would be destroyed.

The group resolved to launch an intellectual challenge to Finance Minister Mr Trevor Manuel's macro-economic policy, in terms of which social spending was drastically cut, in accordance with the requirements of the World Bank. Manuel had said the policy was non-negotiable.

● In terms of the long-awaited National Health Bill, which is meant to be tabled in parliament this year, every health facility, whether public or private, will be compelled to treat any patient in an emergency.

Hospital staff highly stressed

(98) Star 16/1/97

More than 80% of Hillbrow Hospital staff have stress levels of unhealthy proportions, according to a stress barometer test conducted by Roche Consumer Health.

The hospital's questionable future and last-minute reprieves from sudden closures have had dire effects on employees, Roche said in a statement yesterday.

Nearly 20% of respondents had stress levels in the 60-plus zone, which meant they had reduced performance at home and work, suffered sleeplessness, neckache and backache, and felt anxious and out of control.

About 60% had tended to feel stressed and agitated, and showed signs of becoming increasingly negative.

Only 11% of the sample were coping with the roller-coaster ride over their future, and 8% had a "very laid-back view" – possibly because they were denying the circumstances in order to cope.

Staff voiced concern for job prospects and finances, and nursing staff felt disappointed, demotivated and even desperate.

Many hospital employees felt their years of loyalty had been taken for granted and they now faced a bleak and uncertain 1997. – Medical Correspondent.

Consultants to help reshape hospitals

Linda Ensor (98) BD 16/11/97

CAPE TOWN — Eminent health consultants from the King's Fund in London arrive in SA at the end of the month to assist the Western Cape government with the rationalisation of the three academic health centres in the province.

A health department spokesman said yesterday that the consultants' brief would include finding ways in which the universities of Cape Town and Stellenbosch, which used Groote Schuur and Tygerberg for training, could share resources.

He said the aim was to build on the strengths of the hospitals so they could become centres of excellence in specific fields of medicine. Both hospitals would be used by both universities.

The consultants, who were involved in the rationalisation of London's academic hospital health services, would be funded by the British government's Overseas Development Administration. They were expected to to submit a report to health MEC Ebrahim Rasool early in March.

The rationalisations were driven by the progressive shrinking of the budgets of the academic hospitals.

The King's Fund was an independent consultancy established by royal appointment with the mandate to monitor, evaluate and upgrade health services in Britain.

Health chief director of supra-regional services, Dr Gilbert Lawrence, said the consultants would be led by King's Fund Policy Institute director Prof Ken Judge.

Britons to help hospitals cut costs

ARG 17/1/97 (98)

HEALTH REPORTER

A team of British medical experts has been appointed to help Cape Town's three academic hospitals cope with huge budget cuts.

The hospitals have to cut their costs by a total of R300-million over the next five years.

Gilbert Lawrence, chief director of supra-regional hospitals in the Western Cape, said the consultants would spend three weeks in Cape Town analysing the complexities of the process at Tygerberg, Groote Schuur and Red Cross Children's hospitals and report to Western Cape Health Minister Ebrahim Rasool.

The team is led by Ken Judge, director of the King's Fund Policy Institute, who is a visiting professor of social policy at the London School of Economics and Political Science. Professor Judge has extensive experience of public affairs and research in health policy.

Other team members are Brendan Devlin, director of the clinical epidemiology and audit unit of the Royal College of Surgeons and Robert Maxwell, chief executive of the King's Fund and a management consultant.

Dr Maxwell has been a special adviser on health care in urban areas and hospital policy for the World Health Organisation. Professor Judge and Dr Maxwell have spent time in Cape Town and are familiar with local health care circumstances. King's Fund has been involved in the rationalisation of academic hospitals in London.

Funding for the consultants comes from the British Development Division.

Hillbrow Hospital staff highly stressed

By Mokgadi Pela

UNCERTAINTY over the future of Hillbrow Hospital is taking a toll on the staff with reports of high stress levels among workers.

The Berocca Stress Barometer, which was conducted by Roche Consumer Health, has found a staggering 80,3 percent of staff tested measured stress levels of unhealthy proportions.

The study further showed that nearly 20 percent of the respondents had stress levels in the 60 percent range.

The hospital's questionable future and last minute reprieves from sudden closure (the latest until June 1997), has had dire effects on employees.

Already, many employees are showing symptoms such as:

- Reduced performance at home and work;
- Sleeplessness;
- Neck and backache;
- Struggling to relax and feeling anxious and out of control; and
- Feeling stressed and agitated.

Researchers have warned that once above a score of 50, the negative symptoms would dominate and the person would be more susceptible to colds and minor infections.

The barometer said only 11 percent of those sampled were coping with the situation and the remaining eight percent expressed a "very laid back" view with little concern for their future.

Some members of the sample may have adopted an attitude of denial in order to cope with circumstances.

The staff of Hillbrow voiced concerns for the future ranging from job prospects to financial implications.

A number of the nursing staff were disappointed with the turn of events and now felt demotivated and in some cases desperate.

Many employees felt their years of loyalty had been ignored by the authorities. They said due to the looming shut-down of the institution, they faced a bleak future.

Roche consumer health group product manager Ms Sherene Cuthbert said: "The uncertainty with the current health services and the closure of important facilities is sad.

"The findings of this survey were expected but not to such an extent. A sample with 80 percent of its respondents showing negative results is astounding.

"We hope that a solution is found before it's too late."

Nurses refuse to pay R80 fee

OWN CORRESPONDENT
CT 13/1/97

DURBAN: More than 40 000 nurses may not be able to continue practising because they have refused to pay their compulsory licensing fees to the interim Nursing Council.

The R80 annual fees are due at the end of the month, but the nurses — all members of the National Education Health and Allied Workers' Union (Nehawu) — have refused to pay unless the government addresses their grievances with the council.

Nehawu acting provincial secretary Mr Sithembiso Shezi said the nurses are demanding the "transformation" of the council, which they believe is not representative of all race groups.

They also felt aggrieved at being forced to pay the fees when they were not told what the funds were used for, he said.

Nursing legislation, education and training also needed to be transformed, as well as the Nursing Council structure, he said.

A statement from Nehawu said: "We do not believe that the number of circulars, threats and the victimisation — attempting to force nurses to pay licensing fees — will resolve the matter."

Shezi said the nurses had warned the Health Ministry since July that they would not pay this year's fees unless these problems were addressed.

AIDS DIRECTOR APPOINTED

Top health official out to undo Sarafina 2 damage

CT 13/1/97

AS PRESIDENT Mandela admits that the government made mistakes with Sarafina 2, a fresh start is expected with the appointment of a new Aids director, reports **ANEEZ SALIE**

THE new director of the national Aids programme, Ms Rose Smart, is determined to undo the damage done by the Health Department's Sarafina 2 scandal.

Smart has pledged that 1997 will mark the beginning of an entirely new, accountable and inclusive approach.

She took up office last month to replace Ms Quraisha Abdul-Kareem as national head of the department's Sexually Transmitted Diseases and HIV/Aids Directorate.

Abdul-Kareem quit after relations soured badly last year between the health department and Aids organisations over the Sarafina 2 corruption and the government's handling of it.

Both the government and non-governmental organisations now recognise the debacle over the play as the biggest blunder since the demise of apartheid.

At an ANC 87th anniversary rally in Botshabelo in the Free State yesterday, President Nelson Mandela admitted the government had made some very fundamental and serious mistakes in its handling of the Sarafina 2 issue.

The bigger issue, however, was whether the ANC-led government had been prepared to learn from its mistakes, Mandela said.

Finding a replacement for Abdul-Kareem took a long time.

Aids activists, who had originally accused the department of acting unilaterally, complained later in 1996 of a paralysis that had set in once the Sarafina 2 scandal had been exposed.

The department settled on Smart as Abdul-Kareem's replacement only after a second call for applicants.

The impasse had created much despondency in the struggle against the pandemic.

Smart says: "Reviewing the achievements of the past year, there are few reasons to mourn the end of 1996, but rather an imperative to welcome the new year as a fresh beginning, full of challenges and opportunities.

"In South Africa the directorate is the lead agency responsible for co-ordinating and guiding not only the government's response (to Aids), but also that of all other sectors, namely business, non-governmental organisations and communities.

"This requires that we be both leader and servant. I have a vision of what this means ... to which I commit myself and the (directorate) for the duration of my two-year tenure."

Smart has pledged that 1977 will be a year of:

- Growth and expansion.
- Participation and the building of partnerships.
- Consultation.
- A new human rights culture that unequivocally exposes discrimination and abuse.
- Accountability to — and by — all involved, especially those with HIV/Aids.

About two million South Africans have HIV/Aids.

Red Cross to give specialist care only

CT 13/1/97 (98)

NASREEN SERIA

CHILDREN with minor ailments will not be treated at Tygerberg or Red Cross Children's Hospital from next month because of a scaling down of primary health care services there.

The hospitals will only treat children who have been referred to them by a doctor, clinic or day hospital. Community health centres have been upgraded to provide improved services for children.

This move takes effect from Monday, February 3, and is in line with the national health plan to make Red Cross and Tygerberg hospitals referral centres where children can receive specialist care.

There are 13 primary health care centres in the city which will provide services for children. Six of these — Mitchells Plain, Khayelitsha, Elsie's River, Hanover Park, Guguletu and Retreat day hospitals — will remain open 24 hours a day.

"These changes bring us in line with the national health plan," said Professor David Power, head of Ambulatory (outpatient) Paediatrics at Red Cross.

"Health centres will be able to deal with minor ailments. If the problem cannot be dealt with there, the patient will be sent to a first referral or regional hospital.

"For cardiac and other serious problems, patients will be referred to Red Cross or Tygerberg hospitals," said Power, who has been working with the Department of Health and local authorities to co-ordinate the process.

Red Cross and Tygerberg children's department will still be open 24 hours a day to deal with emergencies and referrals.

Tygerberg, Red Cross scale down services to children

Clinic first – then hospital

(98) ARG 20/1/97

JENNY VIALL
HEALTH REPORTER

From next month Red Cross Children's Hospital and Tygerberg Hospital will no longer accept children in their outpatients section unless they have been referred by a clinic, day hospital or doctor – except in emergencies.

This is part of the process to move services from advanced tertiary hospitals to primary level clinics. In terms of this policy, parents will have to take children to local clinics and hospitals except in emergencies.

To facilitate the move which will affect about 200 to 300 patients a day, 13 local clinics have been equipped with facilities for children. Doctors from Red Cross and Tygerberg hospitals will move to these community health centres.

This forms part of the Western Cape's rationalisation process which aims to reduce the load on tertiary hospitals and move services to a primary level to use resources more effectively and cut R400-million from its health budget over the next five years.

Tygerberg Hospital will also scale down its children's services because of budget cuts.

From the beginning of February both Red Cross and Tygerberg hospitals will only treat children in emergencies or those referred by the local doctor, clinic or day hospital.

David Power, Head of Ambulatory Paediatrics at Red Cross Children's Hospital said three-quarters of the unreferred outpatients who come to the hospital could be seen at primary health care centres and did not need specialist services.

Dr Power is confident that the move to primary health care centres, which follows a six-month intensive preparatory period, would be successful.

"We hope that the transition will be smooth. Red Cross has a special place in people's hearts. Of course there may be teething problems, but all the elements are in place to develop a good health system over time," he said.

"Meanwhile at Red Cross Hospital we'll concentrate on specialist work and see referrals," Dr Power added.

The hospital has launched a publicity campaign to redirect patients to local clinics.

Red Cross Children's hospital handles about 11 000 of the 60 000 paediatric consultations each month in the metropolitan area.

Edmund Michaels, head of the Community Health Services Organisation, said people had traditionally taken their children to Red Cross Hospital because they believed they would be seen by specialists, which was not the case.

"It is up to us to provide a user-friendly service at local level. We have 15 doctors from Red Cross Hospital and some posts have been unfrozen."

(98)

Skilled staff leaving hospitals in droves – DP

Star 20/1/97

Provincial health department accused of 'appalling mishandling' of public-service downsizing

MEDICAL CORRESPONDENT

A Democratic Party survey of Johannesburg's major public hospitals has revealed a disastrous exodus of skilled staff taking the voluntary severance package, according to DP health spokesman Jack Bloom.

He said Baragwanath Hospital would be hit hard by administrative staff departures, and Johannesburg, J G Strijdom and Coronation would lose large numbers of nursing staff.

He has accused the Gauteng health department of "appalling mishandling" of the downsizing of the public service.

"The best and brightest employees are taking the severance package," Bloom said.

Deputy director-general Dr Eric Buch said that although about 2 000 staff would be leaving over the next 18 months, Bloom was trying to "conjure up a (negative) image".

He said 3 000 people had applied for the package but only 2 000 had been approved.

The department had continued to decline applications in critically needed categories and was simultaneously staggering departures, restructuring posts and building skills of remaining staff.

According to the DP survey, Bara is to lose three out of four departmental heads, in finance, purchasing and patient affairs, after having no junior or middle-level appointments for three years.

At Johannesburg Hospital, 250 staff including 100 nurses and 100 administrative staff had applied for early retirement. Two senior nursing service managers were leaving and two others had been seconded, creating a crisis in senior nursing management.

Many refused severance in critical areas, says department

Of 16 chief professional nurses in the surgical, trauma, medical and cardiac units, only three would be left by March, Bloom said.

J G Strijdom would lose 60 administrative staff and have a 31% vacancy of nursing staff by March, including the loss of four out of five nursing manager posts.

Coronation would have only one of eight senior posts filled, with the departure of the chief matron, a senior nursing manager and three assistant directors.

Bloom said this meant an obstetric and paediatric ward would have to be closed.

The department had tried to block certain categories of applicants but this was being taken up by unions as unjustified.

Buch said the department had "fewer nurses than it would have liked" and planned to hire more in the restructuring process.

Administrative staff had been lost, but existing staff would be promoted and posts filled.

Interviews with heads of nursing at H F Verwoerd and GaRankuwa for example, were currently taking place.

From July 1, categories of nursing staff would be revised, sending many older nurses back into heavy manual nursing. "We've been sympathetic to their applications," Buch said.

He admitted that Baragwanath Hospital's administrative section would be badly depleted. This was because Bara superintendents had not staggered their severances, and the department was looking at seconding staff into the hospital.

"The rules of severance were clear: all staff who could be made redundant or who could be replaced should be allowed to go," Buch said.

Hospital staffing crisis denied

(98) Star 21/1/97

Only about 4% of Gauteng's 53 000 health workers have been permitted to take severance packages, explains MEC for health

Although many experienced and skilled Gauteng health workers had taken severance packages in the last quarter of 1996, Democratic Party health spokesman Jack Bloom was exaggerating when he spoke of "a disastrous exodus", the department said yesterday.

In a statement from Johannesburg, MEC Amos Masondo said the department had granted severance packages to slightly more than 2 000 of its 53 000 workers, or about 4%.

"Severance packages were agreed to in the Central Bargaining Chamber as a way of downsizing the public service nationwide by voluntary measures," he said.

"In Gauteng, in all departments, any public servant was entitled to apply for the package and the only valid reason for turning down an application was that the loss of staff member would cause 'unrecoverable' harm to the service.

"In the department of health we translated this reason into a clear set of criteria. We set down occupational categories where there was such a shortage of staff that we would not afford to lose anybody. These categories included physiotherapists, occupational therapists and pharmacists. No packages were granted to these workers.

"When it came to nursing, we isolated nurses with certain critical skills which are in desperately short supply. Theatre sisters, primary health care nurses and ICU nurses, for instance, were not granted packages.

"However, nursing service managers were eligible for packages, as were most nurses.

"Despite the above limitations, where any person over the age of 55 years applied for a package, this was automatically approved.

"In all cases, hospital management was consulted. Furthermore, hospital managers were required to ensure that the timing of the departure of staff was carefully managed.

"In most institutions, this aspect of the severance scheme has been appropriately managed. In a few hospitals, however, departures of clusters of senior staff have not been staggered as they should have been."

Masondo said the impact of severance on various categories was being continually reassessed and it was likely that additional groups of workers would be added to the list of "exclusions".

"For instance, the administrative component has been disproportionately affected by the first round of severance packages and we are fast approaching the point in this area where no more packages will be granted," he said.

"Mr Bloom's figures sound alarming precisely because he does not put them into context. Many of the institutions cited are very large hospitals, with a depth of experienced staff that will enable them to weather the losses. Johannesburg Hospital, for instance, may be losing 100 nurses but it has about 1 800 nursing posts.

"For Mr Bloom to suggest the process was haphazard is simply to reveal his ignorance of the plan that was put into action and of the legal requirements for evenhandedness and consistency in the handling of all personnel matters.

On Sunday, Bloom said the high number of skilled medical and administrative staff leaving was a crippling blow to the maintenance of standards at the already struggling hospitals. – Sapa.

Health service exodus sparks concern

ARGUS CORRESPONDENT
ARG 23/11/97

Durban – The provincial health service here stands to lose more than 1 000 skilled staff who want to take voluntary severance packages or resign.

This was the number of medical and administrative staff in KwaZulu-Natal who had applied for the packages being offered to all public servants, provincial Health Department spokesman Dave McGlew said.

However, the situation was not as serious as in Gauteng where about 3 000 people had applied to leave.

Some of the staffers were taking early retirement and some positions would become redundant.

"Nobody goes until alternative arrangements have been made. The process will be staggered so as not to interrupt services," Mr McGlew said.

"The resignation of 19 doctors from King Edward VIII Hospital during December fuels a shortage of more than 420 medical officers in the province.

Mr McGlew said it was not an unexpected occurrence for medical officers to leave during December.

"Although it is disappointing, it is not unusual to lose doctors at the end of the year."

A spokesman at Durban's Addington Hospital said he could not comment on the number of people at the hospital applying for the severance package, but added that it was mostly administrative staff that were going.

However, he confirmed that several doctors and some senior staff had resigned.

"It is not a problem confined to Addington. It is a national problem that must be addressed on a national level," the spokesman said.

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(98)(98)

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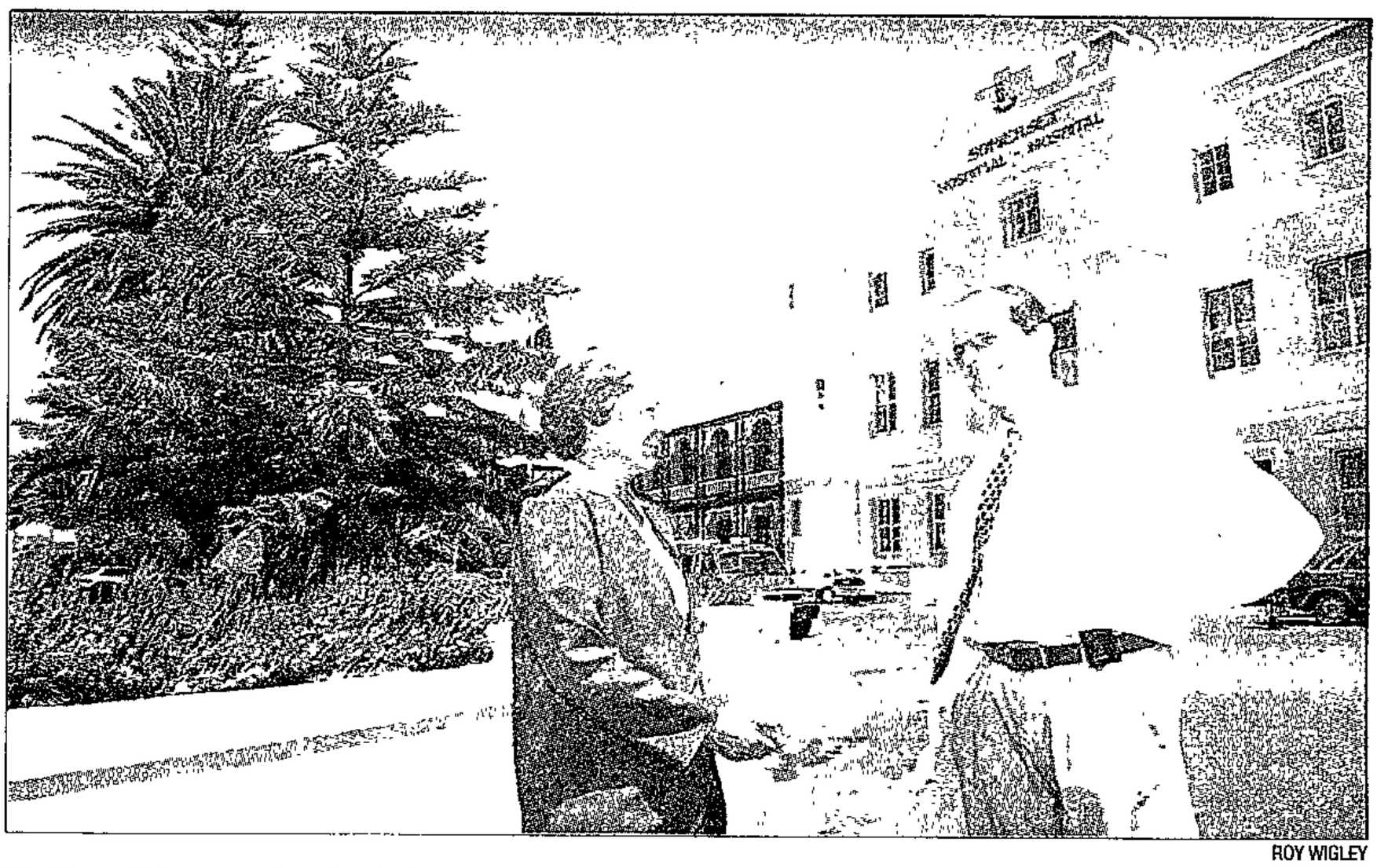


ROY WIGLEY

Working within constraints: head of nursing Sandra Pillans and superintendent Edward Lotz in front of Somerset Hospital

Anger mounts over hospital's dirty toilets

250 vacant posts causes chaos

(98)

ARG 29/1/97

JENNY VIALL
HEALTH REPORTER

Rude and incompetent nurses, dirty toilets without seats or paper, broken beds, bells out of order and bloodstains on the floor are some of the complaints from Cape Argus readers about Somerset Hospital in Green Point.

But while medical superintendent Edward Lotz admits such things can and do happen, he cites chronic staff shortage, theft and differing standards of hygiene among patients, giving rise to sometimes less than ideal conditions at the hospital.

In response to letters and telephone calls to the Cape Argus complaining about conditions at Somerset Hospital, Dr Lotz said he investigated every complaint that came to him, but could not respond to anonymous letters to newspapers.

Yesterday he showed a Cape Argus team around the hospital and explained the constraints under which it operated. He said conditions were no different from other state hospitals which faced many of the same problems.

"We have nothing to hide," he said. "But if we have problems, we like to address them."

We saw little evidence of conditions about which Cape Argus readers complained but Dr Lotz said they could and did happen.

Staffing is a major problem, affecting cleaning and nursing staff. Of the 1 100 staff the hospital should have, 250 posts are vacant and cannot be filled.

Sixty of these are nursing posts and nurses are working under huge pressure. Morale is low and nurses are often abused by patients.

That was no excuse for treating patients badly, said nursing services manager Sandra Pillans, but complaints were subjective and best addressed as they arose.

Staff shortages are further aggravated by the loss of 110 staff who have taken severance packages. The majority of these are support staff who would clean and help with feeding. Many people have complained of filthy toilets, with missing seats, no toilet paper and excrement on the floor.

No bloodstains: patient Ann Fredericks awaits attendance in the casualty section. The bins are for disposing used iodine-covered swabs

Dr Lotz said this was a big problem. "Many of our patients come from areas where there are no flush toilets, or they do not use toilet paper.

"There is a clash between people with different personal hygiene standards coming from different environments."

For example many women are not used to using sanitary towels. "You will find exactly the same in other hospitals," he said.

If there were enough staff public toilets could be checked every two hours. But one housekeeper and one general assistant cleaned an entire ward and helped feed patients.

Another major problem was pilfering. "Everything of value disappears," said Dr Lotz.

This included television sets, doorknobs, cupboard doors ... and there was no money or expertise to repair electronic beds when they broke. "We have had to revert to manual beds," he said.

With huge budget cuts to provincial hospitals, the situation was unlikely to improve.

But when it came to cutting services, the criterion was how it would affect patient care, said Dr Lotz. "We have closed wards, we have combined wards. So what if the reception area is not cleaned? What matters is that the ward is clean. We will never compromise on quality patient care."

R444-m Cape Metro debt shock

Arrears crisis deepens

ARG 30/1/97 (CLUB)

METRO CORRESPONDENT

The Cape Metropolitan Council is owed more than R444-million by municipal consumers, former black local authorities and the Western Cape provincial administration.

This shock figure was contained in a report to the council at its monthly meeting yesterday. A large portion of the debt is likely to be passed on to the new metropolitan local councils by July.

The figure is made up of R356-million owed for municipal services in areas supplied by the council on an agency basis until the new local authorities take over, R45-million for bulk services supplied to former black local authorities and R43-million owed by the provincial administration for a variety of services.

The report noted that the Auditor-General was taking a "very dim view of large outstanding debtors on the balance sheet without adequate provision or reserves for irrecoverable debts and has already qualified the financial statements of a number of local authorities to this effect".

Meanwhile, the council has decided to make money available in addition to existing accumulated surpluses for Atlantis, Belhar and Melkbos-Blouberg, which together owe more than R21-million for electricity.

In Atlantis, surplus money collected from the industrial area will be kept in reserve to offset the R16,4-million debt, with an additional R2-million needed to make up the difference.

In Belhar, there is no industrial area and, although people are having pre-payment meters installed, the council has an arrears debt of R4[illegible]-million on its books.

The Cape Metropolitan Council is planning to set aside an amount of R300 000 for irrecoverable debt.

Race to get hospital savings plan into gear

ARG 30/1/97 (98)

JENNY VIALL
HEALTH REPORTER

With academic hospitals facing funding cuts of about 25 percent this year, British experts are racing against time to get Cape Town's leading hospitals into shape before new budgets are drawn up in March.

These consultants, funded by Britain's Overseas Development Agency, are examining the workings of Tygerberg, Groote Schuur and Red Cross Children's Hospital.

Ken Judge, who heads the team, said at a media briefing that the only constraint was urgency.

The Western Cape Health Department must cut its budget by about R250-million. The cuts will have to take place at academic hospitals, now operating on a R900-million budget.

Provincial health department chief Tom Sutcliffe said the timeframe for cuts had not yet been fixed, but that new budgets had to be ready by the end of March and savings effected as soon as possible.

"We don't have the luxury of time. We will have to come up with other initiatives in terms of bridging the deficits," said Dr Sutcliffe.

The consultants will produce a final report by mid-March and their recommendations will go to the provincial cabinet for approval. The province has already cut spending at academic hospitals, but further cuts are needed to achieve equity among provinces.

Cape child health care given a boost

BD 4/2/97 (98)

Linda Ensor

CAPE TOWN — The rationalisation of the Western Cape health services took a leap forward yesterday with the devolution of paediatric outpatient care to primary health centres.

About 13 000 children who were in the past examined monthly by the outpatient departments of Red Cross War Memorial Children's Hospital and Tygerberg Hospital would in future attend 13 dedicated community health centres and 20 local authority clinics, provincial health MEC Ebrahim Rasool said.

As from yesterday, these two hospitals would treat only emergency cases and children referred to them by clinics which had been equipped with dedicated health care services and additional medical and nursing staff to cope with the increased patient load.

Rasool said the effect of the rationalisation would be to reduce the pressure on tertiary hospitals. Statistics showed that as many as three-quarters of the hospital outpatients could be treated at primary health care centres.

"Each of the primary care centres has been linked to its nearest specialist referral hospital, will receive specialist paediatric support services from that hospital and will refer children requiring specialist paediatric care to that hospital," Rasool said.

A community awareness campaign had been launched to educate the public about the need to attend primary health centres, and Rasool was confident that his department was on track to meet most of the targets set out in its five-year health plan.

NP lashes out over the health ministry's 'waste' on clinics

BD 4/2/97 (98)

THE National Party on Sunday accused Health Minister Nkosazana Zuma of wasting billions of rands of taxpayers' money on health clinics that were mostly underutilised and duplicated existing services.

"The NP has received complaints from doctors and members of the public about enormous health clinics being built by the ANC government that are doomed to be white elephants in the veld due to the relatively small number of people in the community as well as the lack of health workers to staff these clinics," NP MP and spokesman for health Willem Odendaal said.

"In many cases, these monstrosities are constructed without a needs assessment having been done beforehand, and on impulse as a gesture of goodwill to the community concerned."

At Leeudoringstad in NorthWest, for example, a "gigantic" clinic designed to provide a comprehensive and multidisciplinary health service according to a Cuban model, was erected without prior planning on the instruction of health MEC Molefi Sefularo.

Meanwhile, the provincial health department had instructed that the existing functional hospital and clinic services in the town be closed down.

"Leeudoringstad simply does not have enough inhabitants to effectively use the capacity and facilities offered by the new clinic. There are not enough doctors and other health workers in the vicinity to provide all the services for which the clinic was designed."

Odendaal said the Cuban primary health services model was based on the idea that clinics with all the necessary facilities to provide an extensive health service should be established, so that all patients' needs could be met.

Such clinics were staffed by health workers employed by government.

"Cuban doctors are not trained to provide a general health service to patients such as general practitioners in SA can provide when they have completed their training," he said. — Sapa.

Red Cross closes outpatient service in cost-efficiency plan

ARG 5/2/97 (98)

JENNY VIALL
HEALTH REPORTER

Months of planning and public education paid off this week when Red Cross Children's Hospital and Tygerberg Hospital closed their doors to children as general outpatients.

Children, as outpatients, will in future be treated at community centres – some of which have dedicated paediatric services.

David Power, head of the "Take Red Cross Hospital to the people" project, said the process was going smoothly.

Closing the service forms part of the Western Cape Health Department's plan to provide health services at appropriate and cost-effective levels. A study had found that about three-quarters of the patients coming to Red Cross Hospital's out-patients department could be seen at clinic level.

Western Cape health MEC Ebrahim Rasool said 13 community clinics were equipped to offer a dedicated service.

Ombudsmen for W Cape hospitals

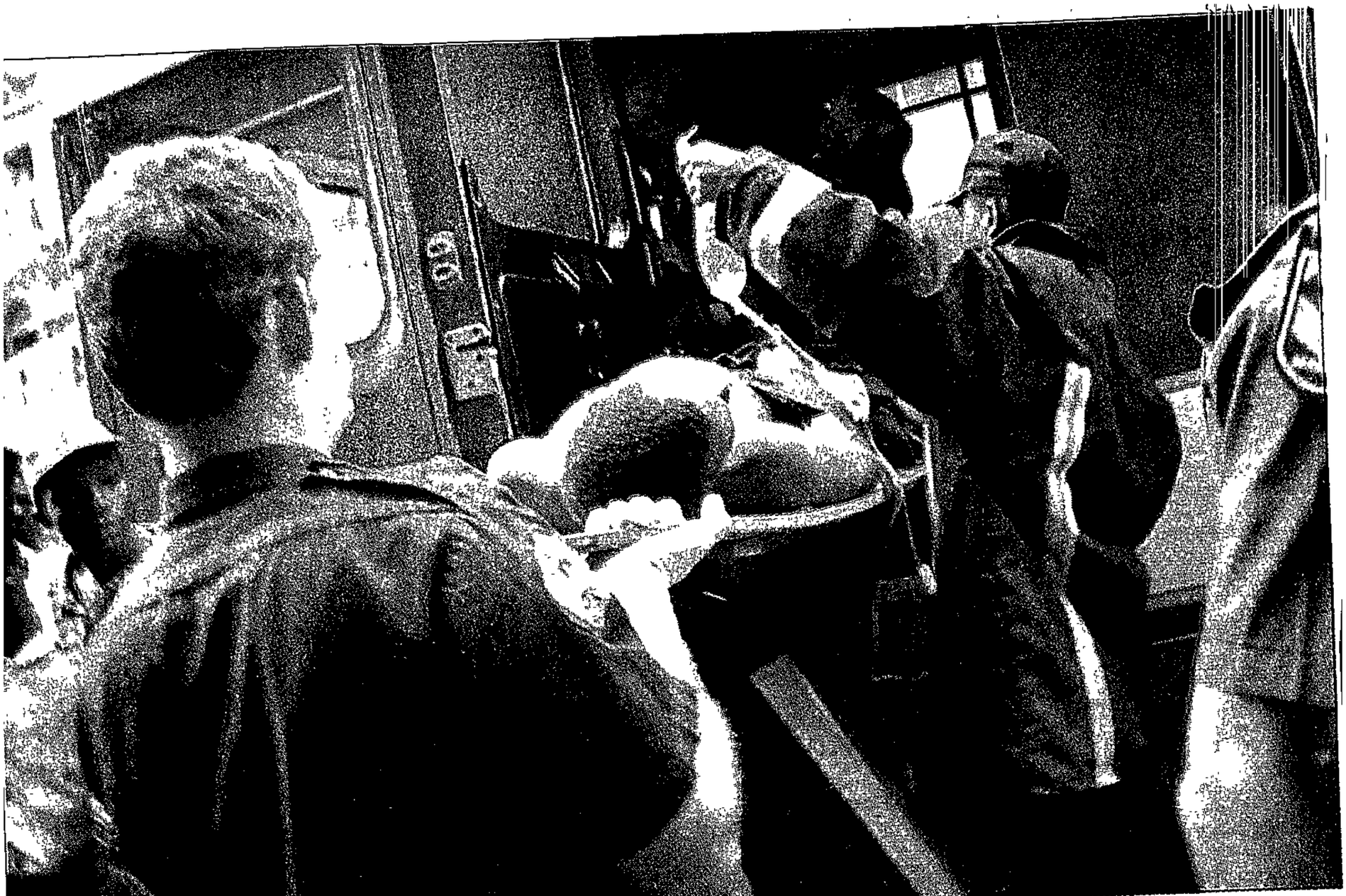
STAFF REPORTER (98) ARG 6/2/97

Ombudsmen will be appointed at larger hospitals in the Western Cape after a series of complaints by Cape Argus readers about conditions and care at Somerset and other hospitals.

The ombudsmen will liaise between hospital management, patients and the public, the provincial health department announced yesterday. Department head Tom Sutcliffe said administrative steps would be taken in the next few weeks.

The ombudsmen will investigate complaints from patients, their families and the public served by the hospital.

Cape Points, page11



Late to the rescue ... a labour row within the emergency services led to disruptions of Johannesburg ambulance's response time yesterday. A man wounded by police during a robbery at a clothing store in Eloff Street was left bleeding on the pavement for more than two hours before a fire engine came to his rescue.

Ambulance service on hold while management attended to labour dispute

By Derek Rodney and Janine Simon

A work stoppage in the Johannesburg ambulance service's control room left at least two patients waiting for ambulances for up to three hours as management and disgruntled South African Municipal Workers' Union members quibbled over "shift problems" yesterday.

The first incident occurred in Aeroton, in southern Johannesburg, at about 6.30am yesterday when a security guard discovered an unconscious woman lying in the grass near the corner of Adcock Ingram and Sadex roads.

Police and emergency personnel were summoned at 6.50am and although police personnel arrived on the scene shortly after 7am, an ambulance arrived on the scene only at about 9.40am.

The irate site manager, who identified himself only as Laurie, lashed out at the ambulance service for not responding to the emergency.

"The poor girl was eventually taken to hospital in the police vehicle," he said.

Johannesburg Flying Squad control room commander Captain Dave Esterhuyse said the relevant emergency services were informed of the incident at the same time that Booysens police personnel were dispatched to the scene.

In the second incident, a fire engine was converted into an ambulance after police wounded a man suspected of robbing a clothing store on the corner of Eloff and Bree streets in the city centre at about 9.30am.

A second suspect was arrested, but the wounded man was left bleeding in the street for almost two hours before help arrived in the form of the fire engine.

Allen Cloete, executive officer of Metro Emergency Services, said calls had not been answered for 30 to 60 minutes.

All calls were taken by operation rooms in the rest of the province and forwarded to the Fairview control station, he said.

"It was a little work stoppage due to a personal problem on that shift and was cleared up five minutes after we arrived to investigate," Cloete said.

He could not say how many delays were caused by the stoppage.

The South African Municipal Workers' Union could not be contacted for comment yesterday.

(98)

Old practices die hard at hospital

By PREGA GOVENDER

HEALTH officials are investigating allegations of racism at the Vryheid provincial hospital after a seven-page dossier was submitted by black nurses and patients.

They claim:

- A 290-bed wing is used exclusively for black patients who are destitute;
- Black patients were given different meals to whites;
- Black patients are allowed visitors only at certain times, while guests to the "white" section are allowed in all day;
- Most black nurses work only in the so-called black section;
- Patients in the black maternity section are forced to clean toilets; and
- They are also made to wash abandoned babies.

The acting superintendent of the hospital, Dr Chris Valentine, said the allegations were being probed by the Kwazulu Natal department of health — but denied that the hospital imposed racial division.

"I deny that certain wards are still reserved exclusively for whites," he said.

"Patients can decide where they want to stay provided a bed is available in that ward. But from our experience, black patients prefer to remain in wards which were traditionally for them.

"Blacks appear to socialise better with their own kind and we respect their wish to be placed in the same ward," he said.

He said he generally placed poor white hospital patients with private patients as most of them were old and would "not fit in" with patients in black wards.

Valentine said two separate diets were provided after a survey of patients' preferences but the department of health had directed that from next week meals should be the same for all patients.

He said changes could not be made overnight but gave the assurance that, from next week, all poor or destitute hospital patients — regardless of colour — would be accommodated in the same wards.

A former doctor at the hospital confirmed that patients in the black maternity ward were often instructed to wash the toilets.

"White patients are generally given preferential treatment and they are given far more nourishing food. I don't think the situation will ever change," he said.

Nurses said they were fed up and did not believe things would change next week.

"Apartheid is alive and kicking at the hospital but we are too afraid of speaking out for fear of losing our jobs," they said.

ST 16/2/97

(98)

Hospital devises strategies to overcome bed shortage

(98)

BD 19/2/97

Johannesburg Hospital feels primary health care is the way to go both medically and economically. Kathryn Strachan reports

IN THE intake medical ward at Johannesburg Hospital, patients can spend up to three days on stretchers because of the hospital's chronic bed shortage.

Admissions have escalated to the level where occupancy rates in the ward are regularly more than 150% — but at the same time the hospital is being hit with cuts in its staff and budget as the focus in health moves towards primary level care.

Despite the threatened cuts as funding is diverted from tertiary hospitals to clinics, the hospital supports the shift in focus, and has itself taken steps to develop primary care facilities.

"Primary health care is the way to go both medically and economically," says deputy superintendent Dr Warrick Sive, "and the task is to develop and improve tertiary health services at the same time."

The challenge facing the hospital now is to manage that transition and to meet the increased demand for services on a chiselled-down budget.

The pressures on the hospital speak for themselves. The paediatric casualty department has had a 210% rise in patients during the past five years. Obstetric staff deliver 320% more babies than they did five years ago, and at the same time the number of complicated births has rocketed, with Caesarean operations rising by 480% in the past five years. In both departments, the number of staff has remained the same.

The limit on paediatric intensive care beds is another distressing problem for the hospital. Each week there are between five and 10 babies who need help but who cannot be accommodated. While every effort is made to find space at other hospitals, Johannesburg Hospital is often the last port of call for desperate doctors and parents, and the consequence of not receiving treatment is likely to be severe illness or death.

There are also up to 10 young patients each week who cannot be accommodated on renal dialysis. The enormous demand for intensive care, brought on mainly by car accidents and violent crime, drain the hospital's resources, and means that care for other surgical patients has to be postponed.

However, Sive says that one cannot talk of falling standards. For the patient who would have been denied access to the hospital only a few years ago, standards have improved dramatically.

"It is not a case of standards falling, but rather the realities of health care demands versus resources being unmasked," he says.

"A small group of South Africans had an exceptionally distorted perception of health care in the past, which in turn has led to excessive wastage in both the public and private health sectors.

"The public health sector is now being compelled to look at how it allocates its resources. As one of the first steps it needs to rectify the deficient financial management systems that exist in its institutions."

Yet, while it takes tough decisions, SA is finally joining the rest of the world, which is attempting to face up to its problems of limited resources, says Sive.

In countries like Australia, Canada and the UK, governments are grappling with unpopular decisions in the face of financially unsustainable health care systems.

In New Zealand, once people reach the age of 60 they are removed from the waiting list for surgery such as hip replacements and cataracts. However, depending on various factors they do stand a chance of requalifying for the procedure. In Australia waiting lists for nonemergency surgery went up 70% in the first six months of last year, despite the election promises.

While hospitals back the shift towards primary health care, the transition is often going to be hard, and in return hospitals need greater autonomy to allow them to manage the change process. A first step is to get rid of the host of structural inefficiencies controlling the public health system.

The wastage of an overcentralised bureaucracy all but immobilises hospital managers: staff appointments can take up to six months to get through ever-widening red tape, and hours of effort are needed just to keep track of these confusing and costly processes. The moratorium on staff appointments and voluntary retrenchments have also taken their toll on patient care.

Further, there is a debilitating lack of functioning information systems which are essential in managing any institution.

To make matters worse, Johannesburg Hospital is tied to a decision of the previous authorities to spend R250 000 each month on a computerised information system which is of limited assistance, if any, in making the necessary calculations. "With no costing information, how does one begin to improve efficiencies in an institution spending R450m annually?" Sive asks.

"It is, however, these massive frustrations that provide the greatest opportunities," he says. Freed of bureaucratic obstacles, Johannesburg Hospital would be able to introduce interventions that would save between R10m and 25m each year.

Even though the pace of change may be slow, Sive is encouraged by signs from the provincial health department that it "means business" when it talks about restructuring, decentralisation and controlling spending.

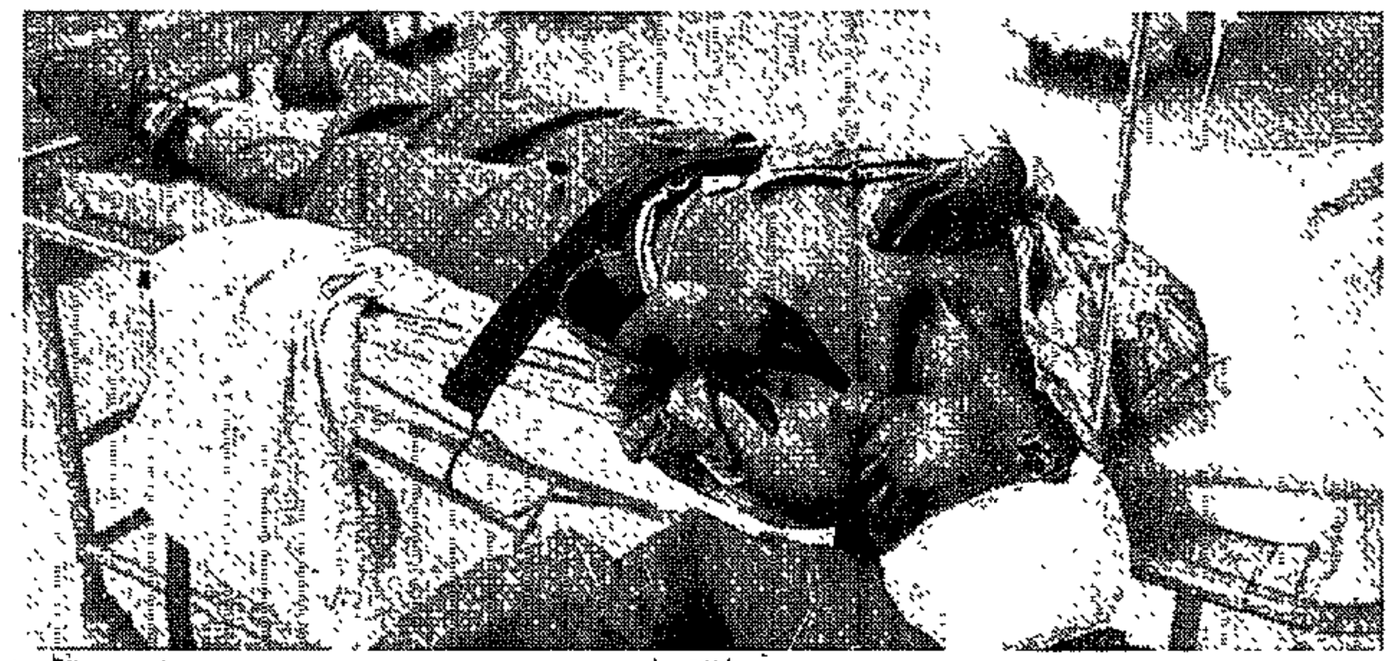
Another encouraging trend is that people in managerial positions are being held accountable for the functioning of their organisations. But for this to become a reality in health, the bureaucratic obstacles need to be done away with first.

While the focus now is on saving, Sive emphasises that savings are only one side of the equation. There is another route — that of generating revenue — and it is this track that the hospital is exploring.

With the University of the Witwatersrand and the Gauteng health department, it is developing proposals to open private beds in certain wards. While there are organisational problems that need to be resolved, Sive believes the hospital will be able to generate R5m to R7m each year through this plan.

The scheme means putting into use a number of mothballed areas which cannot be offered to state patients due to budgetary constraints. The revenue generated from this would then be used to subsidise state patients, and so would relieve the state of some of the burden of tertiary health care.

All sides win, says Sive. The private patient gets access to some of the best expertise available internationally. The medical aids get cost-effective health care for members and the public health system gets urgently needed revenue. "Results will of course be the acid test, but the process is at last beginning," says Sive.



Chronic bed shortages bedevil public hospitals.

Health officials thrash out solution to hospital woes

(98)
BD 19/2/97

Kathryn Strachan

SUPERINTENDENTS of Gauteng's 38 public hospitals and senior provincial health department officials have thrashed out a solution to the hospital crisis.

They decided at a meeting that the answer lay in decentralising managerial control. Hospital managers are to be given the authority to make changes to improve the efficiency of their services and cut costs.

Dr Ahmed Valli, Gauteng health department director of policy and planning, said the aim of the meeting was to debate a draft policy document for decentralisation, and to develop strategies and timeframes for the process.

The workshop, held at JG Strijdom Hospital, was a "starting-point" for the task of decentralisation, and other players such as unions, health centre managers, hospital boards and consumer groups would be brought on board in time.

As well as addresses by health department officials, the Gauteng corporate services department and the finance and economic affairs department gave their views on decentralising personnel and financial management.

In response, said Valli, hospital superintendents gave their views on what the difficulties were.

Valli said while hospital superintendents felt the present system was overcentralised, and that decentralisation was the answer, many hospitals lacked the capacity to take over these functions. Where institutions lacked managerial capacity, the department would have to provide training.

Another task was to develop information systems, which were vital in allowing the department to monitor the decentralisation process and to account for how public funds were spent.

The timeframe for decentralisation would vary depending on the capability of the institution, but Valli said some functions could be decentralised from as early as July, while others would take about three years to complete. Many of these functions had implications for unions, so consultation would be necessary.

By giving hospital superintendents control over budgets they would be able also to introduce systems such as merit awards to motivate staff.

The present system of procurement through the Tender Board was too slow for the needs of hospitals, and decentralisation would allow hospitals to buy directly from suppliers. They would be able to change the contract if the supplier did not deliver on time.

"It is all about making the service more efficient," said Valli. "It won't be easy, but the department is committed to decentralise as far as possible."

See Page 10

Cape hospitals fighting back in theft epidemic

Security firms called in

(98)

ARG 21/2/97

LINDSAY BARNES
CRIME DESK

Cape Town hospitals, sitting ducks for theft after budget cuts weakened security, are fighting back against criminals.

In the battle to stop people entering their premises, tampering with and stealing cars and helping themselves to equipment and valuables, medical superintendents are turning to private security firms.

Ashley Wewege of Red Cross Children's Hospital said theft was common. His car was stolen recently and four or five other vehicles had disappeared off the premises in the past three months.

"I feel betrayed. I spend the entire day here and do my best in a pretty stressful situation and then go out and find my car gone," he said. He blamed lax security.

"This place is a sitting duck for theft."

A chained television set in the doctors' on-call room was a sign of the times. "We all lock our offices and it's actually wrong. It's pathetic," he said. Nurses had been given lockers for their belongings.

His car was traced but many of its mechanical parts had been changed for duds. Police arrested three people.

Red Cross had had a shortage of security staff since posts were frozen about six months ago, said hospital secretary Leonard du Plessis. Although vehicle break-ins and theft from buildings occurred regularly, there had not been an increase in that time, he said.

But the entrances to the grounds and the buildings were unmanned. Security staff patrolled the grounds. Staff had been asked to be more careful and vigilant.

Similar problems are experienced at Groote Schuur Hospital, where the large number of entrances to buildings makes control difficult. Items such as linen, towels, furniture and medical equipment went missing and cars were broken into, said public relations manager Philippa Johnson.

Steps in the past few months included closing entrances and the employment of a security firm. Close co-operation with the police had led to some thieves being caught.

Until this month Somerset Hospital in Green Point was a regular target for criminals, especially gangsters intent on attacking injured enemies after fights. But drastic measures taken at some expense had slashed the crime rate, a spokesman said.

The hospital had employed a private security firm which supplied armed and trained men to bolster its permanent security staff at night.

"We were forced to get the private firm in because of all the problems," she said.

Newlands this week. Smart officially signed with the team out of the woodwork after a long

Grab your nightie if the hospital calls . . .

(98) ANG 22/2/97

ADELE BALETA
STAFF REPORTER

Patients across the Peninsula have been shocked to hear that they would have to supply their own bed linen, nightclothes and towels because the Western Cape Health Department's laundry has failed to deliver enough supplies.

It has also now been disclosed by the department that linen valued at a staggering R7,8-million has been stolen over the past two years.

The unprecedented appeal to patients for linen comes as hospitals fight a crime-wave after severe budget cuts weakened security measures at hospitals.

In a desperate bid to prevent people from casually entering hospital premises, stealing cars and removing equipment and other valuables, medical superintendents are enlisting the help of private security firms.

Computers have been simply lifted and carried out of buildings, leaving some doctors at the Red Cross Children's Hospital wondering if the thefts were "inside jobs".

On Wednesday the critical shortage of linen was highlighted when Groote Schuur Hospital's chief superintendent, Peter Mitchell, said the situation was beyond the hospital's control and was due to the inability of the central laundry in Pinelands, which supplies the major hospitals in the Peninsula, to deliver adequate supplies.

Mowbray Maternity and the midwife obstetric units throughout the Peninsula were also affected.

Dr Mitchell appealed to patients to assist as a temporary measure. Nappies and baby vests were also "in critically short supply".

The health department's director of engineering and technical support, Andrew Cunningham, told Saturday Argus that a "short-lived" go-slow had affected the delivery of linen.

He said the magnitude of losses in the past two years could be attributed only to theft.

Mr Cunningham said hospitals, were victims of the crime-wave sweeping society.

The loss of linen had now reached the point where there was not sufficient in circulation to meet the immediate needs of hospitals.

A project team with strong union representation had been working on ways to address the problem.

He said the department had embarked on a plan of action which included tightening controls and buying new linen stocks.

Mr Cunningham said that indigent patients who had little clothing of their own rarely returned hospital clothing they were dressed in when discharged.

He appealed to the public to return any hospital linen in their possession to the nearest provincial office.

At the time of going to press Dr Mitchell said the linen situation had "improved" at Groote Schuur and "at this stage we feel able to cope and no longer require patients to bring their own linen".

'WHAT HAPPENS TO DESERVING CASES?'

City patients 'sent home to die'

CT 25/2/97 (98)

BROKEN DIALYSIS machines and staff shortages add to the problems at Tygerberg's renal unit, **CYNTHIA VONGAI** reports.

KIDNEY patient Mr Jim Gcobane, 59, is one of the lucky ones. Severe budget cuts have brought in punishing new criteria for treatment at Tygerberg's renal unit where they turn away two-thirds of the around 150 patients assessed annually.

But Gcobane is already a patient and will continue to be treated.

Not all kidney patients are suited to the programme, but one criterion is no longer whether the patient will benefit and many who could have been helped will be sent home to die.

Only if you are employed, can support yourself financially and have dependants, will you be accepted.

Even then treatment is not a given as budget cuts and medical staff taking retrenchment packages have left the Tygerberg renal unit cash-strapped and short-staffed.

To compound the crisis, 10 of the 30 dialysis machines at the hospital are not working, limiting the number of patients that can treated and dialysis treatment days have had to be cut from six to three a week.

If a patient is accepted treatment will be provided by the state irrespective of whether the patient can afford to pay the costs, which can be as much as R70 000 a year.

Gcobane, of Nyanga, undergoes kidney dialysis treatment three times a week, without which he would die. Under the new criteria patients like Gcobane — who is too old, has medical complications, is unemployed and has no direct dependants — would not qualify for dialysis treatment.

Dr Rafique Moosa, head of Tygerberg's renal unit, told the Cape Times yesterday his unit could not accept any more patients because of the shortage of equipment and staff.

Jim will continue to receive treatment but under the new selection criteria he would fail to qualify because he is unemployed and has no direct dependants. He also would fail because he has other medical problems besides kidney failure."

Even those patients who were receiving treatment had to have their treatment sessions "squashed into the three days", Moosa said.

However, he stressed that the quality of care provided by the renal unit had not been compromised because of the changes.

"The broken machines are an indication of how serious the problem is getting here. Before, we could get them fixed in a couple of days, now we have to wait till the next financial year.

"It would cost less than R10 000 to fix all the machines, but there just is no money."

Gcobane pays R345 a month for his treatment, which is subsidised by the government.

"This patient pays nowhere near the actual cost of dialysis treatment, which costs Tygerberg about R500 per dialysis (session).

"The money Jim pays doesn't come to the unit but goes back to central government. If we could keep some of this money to plough back into the unit, it would make a difference," Moosa said.

Ironically, even if the machines are fixed there is no staff to operate them and because of this everyone referred to Tygerberg will not automatically be accepted for its treatment programme.

"What happens to deserving patients in the future if the unit does not have the money?

"It is terrible for me to have to turn away patients we could have helped in the past," Moosa said.

Gcobane is unemployed and his sister, a schoolteacher, supports him and pays his medical bills.

Like many kidney patients he was laid off because he took too much time off work to receive his treatment.

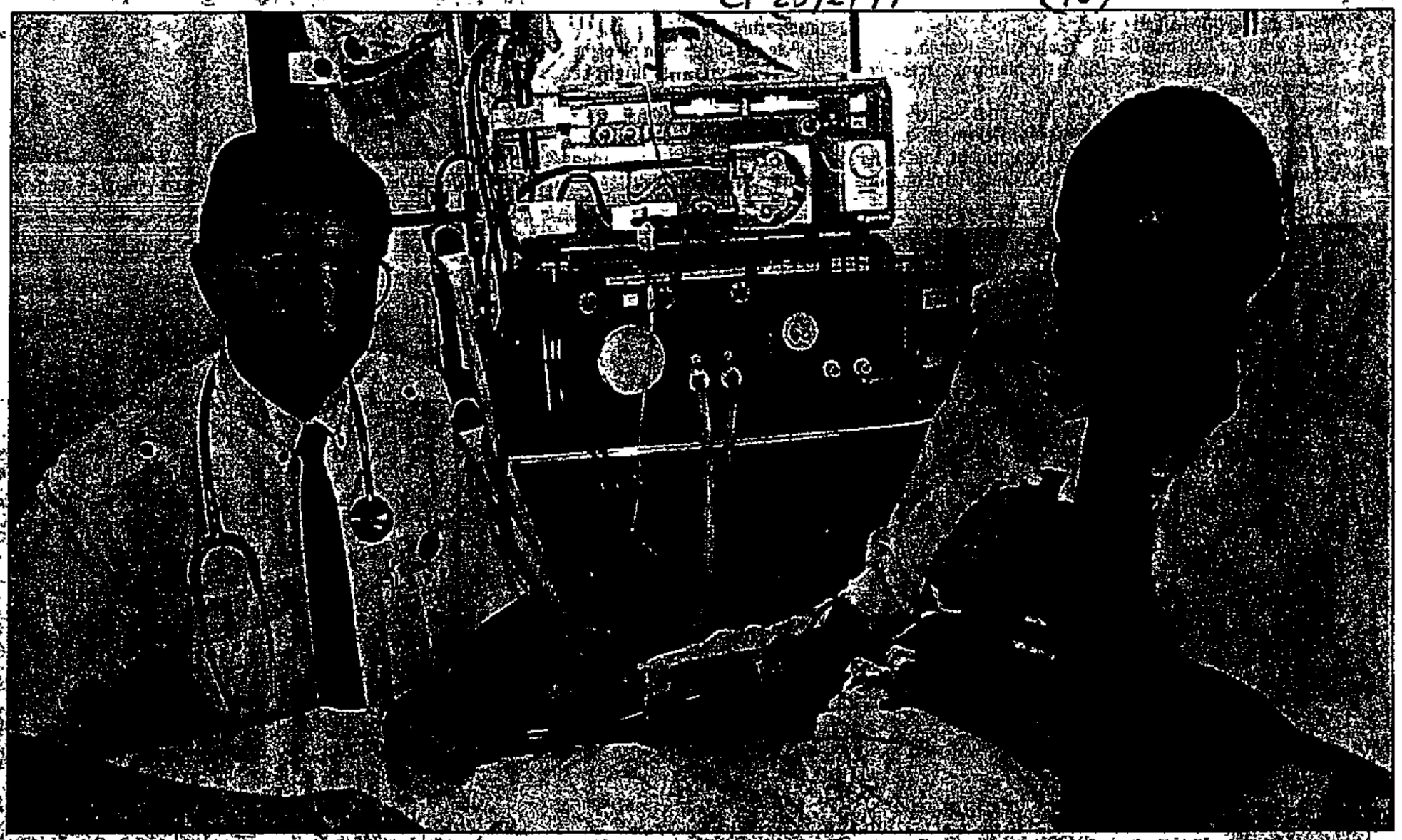
Gcobane's problems with his kidneys began in 1983, after which he had a kidney transplant. The kidney functioned for 11 years before it packed in. In 1994 he began to receive dialysis treatment at Tygerberg Hospital again.

"My life revolves around dialysis and trying to find someone who will employ me, because my medical bills are a strain on my sister."

Repeated attempts to contact Western Cape Health and Social Services MEC Mr Ebrahim Rasool last night proved fruitless.

What counts now

- Patients must be employed
- They must be able to support themselves financially
- They must have dependants
- They must not have other medical problems
- They must not be older than 60



LIFE OR DEATH: Dr Rafique Moosa oversees dialysis for Mr Jim Gcobane at Tygerberg Hospital's renal unit yesterday. Gcobane would not qualify under the new criteria for accepting patients for treatment — but as he has been a patient for some time, he will continue to receive treatment. PICTURE: ALAN TAYLOR

Gauteng 'still owed millions'

Vuyo Mvoko (98) BD 26/2/97

THE Gauteng provincial health department confirmed yesterday that it was still owed hundreds of millions of rands, primarily by the governments of North West and Mpumalanga, after people from those provinces were treated in Gauteng hospitals.

Gauteng health department logistics director Patty Zipp said the department managed last year to secure payment towards some of the costs incurred treating people from other provinces, but most of the money had still not been recovered.

She would not say how many people from other provinces were benefiting from Gauteng's services over a given period of time, or how much money was involved. She would also not divulge the nature of the services provided or where the people came from.

It was hoped that a report would be available towards the end of next month, she said.

Another department which also confirmed that "we are in trouble" was housing and land affairs. Spokesman Manase Sefahle said the department had a housing backlog of 500 000, yet each month there were thousands of people moving to the province to settle, and most of them qualified for the minimum state subsidies.

The education department also said it was affected by the influx of students from other provinces, but did not have comprehensive data to back that up.

Premier Tokyo Sexwale's spokesman, Noel Ndlovu, said that Sexwale, in his address during the opening of the legislature last Friday, hinted at the problems the province faced because people were flocking to Gauteng in search of better opportunities.

A lot of data and information still needed to be collected on the issue, Ndlovu said, and only thereafter could implications on the provincial fiscus be fully determined.

Early this week Western Cape local government MEC Peter Marais said he would soon be raising the issue that his province needed to be compensated for the huge influx of people from the Eastern Cape.

Marais said the Western Cape education department was overloaded, with pupils from outside the province applying to join each Western Cape school.

Union alleges 'bad faith' over wage talks

(98) BD 26/2/97

CAPE TOWN — The National Education, Allied and Health Workers' Union (Nehawu) yesterday demanded details about parliamentary salaries and perks of senior managers before any talks on wage increases could resume.

The union continued its lunch-time demonstration, with Nehawu chairman Buddy Ntsong adamant that negotiations would resume only after their demands were met.

He also accused management of negotiating in bad faith by publicly tabling their counterproposals before the union leadership was consulted.

Ntsong said it was unacceptable that management did not attach details of their salaries and perks in a document circulated to MPs, alleging this was a deliberate attempt to hide facts from the public and union members. He said there were serious (pay) disparities between management and the general worker in Parliament.

A parliamentary education department release at the weekend stated that because of budgetary constraints, management could not afford Nehawu's demand for a 35% increase, but offered a 10% salary increase. — Sapa.

'Find another way for the Lady'

Plumstead hospital staff desperate over closure

(98) ARG 27/2/97

JENNY VIALL
HEALTH REPORTER

Please rethink the future of the Lady Michaelis Hospital.

That is the desperate plea from staff and the Plumstead community in the face of plans to close the hospital after 60 years as a rehabilitation centre.

They are asking that authorities look at alternative funding for the hospital.

Late last year provincial authorities announced that the hospital would be closed for economic reasons. Orthopaedic patients were immediately moved to Tygerberg Hospital but the section for neuro-rehabilitation is still open. These patients will probably be moved to Conradie Hospital.

The proposed closure of the hospital has evoked strong feelings from the community and the staff who say it is a very special place of healing.

A petition signed by 5 415 people in Plumstead protesting at the closure has been handed over to Western Cape Health Minister Ebrahim Rasool. Staff at the hospital hope a way will be found to keep the hospital open and say it must operate as normally as possible until a final decision is made on its future.

There are also questions about what will happen to the trust fund set up by Lady Michaelis to run the hospital.

Psychologist at the hospital Alison Madden said there was still a need for a specialised rehabilitation centre in the southern suburbs and closing it would be retrogressive.

"The international trend is for smaller community-based centres which can access community facilities, like libraries, directly. This leads to quicker rehabilitation," says Dr Madden who headed the rehabilitation unit at Macmaster University in Ontario, Canada.

The hospital has provided an excellent service to the children of South Africa and further afield in a homely atmosphere, say staff.

For children who had to stay for prolonged periods of time, the hospital offered a protected and loving environment which cannot be provided in large hospitals like Tygerberg and Conradie, they said.

The hospital, founded by Lady Michaelis, is still partly funded by a trust. Lady Michaelis stipulated that the hospital be used for orthopaedic care or a similar purpose.

There is speculation that a large sum of money was donated to the hospital a few years ago although no details of this are available.

Head of Health in the Western Cape Tom Sutcliffe said he did not know how much money was in the trust which would have to be audited.

The funds would be transferred in consultation with the hospital board to a hospital of choice or used for some other purpose. He said this would not necessarily be Tygerberg hospital to where orthopaedic patients were moved.

Dr Sutcliffe said he had heard rumours of a bequest and if there was one then state auditors would know about it. He did not think the hospital could be kept open as a rehabilitation centre.

"The compelling logic is that the services could be better used elsewhere. We cannot afford to run the centre here when we have capacity elsewhere."

A report on the hospital's future was due soon, he said. Staff at the hospital are angry at the insensitive way the closure has been handled and say authorities have been vague as to financial conditions.

In a written request to authorities to keep the hospital open, they say: "The loss of a specialised centre of excellence would be a grave loss for the whole country. We believe it is a mistake to close this facility. We think a more creative solution should be sought."

Dr Sutcliffe said the future of the building was subject to investigation. A task team would look at other uses for it.

Marian Robertson from the Lady Michaelis Ministry of the Plumstead Methodist Church said Lady Michaelis had laid down a condition that the prime minister of the then Union of South Africa should make the decision about the disposal of the property should it ever be closed.

"Surely it should be President Mandela who makes this decision. If he knew the full story of Lady Michaelis he would surely ask: Why close it? Find another way."

Tough times in healthcare, but we are proud of our hospital

(98) ARG 1/3/97

Health workers at Tygerberg Hospital have written a warm letter to the editor of the Saturday Argus to express thanks for the prominence afforded to the hospital in recent correspondence published in the newspaper

We, the health workers at Tygerberg Hospital would like to express our thanks in particular to Phrosne Riggs for her kind comments about our hospital and especially for making the time to publicise the quality of service that we do strive to deliver in our proud hospital (Saturday Argus, 1 February 1997).

We would also like to thank Ms Riggs for giving us the opportunity to communicate with the people we serve:

We do not purposefully seek publicity; neither do we have funds to embark on a structured self–promotion programme, nor to involve the public in fund-raising programmes. Within this framework, our academic complex prides itself on having accomplished a number of achievements. We:

- Serve all patients with equal care and fervour and have reduced the per patient care cost.
- Have introduced a number of community outreach programmes.
- Provide specialised care and ensure quality service in a number of regional and day hospitals as well as primary health care centres/clinics.
- Render excellent specialised paediatric medical and surgical services.
- Have a number of unique services that we offer to the country as a whole and other African countries..
- Are the only hospital in the province and probably the country to have brought expenditure within its allocated budget in the 1996/7 book year.
- Impart, apart from education and training, a value system to all our students.
- Publish annually on average 300 scientific publications in national and international peer-reviewed scientific journals and present more than 150 papers at international and 400 papers at national congresses.
- Participate in a number of expert government committees.
- Are in the process of renovating our hospital.
- Offer the largest trauma service in the province.
- Offer easy access to our patients and possess the only helipad for emergency flights.
- Have the most updated facilities for infectious diseases in the province.
- Offer the only 24-hour information service for drug poisoning.
- Are at the cutting edge of technology in the fight against TB.
- Support the development of a primary healthcare system.

We will go no further in outlining our past and present achievements, but it would be inappropriate, indeed irresponsible, if we did not also take this opportunity to inform our population of the truly immense difficulties that we are experiencing

There is little doubt that all academic complexes in the country are currently under heavy, and often destructive, pressure. It is also true that our hospital especially has received at times biased, unfair and unjustified press reports because of vested interests and purposefully created misrepresentation which have, but will not in the future, go unanswered.

Nevertheless, the overdue and very desirable process of transformation in the country presents to us all many wonderful opportunities for progress but also holds immense dangers of irreversible destruction of our health service.

We are, therefore, particularly pleased to see that the initial attempt, by vested and biased interests in promoting primary health care has not matured and has been transformed into a more pragmatic and implementable policy.

The negotiations for rationalisation of services have been extremely difficult.

We can confidently claim and prove that we met all set deadlines and have followed this process with vigour, openness and honesty.

The difficulties, however, do not only remain but the prospects are also distinctly worrying:

The difficulties remain primarily because the conclusions reached from the process that has been followed so far clearly indicate that neither of the two tertiary institutions in the province, on their own, can handle the service load of the healthcare needs of the province.

In this regard, the apparent assumption or impression by some that if one institution has to close, it is going to be the Tygerberg Academic complex is indeed rather simplistic and naive. We believe that no decision to alter the current status of the Tygerberg Academic complex, whether of political, financial or any other nature, will be accepted by the people of the fast-growing northern suburbs and the rural drainage areas.

The distinctly worrying aspects of the future concern the continued budgetary constraints and the rather hasty and ill–structured severance packages by which the state is attempting to reduce the overall number of state employees. The effect of the loss of a great number of dedicated and well-trained health personnel of all categories will most surely be felt in the coming years and bodes ill health for the health services.

In summary, we again thank Ms Riggs for her kindness and remain sure that, should anyone attempt to intimate any change in the current status of the Tygerberg academic complex, the people of this and other provinces will definitely speak, as Ms Riggs has done.

The letter was signed in alphabetical order by Mr
EP Abbot, chairman: Nehawu
Ms S Beukes
Head: Occupational Therapy
Prof J Cilliers
Head: Dermatology
Prof P De Villiers
Head: Family Practice
Mr I Hendricks
Chairman: University of Stellenbosch Workers Association
Ms Irwin-Carruthers
Head: Physiotherapy
Prof J Klopper
Head: Nuclear Medicine
Prof D Labadarios
Head: Human Nutrition

Union task team opposed to hospital closures, cutbacks

Star 12/3/97 (98)

Department denies moves are 'irresponsible and disastrous' and will forge ahead

By Priscilla Singh
Health Reporter

Gauteng hospital trade unions and staff are fighting the closure and downscaling of institutions proposed by the Gauteng Department of Health, and an employees' task team has recommended that the plan be scrapped.

However, department spokesman Popo Maja said the department rejected the Employees' Research Team's call to scrap the plan as "irresponsible" and said the department was going ahead with its original proposal with only "some modifications".

The department was presented with the report on the restructuring of Gauteng hospitals compiled last month and said it would issue a detailed response early next week.

The task team consisted of representatives from the National Education and Health Allied Workers' Union, the Medical Association of South Africa, the Democratic Nurses' Association of SA, the Institute of Public Service, the Public Service Association and the Hospital Personnel Trade Union (Hospersa).

The team said the Gauteng Department of Health had tabled "a theoretical and disastrous plan" without consulting management or staff at hospitals, and this plan would have brought health services to a standstill had the unions not intervened and forced the review.

Gauteng Hospersa secretary, Manfred Rothballer, said staff were asking for equal services to be provided to all communities and hospitals providing valuable services not to be scaled down.

In terms of the department's plan, Gauteng hospitals which will be closed include Westford in Pretoria West, Andrew McColm in Pretoria, Kempton Park, and Ontdekkers.

Hillbrow and Coronationville hospitals will be scaled down in terms of staff and equipment. and patients will have to go to surrounding hospitals for treatment. The Lenasia Hospital, Laudium Hospital in Pretoria, and Willem Cruywagen will be scaled down and converted into community health centres.

Maja said the hospitals to be closed were in a "debilitated state" and not conducive to delivering proper health care.

He said so-called white hospitals were not fully utilised, while black hospitals had been underserved and had low administration functions.

The department had to alleviate the imbalances, he said.

He added that Health MEC Amos Masondo was sensitive to the suggestions made by the unions and would give them a sympathetic hearing.

Rothballer said staff were unhappy because they were not consulted about the process and the restructuring had not included head office or top management posts.

y. Health Department budget cuts and a worldwide trend to

PICTURE: GARTH STEAD

CUTS HIT MENTALLY HANDICAPPED

Hospital sends patients home

CT 12/3/97

A PSYCHIATRIC hospital is to send more than 100 patients home next month to cut costs, a move that will also launch a programme to encourage all South Africans to look after the mentally handicapped.

The 1997 Budget to be announced in Parliament today will highlight the need to cuts costs in this way as the state battles to balance reduced spending with massive demands for better education, health care, housing and safety and security.

The Alexandra Hospital in Maitland is to reduce its patient numbers from 604 to about 500 as a direct response to budget cuts in the national health service.

Yesterday Dr Linda Hering, the senior medical superintendent of Alexandra, said opening institutions to all races had pushed the demand for places in the hospital much higher

"Care for black patients, especially in the Western Cape, was non-existent before," she said.

To cope with the growing pressure and budget cuts, Alexandra would now serve mostly mentally handicapped patients who were also mentally ill.

This meant healthy mentally handicapped patients, for example people with particularly low IQs, would be entrusted to their families unless they developed psychiatric disorders.

Priority would also be given to retarded patients who were physically disabled and needed full-time nursing.

"Last year, our hospital received no extra funds from the government, even though it was operating with only 40% of the staff it needed to provide a safe level of care to all patients," Hering said.

Patients sent home would be able to "check in" again for a month to give their families a break.

There also would be regular group therapy sessions to help families cope.

Hering said there was a worldwide trend away from placing retarded patients in institutions.

"In the past, mentally handicapped patients were an embarrassment to society and putting them in institutions kept them out of the public eye."

Now it is believed these patients are integrated into society more naturally if they are surrounded by their families and "normal" life.

An independent psychiatrist said the new approach was unavoidable because of a shortage of funds, but it would have a devastating effect on many families who would not cope with the added burden of a handicapped relative.

"These people need to be watched 24 hours a day and usually it is a wife, mother or sister who has to leave her job to fulfil this care-giving role.

"For a family that needs two incomes to survive, it can be economically devastating and a major upheaval in day-to-day life."

This could expose the patient to abuse, especially if his or her presence was resented.

Although "de-institutionalising" was a growing international trend, many mentally handicapped people had been found on the streets as vagrants, unwanted by their families and unable to fend for themselves.

Dr Elizabeth Peter, a psychiatrist at Alexandra Hospital, said there had been "wide resistance" among families to taking responsibility for handicapped relatives.

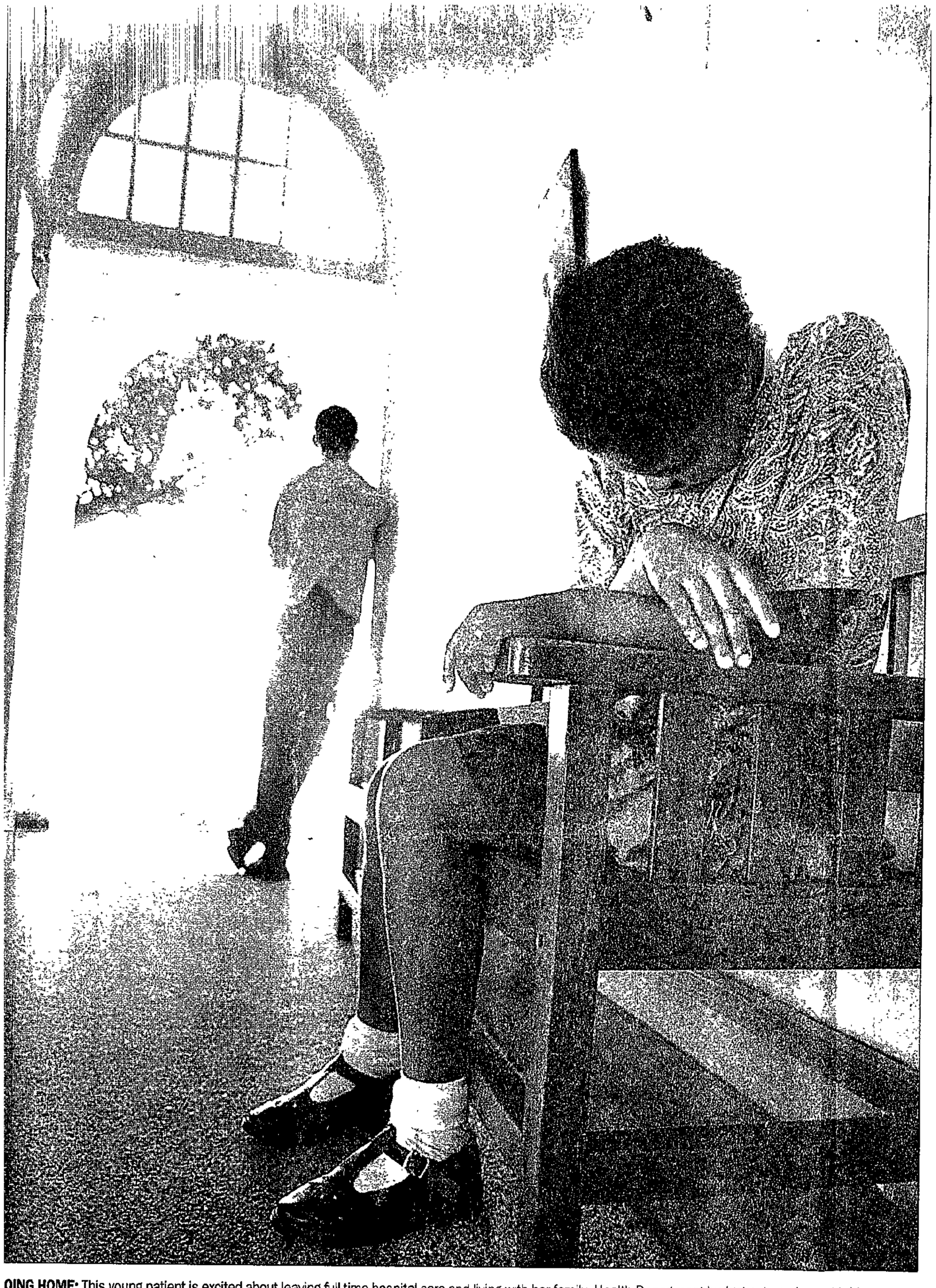
"Some people are being fairly resourceful about how they are going to deal with the situation, while others have just resigned themselves to it."

Hering said the decline in the number of nurses at Alexandra and other institutions meant the incidence of abuse among patients could rise.

"The less handicapped sometimes abuse the more handicapped patients — we don't have the staff to watch people every moment of the day."

For patients to gain any real benefit from being in an institution, one nurse was needed for every eight patients. At the moment, this figure was 1:20 during the day in some wards and 1:40 at night.

"This is difficult nursing because your patient never gets better. Staff with too heavy a load can — and do — suffer from burn-out."



OING HOME: This young patient is excited about leaving full-time hospital care and living with her family. Health Department budget cuts and a worldwide trend :o at mentally handicapped people out of hospitals means a greater burden will fall on their families. *PICTURE: GARTH STEAD*

MENTALLY HANDICAPPED

Hospital sends patients home

CT 12/3/97

(98)

A PSYCHIATRIST has warned that moves, in response to budget cuts, to send mentally handicapped people home will have a devastating effect on many families, Health Writer **CAROL CAMPBELL** reports.

A PSYCHIATRIC hospital is to send more than 100 patients home next month to cut costs, a move that will also launch a programme to encourage all South Africans to look after the mentally handicapped.

The 1997 Budget to be announced in Parliament today will highlight the need to cuts costs in this way as the state battles to balance reduced spending with massive demands for better education, health care, housing and safety and security.

The Alexandra Hospital in Maitland is to reduce its patient numbers from 604 to about 500 as a direct response to budget cuts in the national health service.

Yesterday Dr Linda Hering, the senior medical superintendent of Alexandra, said opening institutions to all races had pushed the demand for places in the hospital much higher.

"Care for black patients, especially in the Western Cape, was non-existent before," she said.

To cope with the growing pressure and budget cuts, Alexandra would now serve mostly mentally handicapped patients who were also mentally ill.

This meant healthy mentally handicapped patients, for example people with particularly low IQs, would be entrusted to their families unless they developed psychiatric disorders.

Priority would also be given to retarded patients who were physically disabled and needed full-time nursing.

"Last year, our hospital received no extra funds from the government, even though it was operating with only 40% of the staff it needed to provide a safe level of care to all patients," Hering said.

Patients sent home would be able to "check in" again for a month to give their families a break.

There also would be regular group therapy sessions to help families cope.

Hering said there was a worldwide trend away from placing retarded patients in institutions.

"In the past, mentally handicapped patients were an embarrassment to society and putting them in institutions kept them out of the public eye."

Now it is believed these patients are integrated into society more naturally if they are surrounded by their families and "normal" life.

An independent psychiatrist said the new approach was unavoidable because of a shortage of funds, but it would have a devastating effect on many families who would not cope with the added burden of a handicapped relative.

"These people need to be watched 24 hours a day and usually it is a wife, mother or sister who has to leave her job to fulfil this care-giving role.

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Hering said the decline in the number of nurses at Alexandra and other institutions meant the incidence of abuse among patients could rise.

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"This is difficult nursing because your patient never gets better. Staff with too heavy a load can — and do — suffer from burn-out."

More economical use of hospitals urged

(98) Star 13/3/97

By Jasmine Simon
Medical Correspondent

Paying patients must be drawn back to public hospitals to subsidise medical care for the unemployed and poor, Director-General for Health Dr Olive Shisana said yesterday.

Some 80% of the country's hospital beds were in the public sector, and the Government aimed to maintain that ratio, she told a one-day conference in Sandton, billed as a "co-operative search" for a solution to the country's health care crisis.

But interventions were necessary if the public sector was to continue to provide for the majority of South Africans.

Only 40% of health sector funding came from public sources of finance, and most went to public sector facilities.

The money flowing from the private to public sector, largely in the form of user fees, was limited (an estimated R50-million in 1992-3), and declining.

To address this, the state proposed to attract paying patients to hospitals, and allow hospitals more managerial autonomy and the right to retain revenue.

Medical aids would be regulated to prevent potential people being excluded on the grounds of health risk, and to force funds to provide cover for life and not "dump" patients on the state when benefits ran out.

A bill on a national health insurance system to provide medical cover for all people in formal employment was expected to be placed before Parliament by the year's end, Shisana said.

The state proposed to integrate public and private sectors by cross-utilisation of hospital beds and equipment.

The state could contract with the private sector to utilise all beds in a province at negotiated tariffs before creating more public or private sector beds. This opened the possibility for using private sector hospital beds for public patients at agreed tariffs, and vice versa.

No new licences for hospital ownership would be issued where shareholders were practitioners and specialists.

Selective contracting of services in rural and peri-urban informal settlements should aim at the private sector meeting the needs of these communities.

'Lives at risk' in Tygerberg's cardiology unit

Budget slashed by 30%

(98)

ARG 13/3/97

JENNY VIALL
HEALTH REPORTER

If you have a heart attack, don't come to Tygerberg Hospital – it's infested with cockroaches.

That's the warning from Chief Medical Superintendent of Tygerberg Hospital Abul Rahman who says obsolete equipment in the cardiology catheter laboratory, which sometimes stops working during critical procedures, is putting people's lives at risk. Dr Rahman was briefing the province's standing committee on health on the hospital's dire financial situation.

"Our budget has been cut by almost 30 percent. We've stopped certain services. There's a moratorium on joint replacement and we're not taking any more dialysis patients. So many facilities have been cut to the bone. Now they're taking away the marrow."

The hospital has 271 fewer beds and has 1 033 vacant posts. The R5,1-million budget for equipment was laughable, said Dr Rahman. "We can only replace small equipment, like stethoscopes."

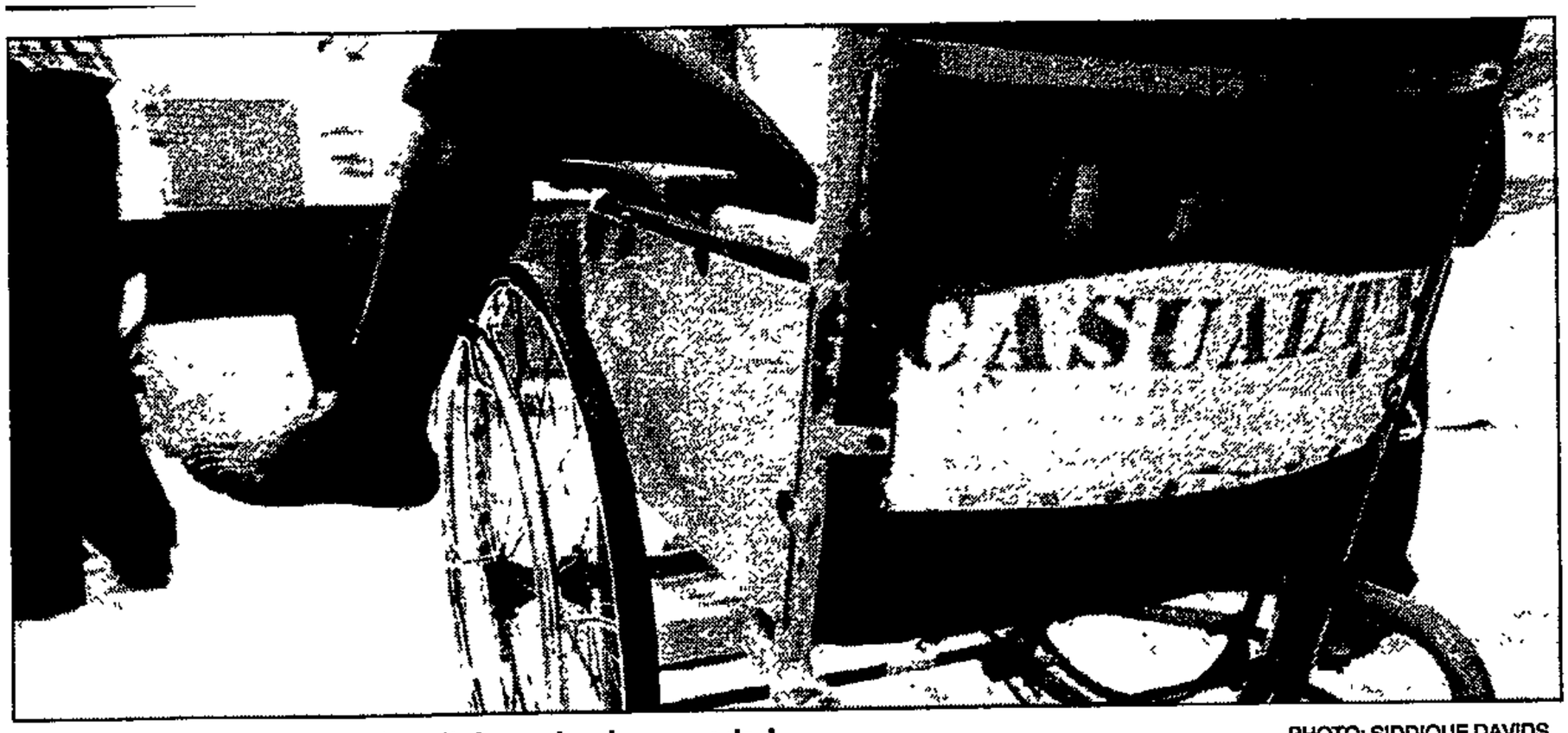
Anton Doubell, Professor of Cardiology at Tygerberg Hospital, said he was becoming "acutely nervous" for the safety of patients.

The province had a legal responsibility to patients and should look at the implications of faulty equipment, he added. The cardiology unit performs about 1 000 catheterisation procedures a year using the two angiogram machines, which are 23 and 13 years old - their lifespan is supposed to be 10 years, with regular maintenance. The machine shows the flow of blood through the heart's arteries, indicating blockages on a screen.

"These machines are vital to the functioning of the unit, for diagnostic and therapy purposes in an emergency," says Professor Doubell.

The crisis at the cardiology unit highlights the effect of provincial health budget cuts carried mainly by the academic hospitals of Tygerberg, Red Cross and Groote Schuur. Further cuts are expected when the Western Cape provincial cabinet allocates money for health in its 1997/98 budget next week after the Government yesterday cut the provincial budget by R780-million.

Dr Rahman said Tygerberg had kept within its R417-million budget for 1996/7. The hospital has budgeted R379,1-million for the 1997/98 financial year. "Indications are that we will only be given R277-million. I have two options: I can chop 500 more beds, or chop half my staff. That's not possible." Tygerberg Hospital serves 2,5-million people.



Health casualty: Hillbrow Hospital may be downgraded

PHOTO: SIDDIQUE DAVIDS

Unions' R1bn health saving

M+G 14-19/3/97 (98)

Stuart Hess

THE Gauteng health department could save R1-billion if it accepts cost-cutting proposals made by health workers' unions, including centralising services, eliminating private nursing in public hospitals, and scrapping private security, the unions said this week.

The figure is almost double the R550-million the Gauteng health department said it could save when it presented its hospital transformation plan to the provincial cabinet last year.

"We believe that if we scrap private services then this cost-saving figure is not impossible," said Edward Khanyile, chairman of the Johannesburg branch of the National Education Health and Allied Workers Union (Nehawu), a member of the union research team that examined the department's proposal.

The union counter-proposal on hospital transformation was due to be presented to the health department on Friday. Department spokesman Popo Maja said it was too early to say whether the union's proposed cost savings are realistic. "We haven't finalised the plan and we don't know when it will be implemented," he said.

Khanyile said the department had overlooked a number of cost-saving measures, such as the centralisation of hospital casualty departments. The union says that instead of being spread out among several hospitals, casualty services could be relocated to one central hospital, "creating a central pool of casualty officers," and alleviating confusion about where people needing emergency services should go.

Khanyile also believed retrenchments could be avoided if the department stopped its practice of contracting private nurses to work in its hospitals. The Health Department's deputy director general Eric Buch said the department was doing its utmost to avoid retrenchment: "We hope that by offering severance packages we could alleviate the problem."

Buch said more than 3 000 severance packages have been already approved and nearly 500 applications are under consideration.

Khanyile said the union hoped that transformation could begin by June. The health department initially said it would begin closing hospitals by the end of March — the three hospitals to be closed are Andrew McColm, Kempton Park and the Westfort psychiatric hospital. Seven hospitals are to be converted to primary health care centres starting July 1.

"We are now looking toward the third quarter of the year for implementation," said Buch. He added that they were looking at the possibility of a more phased approach but would need to maintain contact with the unions.

Buch was concerned about the effect on morale of further delaying change. "People are worried because they're unsure of what will happen in the future," he said.

The unions and the department agree that Hillbrow Hospital should be downgraded to a district hospital with a community health centre and a maternity unit. But plans to transform Hillbrow Hospital are being put on hold.

But that could be delayed as the department considers the findings of a Wits task team headed by Max Price, dean of the faculty of health sciences at the university.

Price's team has recommended that Hillbrow's capacity be reduced from its present size of 700 beds to 400 beds, 100 of which would be used for patients with chronic illnesses such as Aids or tuberculosis. "Our proposal reduces the need for retrenchment and redeployment and keeps specialists in the public sector," said Price.

Schools and hospitals face calamity

Budget cuts hit Cape hard

ST(CM)16/3/97 (98) (90)

NORMAN WEST, Political Reporter

HEALTH and education services in the Western Cape are close to crisis point following central government cut-backs in provincial budget allocations.

Previous budgetary cuts led to 6 000 teachers being declared redundant last year, causing uproar in the community, protest marches and strikes by educationists.

"The same threat and worse now faces the Western Cape," provincial Finance Minister Kobus Meiring warned yesterday.

He said hospital services were already operating under severe strain, with patients being sent home prematurely because of a lack of beds.

Recent reports indicated there was a severe shortage of resources to train staff and employ technicians to maintain equipment. Some patients were literally left to die in hospital corridors because of archaic equipment that no longer worked.

"This calamity could get worse," said Meiring, and he blamed the looming crisis on the 10 percent or R780-million decrease in the Western Cape budget allocation announced by Finance Minister Trevor Manual on Wednesday.

Meiring said he would deal with the issue on Thursday when he tables his provincial budget in the Western Cape Provincial Legislature.

He would not give details of what could be expected but warned it would be a "tight" budget, adding that the decreased allocation held "drastic and disastrous consequences for the Western Cape in terms of service delivery".

"Our hospital services are seriously over- stressed, yet we may be forced to close down more beds and even suspend our clinic-building programme. It is that serious," said Meiring.

He said the Western Cape's share of the allocation to provinces had decreased from 12 percent in 1995/1996 to 10,7 percent in the coming year.

He felt the Western Cape's allocation did not amount to an equitable share of revenue raised nationally and did not allow the province to provide basic services or to perform functions allocated to it as constitutionally required.

He said that over the past two years the province had had to cut 25 000 civil posts, of which 15 000 occurred last year.

Of the R3-billion Western Cape budget, 90 percent is spent on service deliveries in the Health, Education and Welfare (pensions) department. Only 10 percent is spent on roads, public works, nature conservation, the economy and police.

Some 80 percent of the entire budget is spent on teachers' salaries. The province must also pay the increases in pensions.

This means the two major departments — education and health — will have to bear the brunt of the fiercest cuts from the 80 percent allocation. they get from the full budget.

"There is simply no other way," said Meiring. "We have to make do with R780-million less than the inadequate budget we already have.

"We can only cut where it is practically possible to do so and that means severe slices in health and education, putting health facilities and further teacher posts at risk — it is as sad but also as simple as that."

War on roaches at Tygerberg Hospital

(98) ARG 17/3/99

JENNY VIALL
HEALTH REPORTER

The cockroaches at Tygerberg Hospital are being cleared out as a special project gets underway to strip the vinyl from the walls.

The cockroaches were linked last year to an outbreak of Klebsiella in which 12 babies died. Since then the hospital has gone all out to eradicate them. The problem is that the vinyl covering the walls is cracking and peeling, providing an ideal place for cockroaches to nest.

Now a R2,5-million project has begun to remove the vinyl and glue, replaster and paint the walls. Medical Superintendent Revere Thomson said the vinyl was used when the hospital was built 20 years ago, the idea being that it was low maintenance and easy to clean.

"And it worked for many years. However there wasn't enough money for regular maintenance and it became brittle and started to break off. It's unsightly and the glue is attractive to cockroaches. We started to remove the vinyl in the most urgent areas in October. The paediatric unit has had its vinyl stripped, the glue removed and its walls plastered and painted."

Dr Thomson said wards were fumigated regularly to get rid of cockroaches which were a problem in all hospitals.

Chief Superintendent Abul Rahman put the estimated cost of replacing all the vinyl at R17 million. The hospital was given R2,5 million for the project last year by Western Cape Health Minister Ebrahim Rasool.

Anton Doubell, head of the cardiac unit, said he was concerned that a report on ageing equipment in his unit had been linked with cockroaches. He said his unit had managed to raise funds through years of financial restraint to maintain a clean, neat and aesthetically pleasing unit.

"We take pride in a unit which is widely acknowledged as a centre of excellence," Dr Doubell said.

"Tygerberg hospital is an asset to the community," said Dr Rahman.

"It has been allowed to degenerate over 20 years but thanks to the interest and input of Mr Rasool and the RDP, we've been able to take significant steps to improve hygiene and the quality of a patient's stay at Tygerberg Hospital."

He said he was confident the hospital did not pose a danger to the health of patients.

Boost for inner-city health services

(98)

Star 17/3/97

By Anna Cox

A new health service involving a partnership between the Eastern Metro Council, academic institutions and the community of Hillbrow has been launched.

A partnership agreement was signed last week between the health science faculty of the University of the Witwatersrand, the faculty of biotechnology of the Witwatersrand Technikon and the Eastern Metro Council.

It involves the three parties working together to establish a one-stop, walk-in centre for free primary health care.

The clinic will be set up in the Perm building in Claim Street, which the council bought recently.

The new health service is aimed at transforming health services in the inner city area of Hillbrow, which has particular needs, especially with regards to women, youth, environmental health, the elderly and the disabled, said Professor Barbara Robertson of the University of the Witwatersrand.

The centre will be used by the two academic institutions to train nurses, primary health care workers and students to develop their primary health care skills.

It is the first such centre to be established in the inner city.

It will also be used to empower the community of Hillbrow and get them involved in managing their own local health services and promoting community-based education programmes.

WE WANT MORE: Western Cape Director-General Dr Niel Barnard (left) and MECs Leonard Ramatlakane (Roads, Transport and Public Works), Gerald Morkel (Police), Premier Hernus Kriel, Kobus Meiring (Finance), and Ebrahim Rasool (Health and Welfare), yesterday predicted woeful service delivery unless their budget is increased. *PICTURE: ALAN TA[illegible]*

'Medical schools should fuse post-graduate departments'

(98) CT 20/3/97

CAROL CAMPBELL
HEALTH WRITER

AN independent report suggesting new ways to cut spending in the Western Cape health service has recommended that the medical schools of the universities of Cape Town and Stellenbosch merge their post-graduate departments.

The document, drawn up by a team of British doctors and economists from the King's Fund in London, suggests the undergraduate schools be left to continue training doctors separately.

A possible merger of the two schools has been a major bone of contention in talks between the Groote Schuur, Tygerberg and Red Cross Children's hospitals where doctors and nurses are trained.

The deadlock prompted Health MEC Mr Ebrahim Rasool to get a fresh opinion on ways to balance the health department's books.

Head of the Western Cape health department Dr Tom Sutcliffe dismissed rumours that one of the training hospitals would be privatised — but confirmed services would be drastically curtailed.

"There's no room left to cut the health service. There is no fat — we are already on the bone," he said.

Doctors warned that cuts to the health budget meant treatment like renal dialysis, cardiac surgery, neurosurgery and even cancer treatment would no longer be freely available.

Whole wards and departments would close, they said, if the spending cuts continued.

Professor Wynand van der Merwe, associate dean of Stellenbosch University's medical school, said doctors were being forced to "play God" by deciding whom to treat and whom to turn away.

"We are being pushed into a quota system, which means that we can only manage a certain number of patients in some areas. Those who cannot afford private hospital care will be made to suffer the consequences and could die."

Rasool said it was not expedient for him to comment on the British report until the province's budget was finalised.

His spokesman, Mr Logan Wort, said the shift in health spending was to communities that had no health services. Thirty-four new clinics had been built in the Western Cape since the change in government.

The dean of UCT's medical school, Professor J P van Niekerk, said he doubted the British would have a "big bang" solution to the province's health problems.

"We can't afford to carry on the way we have, but looking at our financial picture, I don't see any other way. We (UCT and Stellenbosch) are going to have to work much closer together."

Dr Peter Mitchell, chief medical superintendent at Groote Schuur, said the hospital would have to reduce its beds by 1 000 to cope with the proposed cuts.

A spokesman for Health Minister Dr Nkosazana Zuma said money would be used to build 272 new clinics and open 151 mobile clinics in needy areas this year. Another 236 clinics would be upgraded and R10 billion spent building eight new hospitals and upgrading 217 others, the spokesman said.

120 mentally-handicapped patients

Hospital asks parents to take children back after more than 20 years

ENNY VIALL
EALTH REPORTER

bout 120 mentally-handicapped eople face an uncertain future when hey are discharged from hospital ext month into the care of their amilies – many of which cannot or o not want to care for them.

But the superintendent of Alexandra Hospital in Maitland, Linda Hering, says the institution is no longer a safe haven for mentally handicapped people. She says appalling conditions exist, with patient-on-patient abuse common, and wards that are overcrowded and understaffed.

Dr Hering told patients' families yesterday that there was sometimes one nurse on duty for 37 patients. There are 220 nurses out of an optimum number of 550, and with budget cuts and retrenchments there is no relief in sight.

The hospital has given notice to families that 122 patients (of a total 604) will be discharged on April 30. At an emotionally charged meeting, parents, siblings and other family members spoke of the hardships they would face if patients were to live with them.

Patients being discharged are under 50 and are "high functioning" people – those with lower than average IQs, but able to carry out basic human functions – who have called Alexandra Hospital home for 20 to 40 years. Many parents are elderly and frail and say they cannot look after their adult children. Distraught family members have made an impassioned plea to the people of Cape Town to not close their eyes to the plight of the mentally-handicapped.

Earlier this century parents with mentally-handicapped children were advised to institutionalise them and forget about them. This happened in many cases and of the 122 patients, about 20 have no traceable relatives. Parents were also not required to contribute financially. It costs about R3 300 a month to keep a person at the hospital.

But Dr Hering assured parents no patients would be put out on the streets and left to fend for themselves.

(98) *Mail 27/3/92*

sent home

Cape Town refuses to run ambulance service

ARG 27/3/97 (98)

ANDREA WEISS
METRO CORRESPONDENT

The Cape Town ambulance service is up for grabs because local authorities are no longer willing to run it.

The Cape Metropolitan Council and the Cape Town municipality have sent out a clear message that they no longer want to render the service on an agency basis for the province.

They argue that by rights the service, which has been consistently underfunded in recent years, is a provincial responsibility and should therefore be taken over by the province.

At the metropolitan council's monthly meeting yesterday, executive committee chairman Pierre Uys said that the service was looking at a R21-million deficit in two years and there was "no way" local government was able to absorb that.

The metropolitan council has been running the service in the Helderberg, a portion of Oostenberg, the Winelands District Council area and other areas formerly under its direct control. Cape Town municipality has been running the service in its old area of jurisdiction.

The issue of who runs the service has come to a head because of local government restructuring. Services run by the six municipalities and the metropolitan council will be re-allocated by July.

Mr Uys said that the metropolitan council was unwilling to take the service over from Cape Town, as has been suggested by an ambulance advisory committee, and intended to inform provincial Health Minister Ebrahim Rasool that from July it would cease to render the service.

He said that elsewhere in South Africa ambulance services were run by provincial government, except in Gauteng, where ambualnce and fire services were linked. But this had not worked and the service was being returned to the province.

Democratic Party councillor Brian Watkyns said there was no doubt the buck stopped with the province, but he cautioned against a critical service being affected by political wrangling.

"I call on the province to get their house in order very, very quickly," he said.

Keep 2 medical schools – report

(98) ARG 29/3/97

UK team probes health centres' future

JENNY VIALL
STAFF REPORTER

The two medical schools in the Western Cape linked to the Universities of Stellenbosch and Cape Town should be maintained at an undergraduate level, and one graduate school should be established to integrate postgraduate training opportunities.

These are two key proposals of the King's Fund report, "Academic Health Centres in the Western Cape: A partial diagnosis and a tentative prescription", drawn up by four British consultants to advise the provincial cabinet on the rationalisation of the academic health centres.

The report, compiled by Brendan Devlin, Ken Judge, David Knowles and Robert Maxwell, was released this week as the provincial cabinet struggles to find ways to finance its R780-million deficit.

Academic health centres, which have already had to cut services, are likely to bear the brunt of health service cuts.

The report identified institutional rivalry between the two main centres, Tygerberg Hospital linked to the University of Stellenbosch, and Groote Schuur/Red Cross hospitals, linked to the University of Cape Town, as a "real block" that had inhibited change.

Attempts to reach consensus on the future of the centres had failed, the report said, and reform at the academic health complexes was in a cul-de-sac.

A divisive issue was the proposal on medical training in the province.

UCT proposed one central Health Sciences Centre for the Western Cape, with highly specialised services at Groote Schuur and Red Cross hospitals.

Stellenbosch University believed strongly that an independent, comprehensive medical school with Afrikaans as a teaching medium should be maintained and this meant the retention of tertiary services at Tygerberg Hospital.

The report found both proposals had serious flaws.

It recommended that both medical schools be retained while emphasising that there should be a clearer distinction between the management of the hospitals and the medical schools.

'We believe this diversity should be a source of strength and opportunity'

"This recommendation may well be interpreted as a concession to a perceived political imperative that the time is not right for a merger," the team of consultants said.

"That is not the basis for our proposal. In the Cape there are two very distinct, not least in the language of teaching, medical faculties associated with two culturally diverse universities. We believe that this diversity should be a source of strength and opportunity.

"However to make a significant contribution to meeting most urgent needs they have to make faster progress in achieving two strategic goals.

"What is needed is a radically different and primary health care oriented undergraduate curriculum and a much fairer intake of students."

It said there had been a lot of lip service paid to the concept, but there was little evidence of its reality.

The second proposal was that a new graduate school be established for the province as a whole.

This would be a powerful influence for maintaining excellence in teaching service and research.

"Until and unless the Western Cape finds a way to co-operate for these purposes across institutional boundaries the downward spiral will continue," the report said.

The graduate school would be managed independently, with representatives from all three hospitals, universities and the province.

A third step was to have a single hospital board, for Tygerberg, Red Cross and Groote Schuur, to improve managerial capacity.

"This would provide a focus for practical and strategic co-operation and collaboration among the hospitals."

The health care system in the Western Cape was disabled by cultural, organisational and political impotence, the report said.

It identified the need for urgent and radical change and found that progress had been blocked by inertia, frustration, uncertainty, rivalry, the cumbersome nature of participatory democracy and a stultifying bureaucratic culture.

The report said the central issue should not be rationalising specialist services, but rather all services provided by academic health complexes.

The team identified three pre-requisites for effective change:

- Establish a sensible budgetary process within the academic hospitals, which set challenging but realistic savings targets;
- In order to achieve real financial savings there had to be a sensible retrenchment policy; and
- The National Department of Health should commit funding for those specialised services which were designated to serve national or at least the intra-provincial community.

The proposals will now go to the universities and hospitals for comment. Western Cape Health Minister Ebrahim Rasool will present the report and comments to the cabinet in June.

Justice at the bottom of the pile

Johannesburg's public defenders turn to gallows humour at the coalface of justice, reports
Mungo Soggot

THE stench of urine in Court 20 of the Johannesburg Magistrate's Court was so powerful that the court orderly reluctantly opened the large windows to the chilly afternoon air. The smell was seeping up from the cells below, from where John Meyer emerged chained at the ankles to face his murder trial.

Meyer allegedly stabbed a man to death with an ivory-handled hunting knife during a brawl over a cigarette. The only witness in the case, which resumes later this month, is a R40-a-day police informer. The same informer landed him in court last year on robbery charges that were dismissed.

Meyer is being represented by Aysha Ismail, one of South Africa's 10 public defenders — defence lawyers paid by the state. Without them Meyer would have stood a good chance of going unrepresented.

The money is not good: a public defender's starting salary is R67 000 a year. They need a strong dedication to justice to help Johannesburg's innumerable penniless criminals desperate for a free lawyer.

The criminal litigators work with some of the most sordid aspects of South African justice. At their morning meeting public defender Nic du Toit, formerly the head of a prison, recounts how another lawyer complained that his client had been raped in the cells at Bedfordview police station. "Rape is standard procedure. You get arrested, you often get raped," he said.

Beacon of hope: Vivian Fortunat and Carol Bruyns, two lawyers who provide free defence for South Africa's poor PHOTOGRAPH: SIDDIQUE DAVIDS

"We all have to develop a graveyard sense of humour. Otherwise we wouldn't survive," says Carol Bruyns, a senior public defender.

By 10am, Vivian Fortunat, the office's other senior public defender, had dealt with five matters in a frenetic tour of the courts. She expected to make one actual appearance — to defend one of two men charged with robbing a tourist at knifepoint in central Johannesburg. But the case was number four on the list, so was not due to start until mid-morning.

Fortunat walked briskly to an adjacent courtroom and shouted: "Siphiwe Shongwe." No answer. She turned to the court prosecutor to say, "My client didn't show ... you'll have to get a warrant," before belting down the corridor. On her way she ran into another client charged with beating to death, while in a drunken rage, his cousin's husband for "fiddling" with his wife. Fortunat told her hunched and anxious client there was nothing to worry about. "All the witnesses are either dead or nuts," she said.

Later she explained the man's wife was abroad and his cousin in an asylum. "They can't even prove that there were four people in the house. All they can prove is that there is one deceased."

Fortunat popped into Court 10 to check whether her robbery case was nearer the top of the roll, but a magistrate known for his pedantry still had three other matters to deal with.

In another courtroom a client had not turned up while another client in the neighbouring court had managed to pay for a private attorney. That client was charged with attempting to sell stolen property despite being deaf and dumb. "How could my client have arranged to sell anything? He's deaf and dumb. Even the prosecution wanted to know what he was doing in there," she said.

Fortunat started as a public defender after a long stint at the attorney general's office. She says many of her colleagues are women — probably because of the pay. Her colleague, Bruyns, adds women are usually attracted to the job because they are more sympathetic.

They need their dose of irreverence. Watching a video of a slick American law lecturer on court craft, some giggle when he says lawyers have to believe their clients' stories. "We wouldn't have any work," Fortunat says.

The public defender's office was only made permanent last year after being set up in 1992. At present there is only the Johannesburg Magistrate's Court branch, although there are plans for other cities. The budget is administered by the struggling Legal Aid Board. A means test is used for prospective clients, but each public defender has the discretion to lenient in applying it.

Public defenders pick up the bulk their cases at Diepkloof prison, south Johannesburg. The day the *Mail Guardian* accompanied one of trainee attorneys who work at the off to Diepkloof, prisoners arrested previous day had already been shun off to holding cells. Usually the visiti public defender is given a desk in a spacious cell to handle applications. Ti time the prison officials took candida attorney Vanessa Perumal to the filthy, crowded cells where she man aged to speak to 12 prisoners and i out their forms before being usher out by a stroppy guard.

"They [the prisoners] are usually so happy to see us," says the 27-year-old. "Often the guys don't get their phone call to lawyer or a relative to pay bail. We a their only link with the outside world

Back at the courtroom, Fortun runs into the client who allegedl robbed a tourist. She races throug his version of events on a bench out side the court. He claims he wa caught while running to fetch com pact discs from his brother. Anoth public defender, Merinda Viljoen glances at the docket and advise Fortunat with a sad laugh: "Just g through the motions."

The case started late that afternoon in another courtroom, but was immediately postponed for half an hour because the interpreter could no speak Shangaan. Another interpreter was brought in. Asked whether he spoke Shangaan, he said: "Not after lunch." The case jerked along for 1 minutes before it was 3.30pm and time to go home — or downstairs to the urine-soaked cells and on to the prison's van back to Diepkloof.

What's in a name for supermodels

Judith Watt

THE son of super-surgeon Dr Chris Barnard and a member of the Meerlust wine dynasty are to join Boss Models's top overseas operation, swelling the ranks of the blue-blooded and beautiful strutting on world catwalks.

Chris Barnard, who joined Boss Models's Cape Town business last year, is to fly to New York next month, while George van Reenen, scion of Meerlust's Myburgh family, goes in November. New York is the launchpad for Boss Models' new supermodels.

Barnard, the son of his father's second marriage to Barbara, has been a model since 1992. He ditched a career in advertising for the Boss stable.

His father is said not to be overjoyed about his career choice.

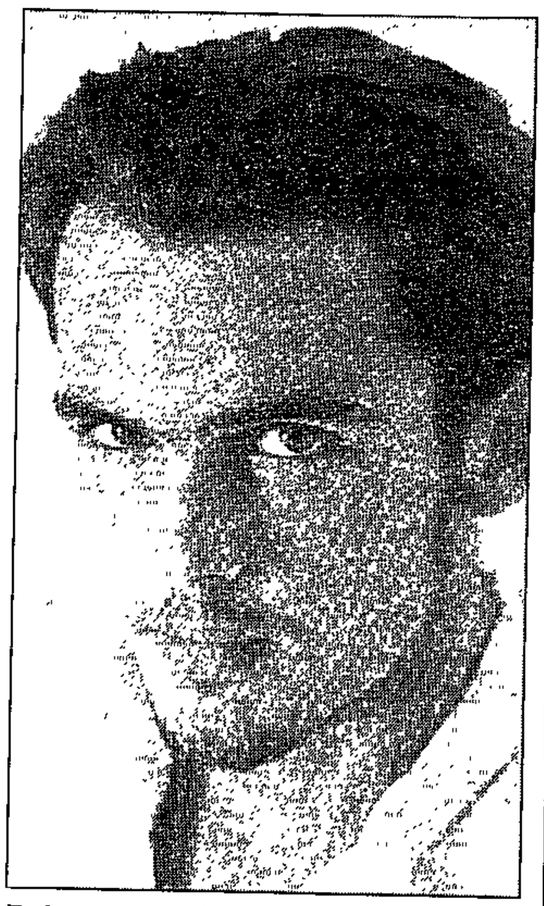
"What does being a supermodel mean to me?" the 23-year-old Barnard says. "Better quality of life, but money is not an issue. I think beauty comes from within."

Van Reenen says he sees Boss as a "stepping stone". The 22-year-old student at Stellenbosch University has already modelled for Versace and Perry Ellis.

The ascent of the two is symptomatic of the fashion industry's current penchant for "aristocratic" models — such as Stella Tennant, who is related to the British royal family."

Their allure plays on the imagination of the industry," says Michael Gross, author of *Models: The Ugly Business of Beautiful Women*.

"There is no better way to sell a high-end product than with a high-end girl."



Father's name: Chris Barnard
PHOTOGRAPH RODGER BOSCH

Barnard says he was attracted to modelling because of the "showbiz" aspect. "In a way, I've always been in the spotlight," he adds.

"You wouldn't be doing this interview now if it wasn't for my name, let's face it. But I'm not resentful and I'm very proud of my father. I'm not sure exactly how he feels about it. He's not 100% sure about modelling being the right way to go. But my mother and stepfather support me completely."

He adds he would "never appear nude or do anything to offend my girlfriend like kissing another girl, or to make my family uncomfortable".

Family fortune: George van Reenen

Land redistribution flops badly

M+G 11-17/4/97

The pilot programme to spearhead land reform has fallen flat, with most provinces spending only a fraction of the budgets set aside for this purpose. Jim Day reports

THE government programme set up two years ago to spearhead land redistribution has failed to hand over more than a few acres to the landless.

Figures from the Department of Land Affairs show the Land Reform Pilot Programme has spent less than R20-million of its R314-million budget, and that provinces such as the Western Cape, Mpumlanaga and the Northern Province have spent nothing of the millions they were allotted to give as grants to the land less.

Officials blame red tape and inexperience in the provinces for the mess, and warn that much of the cash — originally drawn from the Reconstruction and Development Programme will have to be handed back to central government coffers unless it is spent by next March.

The national Land Affairs Department has now taken charge of the programme, arguing that it hopes to learn from past failures and bring new impetus to the scheme

"Realistically, I don't think we'll use all the funds," Land Affairs Department deputy director general, Sue Lund, said. "We'd all hoped it would be quicker, but I'm satisfied in some areas." She believes most of the money will be used before the time runs out.

The programme, which consists of 195 projects, was set up in early 1995 as a way to "kickstart" efforts to give land to 39 000 households.

The scheme is a crucial component of South African land reform, which estimates have suggested could affect up to 3,5-million people who have been dispossessed of land in the past, as well as others with land claims.

The projects were targeted on areas where the need for land reform appeared to be most pressing. In most cases, funds were allocated to buy land from private owners for redistribution; in other cases, funds were earmarked to smooth the transfer of government land to private owners.

But department figures produced in January show that just 6,2% of the budget has been spent.

On grants, Gauteng showed the strongest performance, spending nearly 14% of its R21,7-million budget for its three projects. Seven other provinces spent less than 3% of their grant budgets, with the Free State — assigned R47,8-million for grants for 88 projects — spending just 2,84%.

The Western Cape, Mpumalanga, Northern and North West provinces, together allotted R140-million for grants, had spent nothing.

The document also shows that 38 of the projects have been scrapped, 27 of them in the Free State.

Officials cite lack of resources, lack of experience in implementing land reform, cumbersome bureaucratic procedures and other reasons for the slow pace.

But they say the projects also acted as a testing ground to develop structures for future land redistribution — viewed in that light, the programme is not seen as a total washout.

The programme revealed, among other things, the need to include experts in agriculture, housing, and water affairs to ensure land redistribution creates sustainable communities.

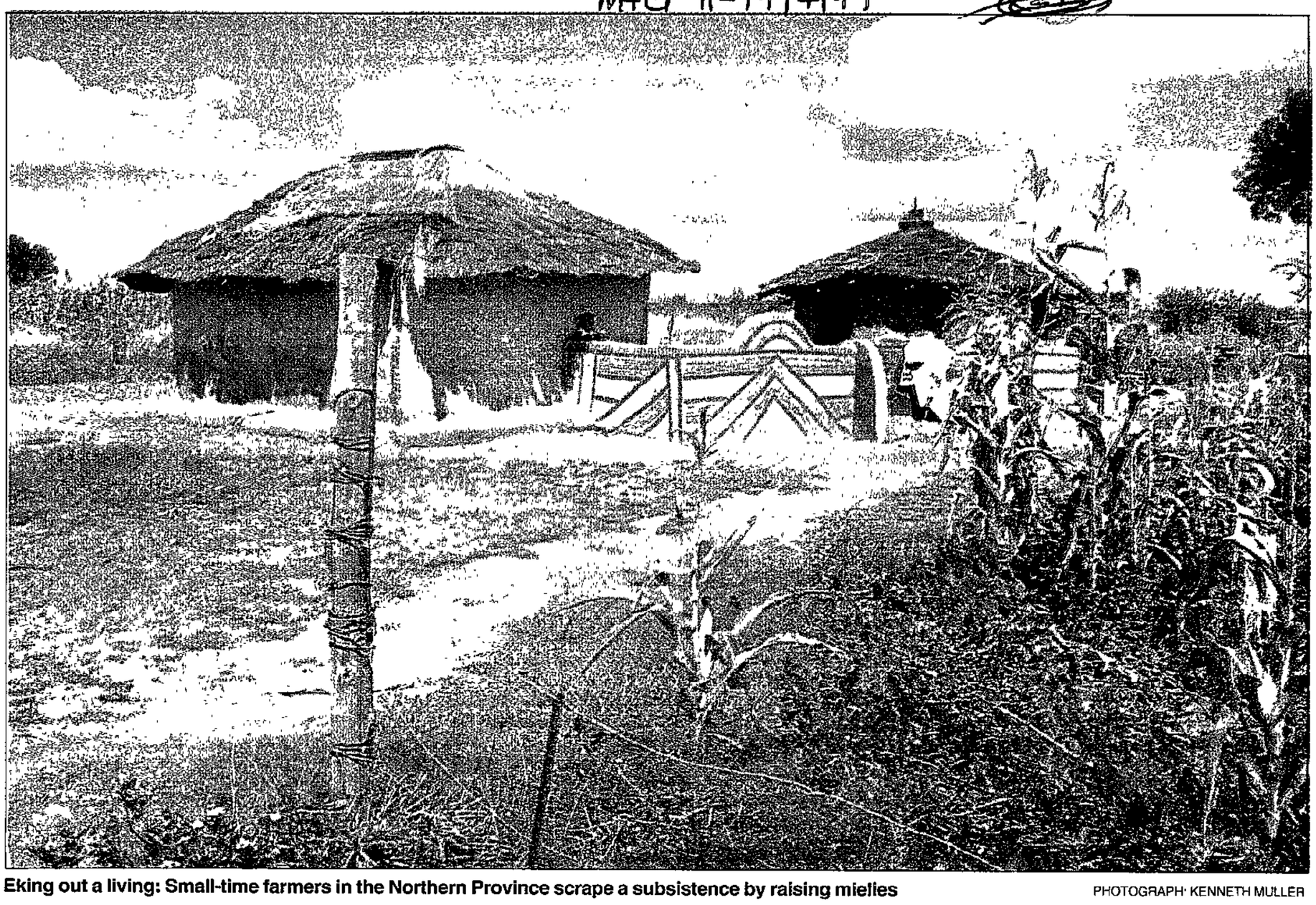
"The pilot programme has been important in providing a base," said Malcolm McCarthy, a manager of land reform projects with the Land and Agricultural Policy Centre. "But there are still enormous amounts of problems on the ground in terms of resources."

But officials also admit that most people don't care about streamlining bureaucratic structures or a proper framework — they want to see results.

"If you talk with people on the ground or with politicians, they're not satisfied with the pace of delivery," said Debbie Newton, the provincial director of the Free State's Land Affairs Department.

She warned, however, that transferring land quickly could undermine the long-term success of the projects.

"We could see enormous progress in the next 18 months and enormous failure in three years," she said.



Eking out a living: Small-time farmers in the Northern Province scrape a subsistence by raising mielies

PHOTOGRAPH: KENNETH MULLER

'Reforming' the Bantustan way

Jim Day

AN apartheid-era plan to move thousands of farmworkers off government-owned farmland in the Northern Province into rural villages has resurfaced in the guise of land reform.

Many of the 5 000 people involved oppose the plan, saying they have not been properly consulted and promises that they would have first priority over the land have been broken.

The land at stake is a 70km-long strip of cattle country and government-run irrigated citrus and tobacco farms near Potgietersrus. Provincial land reform officials for the Gillimburg area have divided the land into 38 units. These are to be given to farmworkers who are at present landless.

The people currently living on the 50 000ha site are being encouraged to move into rural villages called "agrivillages".

The plan is being implemented as a Land Reform Pilot Project by the Land Affairs Ministry and provincial and local agencies. It is the largest such project in the country. But it is the same plan drawn up in 1988 to integrate the area into the then Lebowa homeland.

"It's totally bizarre that in the name of land reform, they're doing old Bantustan consolidation which the apartheid regime failed to implement," says Marc Wegerif, a former consultant on the project. Disenchanted, he decided against having his contract extended last year. "They're basically setting up a township with no rights to the land."

However, Elias Mahapa, the provincial Land Department's manager in charge of Gillimburg land reform, says residents will benefit from roads, school, sanitation, electricity, water and other services, as well as small parcels of land, that will be provided in the agrivillages.

If residents do not want to move to the agrivillages, he says, they will not be forced. He cannot say what will happen to those who do not want to move.

The first of the agrivillages, to be called Witrivier, is to be built near a dirt road through the bush-covered veld.

The residents now live in mud-walled or scrap-metal huts scattered through the bush, eking out a living from farm wages, little plots of mielies and the few chickens that peck in their yards.

Rather than being accepted as a mechanism for positive change, the plan is seen by many residents as another way to oppress them.

When Mahapa and other officials tried to speak to residents about the plan last weekend, they were booted out of the meeting. Residents accused one of them, Gilbert Pila — a member of the Transitional Local Council who showed up at the meeting in a double-breasted suit and shiny rings on his fingers — of threatening to bulldoze their homes unless they moved into the agrivillages, a charge he denies.

Derek Hanekom: No faith in his promises

But residents and others say some local officials want some of the land to graze cattle owned by themselves or their friends.

"Besides land reform, we are happy here," said Fanny Motlanti, a young farmworker from the Gillimburg village of Luxemburg. "We want to stay here. If there's any action to move us forcefully, we won't like that."

Zachius Moabelo, who lives in a hostel in Luxemburg, would prefer to see land reform offer farmworkers shares in the government-run farms already operating on the site.

But that option has not been fully examined by planners, nor have any other possibilities apart from the current plan. Department of Land Affairs documents show a R3-million planning budget to study both the agrivillage option and other proposals. None of this money has been spent.

Lack of consultation with locals is a major grievance. "They don't want to talk to us. They just want to tell us what to do," said Edith Phakgadi, from the village of Saint Holland.

Such problems prompted Land Affairs officials in Pretoria to slap a moratorium on the scheme late last year. But pressure from local officials to get the project moving led to the reversal of that decision.

"There's no way we are going to stop everything and wait for a plan," said Tshisa Madima, director of planning for local government in the area.

Advertisements have now been published calling for applications for 20 of the 38 parcels of land. People from outside Gillimburg can apply. Last week, another advertisement in a local newspaper called for Gillimburg residents to apply for homes in Witrivier.

People remember when Land Affairs Minister Derek Hanekom told them two years ago that Gillimburg residents would have first priority over this land.

Many now doubt that promise. Standing on the road leading to one of the Gillimburg farms, Samuel Ngoenya, who is unemployed, firmly gives his view on land reform: "I've been living here a long time, 25 years. I want to stay here. This land is for us."

Sue Lund, deputy director general in charge of land reform in the Land Affairs Department, told the *Mail & Guardian*: "I am not convinced that planning was done in an appropriate way."

But she was unable to say what might now be done.

For better days: A patient makes sure his shoes are safe

From dusk to dawn

Special writer **Ruaridh Nicoll** spends 12 hours in the hell halls of Baragwanath Hospital

Friday 6.48pm

THE night-porter waits. Lounging in a wheelchair, he watches as the darkness begins to strangle the evening's flaring sun. At his feet, pools of water from earlier rain stand in the hollows while the tools of his trade, 30 stretchers, lie chaotic around him like flotsam at a breakwater.

He knows that beyond the walls of this vast hospital the harvest has begun, the first of the night's crop of smashed humanity is on its way. He stirs, marking a car's hurried approach along the glistening road.

Pulling up, Ruffus Ngxekisa leaves the driver's seat and opens a back door, pulling a bloody mess — a friend — from the vehicle. He turns and looks beyond the porter helping the patient on to a stretcher, into the doorway of the squat barracks which glows yellow with foul light. The porter begins to roll the stretcher towards the door and Ngxekisa follows.

Like Alice through the looking glass, they arrive in a parallel universe, Chris Hani Baragwanath — the world's largest hospital. A notice on the wall cautions newcomers to stay quiet and wait their turn while trolleys garnished with shuddering bodies stand in line.

A man moves among the cut and dazed taking details. A doctor spreads his palms and leans heavily on a patient's chest before he pauses, straightens up and pulls a sheet over the dead man's head.

It is still early.

"He hit a wall, somebody else was driving but they ran," Ngxekisa says to the man taking notes. "Somebody phoned me because I knew him." He shrugs and looks down at his friend — all he has ever known is a first name, Jabulani. "The car is in pieces," he says, explaining all the blood.

Jabulani joins a queue of patients waiting for admission, their stretchers lining up like cars at a tollgate. Beyond, the activity intensifies; the graver the injury, the more a force like gravity pulls the victim into the interior.

They go down the corridor: stitching room to the right of them, orthopaedic pit to the left of them, resuscitation room and the operating theatres in front of them. Possibly into the jaws of death, certainly into the mouth of hell.

7.53pm

A man rages incoherently and a nurse, the milk of human kindness a dried-up stain on her heart, complains tiredly that the patients are always drunk.

"You don't have to be drunk to fight in this place," mutters Trevor Herbst, shifting with the pain of five stab

Throwing a lifeline to academic hospitals

(98)

MTG 11-17/4/97

Gustav Thiel

THE government is discussing throwing a R200-million lifeline to safeguard specialist services provided by academic hospitals in the Western Cape.

The Western Cape Health and Social Services MEC, Ebrahim Rasool, said this week talks with the Finance and Health ministries were under way and an announcement about the cash, to be drawn from a newly created central fund, was imminent.

The Health Ministry declined to comment ahead of the talks being finalised. But Rasool said Finance Minister Trevor Manuel had given him permission to disclose the talks, which began two weeks ago, and their positive nature.

"It is my anticipation that the fund will indeed be established, and that we will receive the R200-million needed to save the hospitals," he said.

The province's academic hospitals — Groote Schuur, Tygerberg and Red Cross — provide specialist services such as heart and bone-marrow transplants. But their funding has been cut to R830-million for the current year, down R78-million on last year's figure.

Such cuts could lead to Groote Schuur and Tygerberg alone losing 490 of their total 2 640 beds.Tygerberg's chief medical superintendent, Abdul Rahman, warned the cuts "could have a tremendous effect on the survival of patients".

The fund plans follow a report from the London-based consultant King's Fund — employed by Rasool — which said funds were needed for the hospitals before "irreparable damage is done".

Rasool said without the additional cash, the hospitals would be forced into the "indiscriminate sacking of very marketable people".

The province's overall health budget has fallen by 9% from last year — by R250-million, to R2,5-billion — in the central government's drive to redress past imbalances in provincial health resources. The drive has also hit Gauteng.

Rasool, referring to his concern that the Western Cape government could divert the funds elsewhere, said he had Finance MEC Kobus Meiring's "personal assurance that the money will indeed be used exclusively for health".

...n the halls of blood and gore

MHG 11-17/4/97

...unds. "It was about a lady," he says ... his injuries. "Just a friend of mine. ...ere were two of them, one had a bot... and the other had a knife." He ...gins to go pale. "I feel dizzy," he says, ...d then more urgently: "Water".

Blood seeps along the fibres of his ...eagre blanket and his skin feels ...eathly cold to the touch. A nurse ...rives, piles him on to a stretcher ...d feeds a saline drip into him. Look...g at the blood seeping from a wound ... the back of his neck and another in ...he small of his back, she quickly rolls ...im into the stitching room.

...26pm

...side, nursing auxiliary Sita Mbatha ... ready with the scalpel and the cres...ent needle. The skin of his face looks ... if it has been scrunched into a ball ...nd left out to dry in the sun. Using ...he blade between finger and thumb, ... scrapes away Herbst's hair around the head wound, revealing a strong flow of arterial blood.

He pauses and turns Herbst over, pushing his little finger ... the wound ... back, causing Herbst to squeal ... the finger goes in up to the knuckle. Mbatha frowns and looks quizzically at the red stain on his rubber-covered hand before sending him further down the corridor.

8.35pm

As Herbst arrives, a white Afrikaner is shouting. "I love my wife," he cries, holding up his hands like a boxer, an inappropriate gesture. "I don't hit my woman." A nurse laughs at him and shakes her finger mischievously.

"I was sent here from the suburbs," he shouts. "There are hospitals that side, why did they send me here?" A number of patients shift on their stretchers.

Doctors move towards a communal table in an alcove, flurry, talk and then break off to continue their work. Here is Michael Barrow, the 27-year-old whose aged eyes offer reassurance. There goes Nasser Lahlahi, a handsome Belgium of Moroccan descent, serious, flu-ridden and intense.

Here comes Stefan Vukasonivoch, a Serb who refers to himself as a Yugoslav and speaks with the tongue of a philosopher. Tamara Burchard, a 20-year-old intern who feels the need to work at Baragwanath because of her white guilt, sits down.

9.25pm

"Now it starts," says Dr Jabu Moyo, the chief resident, as chaos comes flooding down the corridor.

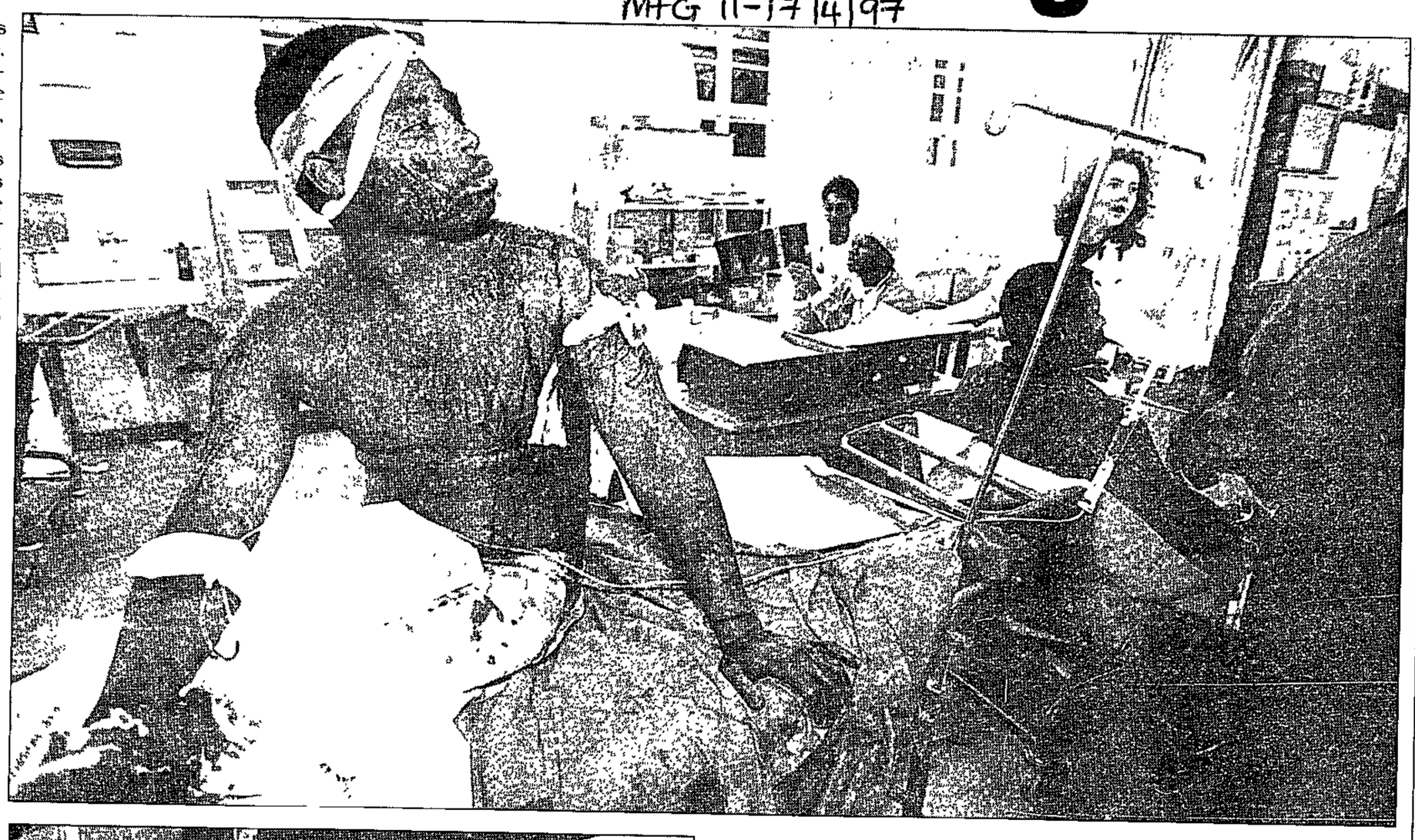
10.30pm

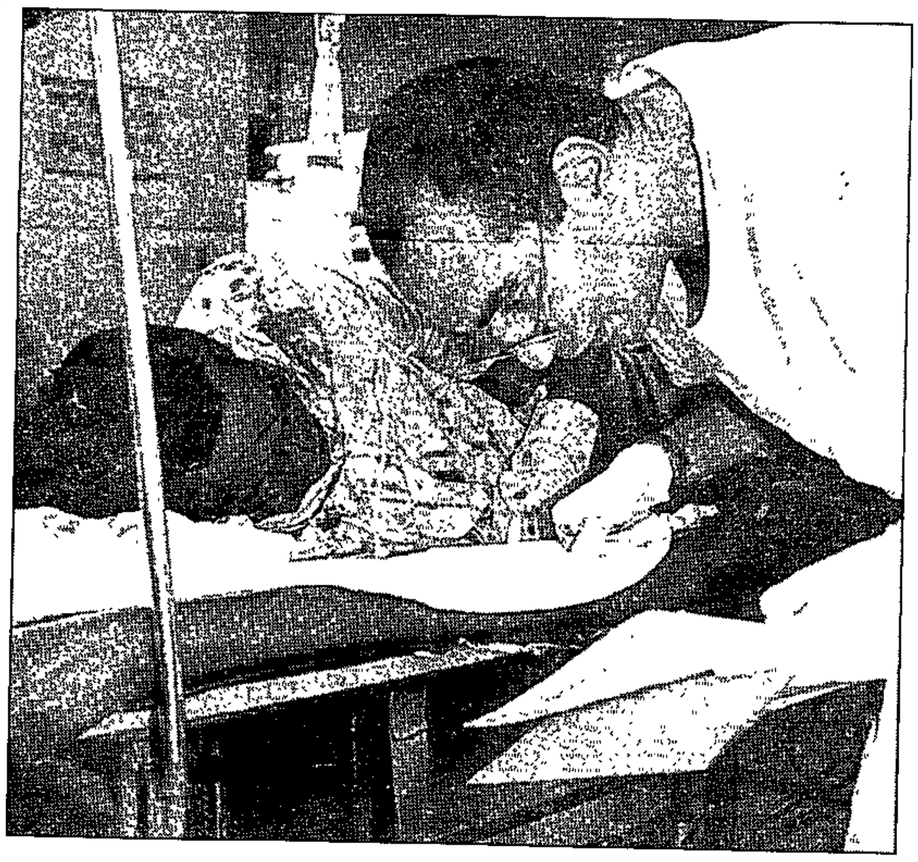
The barracks fill with the smell of blood. Rose Mesani is with her sister's father-in-law, Amos Mzwantile, who lies beaten senseless on a stretcher. "His landlady organised for thugs to beat him up because our children were fighting," she says. "I came home and found him walking around with no mind. I'm worried about the children because they are still there and we are here." The children are under six.

The trolleys are piling up, shapes shaking under blankets and dripping gore, many of them shot. Strangely, there is very little sound. The Zulus and the Xhosa don't scream, rarely even complain, frequently laugh with appalling courage in the face of the most hideous pain. "Blood river," says Vukasonivoch as he wanders past.

11.25pm

Glen Makabe, a bandage around his foot, is wearing a pink-and-white polka dot hat. There is a large pool of blood under him. "This life is too fast," he replies. "I was at a street party and suddenly people start shooting. I was shot in the foot, but it was a mistake."





Barely alive: Mozambican Fernando Kujamo (above) survived an execution-style killing, in which two of his brothers died
Careful concentration: Dr Nasser Lahlahi (left) gets the details of a new casualty
PHOTOGRAPHS ELLEN ELMENDORP

He takes off the bandage, displaying a small hole in his ankle and another in his heel where the bullet exited. In the 1980s Makabe had spent a year and half in Baragwanath. "They are treating us better now."

I notice a trail of blood spots on the floor and follow it; Hansel without his Gretel. The trail ends in a large lump of drying gore that defies metaphor. "They estimate a third of the blood here is HIV-positive," says Burchard. A passing man says, "God bless you".

Barrow says around 300 000 people are admitted to Baragwanath every year. That does not include the people treated and sent home on the same day or the 1 400 babies who emerge weekly into the world here. "It's good fun," he says — laughter the only exit. A doctor introduces himself as Harley Simon, as in the motorbike. "That's where I was conceived," he says.

12.11am

Reginald Silas has two bullet wounds in his leg, tiny marks, just a little hole on each side. He was walking home with his girlfriend when three men approached, told him "we're living in a gangster's paradise" and shot him. "They took my girlfriend. I don't know whether she is alive, dead or if they raped her. I trust my ancestors to do the best they can."

In the stitching room the nursing auxiliary sews a large L-shaped piece of flesh back on to a man's head with lightning speed. Earlier, a security guard had said the worst thing he sees is people with their upper lip cut off: "Their teeth shine on the outside."

The nurse pulls the patient's head back and looks at his chin, split open vertically to the bone. It is the bad facial wounds that move bile up a throat.

1.55am

By now Makabe's shock is wearing off and he is feeling cold. Herbst has disappeared after a chest X-ray, hopefully home to his sister. The doctors are spending ever more time in the resuscitation room in their attempts to save patients from death in a pool of their own vomit, blood and shit.

Bernard Kujamo and his brother Fernando have suffered multiple gunshot wounds. Gert Kruger, a policeman who looks as if he has seen everything but lost none of his compassion, is talking to them.

"There were five brothers," Kruger says later. "Apparently some men came into their house with guns, led them down the road, forced them to lie on the ground and started shooting. Two are here, two are dead and the fifth has disappeared." I ask how this registers on the scale of Soweto crime. "This is pretty bad," he says.

2.50am

"Soweto, my friend, forget it," says an old man. "It's getting worse, everyone wants a gun. The innocent people are killed by thugs, and those thugs are protected by law."

Burchard wanders over with a severed ear while, a little way off, the owner pleads with a doctor to sew it back on. "We can't, it's dead," says the doctor. The patient insists.

The doctor takes the ear from Burchard and pulls at the white flesh. "It's more than five hours old," he declares. "It is a dead ear." The patient, who had it bitten off in a bar brawl, shouts, "It's not", while Burchard struggles with laughter. "The plastic surgeon will make you a new one," she says kindly.

4.03am

The doctors begin to relax as the tide of violence recedes. The admission clerks listen to Zairean music, dozing behind their glass screens. The porters are asleep, wrapped in hospital blankets amid the detritus of the outside world. The pools of water are now tinted red, the stretchers are gone; there are bandages, rubber gloves and cigarette butts in their place.

Barrow is treating a drunk and incoherent Zulu. The patient has a length of string wrapped around his arm to protect him from bullets. "Where's it hurting, Bubba?" the doctor asks, and when there is no reply adds: "You never know whether it's drink or something worse."

Barrow's grandfather was a GP, his father and eldest brothers are surgeons and his younger brothers are studying to be doctors. He looks around him. "You know, it's not as if I'll be here for the rest of my life," he says.

4.45am

"I was never one of those little girls who didn't like blood or bugs," says Burchard.

4.53am

Earlier a disembowelled man had arrived with a cop. "I didn't want to know the story, but the policeman insisted on telling me that he had raped a girl and killed her mother," says a doctor. "How can you avoid it affecting your treatment?"

The community had disembowelled him before the police got there. The doctors had pushed it all back in and sewn him up.

Dawn

The darkness is lifting and Barrow heads for the ward where the most seriously injured spent the night. The beds are packed tightly next to each other and trolleys are end-to-end down the aisle. Bernard Kujamo is in a wheelchair, he complains of lack of sleep, he looks terrible.

Barrow stops by each bed and examines the wounds. He sends a gunshot victim home. The next patient is not so healthy, he has been beaten with iron bars and the doctor packs him off for more tests.

The third's lung is punctured after a beating, a bottle full of blood from his chest stands under the bed. Barrow checks how much has come out during the night. "Good, good," he says and moves on.

Light pours through the ward's windows and through the prism of exhaustion the events of the night drop back through the looking glass. Suddenly, above the fruits of Soweto's grim harvest of crime, voices break out in harmony — the nurses are singing *Amazing Grace* with a beauty intensified by the suffering around them. The suddenness of it is a shock, unlike anything else in the world. As the day brightens, the voices bring calm.

Ruaridh Nicoll is The Observer's Southern Africa correspondent

Nineteen Gauteng hospitals renamed

BD 1/4/97 (98)

Bonile Ngqiyaza

NINETEEN Gauteng health institutions with names that evoked bitter memories or were associated with the past would acquire new official names from today, the provincial health department said yesterday.

Chris Hani, the African National Congress (ANC) and SA Communist Party executive member assassinated in 1993, has his name attached to three institutions, all linked to Baragwanath Hospital.

Three other human rights campaigners related to the ANC appear on the list of names. They include leaders of the march against the issuing of passes to women in the 1960s, Lillian Ngoyi and Helen Joseph, and 1950s treason trialist Yusuf Dadoo.

Dutch Reformed minister Johann Heyns, assassinated in 1994, is the only other person on the list. The names of 28 other institutions would remain unchanged.

Some of the institutions affected are JG Strijdom Hospital (now Helen Joseph Hospital), Baragwanath Hospital (Chris Hani Baragwanath Hospital), HF Verwoerd Hospital (Pretoria Academic Hospital), Baragwanath Nursing College (Chris Hani Baragwanath Nursing College), Rietfontein Hospital (Sizwe Tropical Disease Hospital), Willem Cruywagen Hospital (Germiston Hospital), Paardekraal Hospital (Dr Yusuf Dadoo Hospital) and Beukes Clinic (Lillian Ngoyi Community Clinic).

The Gauteng legislature resolved in May last year to change controversial names of public health institutions.

The petitions and public participation committee, to which the matter was referred by the legislature, received 102 submissions.

Guidelines set down by the legislature required that the users and the providers of the service, and the communities in the immediate surroundings of the facilities, be consulted.

They also said that the naming should as far as possible avoid the use of names of living persons and encouraged the naming of institutions after geographical locations.

Hospitals' names change to honour anti-apartheid activists

By Morgan Maidu

Three medical facilities in Gauteng are today adopting the name of Chris Hani, the MK leader who was assassinated four years ago outside his home on the East Rand. They are among the 20 institutions which also take on new names.

The three being named after Hani are the Soweto hospital which will now be known as Chris Hani Baragwanath Hospital. The other two are Ernest Bond Provincial Laundries which is, from today, the Chris Hani Provincial Laundries while the Baragwanath Nursing College changes to the Chris Hani Baragwanath Nursing College;

Gauteng health department spokesman Popo Maja said "All the hospitals or health institutions, along with members of the community in which they serve, have had a hand in choosing the names" before they were referred to Parliament.

- The J G Strijdom Hospital becomes the Helen Joseph Hospital;
- the Discoverers' Memorial Hospital on the West Rand loses "memorial" and is now just Discoverers' Hospital;
- the Koos Beukes Clinic in Pretoria changes to the Lillian Ngoyi Community Clinic;
- H F Verwoerd Hospital becomes the Pretoria Academic Hospital;
- the Cook Freeze Factory, also in Pretoria, is now the Masakhane Cook Freeze Factory; Du Plessis Provincial Laundries is now Masakhane Provincial Laundries;
- the H A Grové Research Centre in Pretoria changes to the Bio-Medical Research Centre;
- Kempton Park Hospital becomes Khayalami Hospital;
- Rietfontein is now Sizwe Tropical Disease Hospital;
- the A G Visser is now the Heidelberg Hospital;
- Boksburg-Benoni changes to Gambo Memorial Hospital;
- Willem Cruywagen changes to Germiston Hospital;
- Sybrand van Niekerk is now the Carletonville Hospital;
- Paardekraal in Krugersdorp becomes the Dr Yusuf Dadoo Hospital in honour of the late Indian anti-apartheid activist;
- Vereeniging changes to Kopanong Hospital;
- And the Hendrik van der Bijl becomes Johann Heyns Hospital in honour of the liberal Afrikaner theologian.

Star 1/4/97

(98)

Hundreds of hospital beds to go

ARG 2/4/97 (98)

Meiring wields axe

WILLIAM-MERVIN GUMEDE
POLITICAL STAFF

Huge cuts in the Western Cape provincial budget will mean the closure of hundreds of hospital beds, provincial finance minister Kobus Meiring said today.

Presenting his budget at the provincial legislature, he said there would have to be big cuts in health, welfare, education and road spending.

Groote Schuur Hospital is to be cut to 1 000 beds and Tygerberg Hospital will go down to 1 200 beds.

Mr Meiring said academic hospital facilities would be the worst hit, losing R78-million compared with 1996/97.

"The rationalisation of these services includes the merging, downsizing and redistribution of components to lower levels of service delivery," he said.

The province increased spending on environmental and cultural affairs by about R17-million to R115,4-million.

The largest amount — 73 percent — of the provincial budget went to personnel and statutory payments including salaries, costing more than R5-billion.

The Western Cape budget was increased from R8,378-billion last year to R8,757-billion this year — R780-million less than the province wanted.

Education remains the highest single spending item, taking up 35 percent (36 last year). Health followed with 26 percent (27).

Welfare, including pensions, goes up one point to 24 percent of the budget.

Mr Meiring warned earlier that cuts were inevitable because of the R780-million cut in the central government's budget allocation to the province.

This year Fiscal and Financial Commission recommendations on provincial funding are being be applied for the first time. The commission aims to ensure that each province receives an equitable share of the national budget.

The Western Cape government will receive slightly more than 90 percent of its funds from central government in the coming financial year (95 percent last year).

National Finance Minister Trevor Manuel said government spending was cut by three percent in this year's national Budget but the share to the provinces increased substantially.

What's in a name? A lot of controversy when it comes to hospitals

Star 2/4/97 (98)

By Morgan Naidu

The renaming of 19 hospitals and other institutions in Gauteng has drawn criticism from political parties in the province, who called the selection of new names ridiculous and not representative of history.

Health Department spokesman Popo Maja said the change of names, which came into effect yesterday, was aimed at promoting reconciliation. The changes included the renaming of Soweto's Baragwanath Hospital to the Chris Hani Baragwanath Hospital and the Paardekraal Hospital to the Yusuf Dadoo Hospital, in honour of the veteran anti-apartheid activists.

However, the Democratic Party's spokesman on health-related issues, Jack Bloom, condemned the new names, saying the choices virtually excluded anyone not ANC aligned.

"It is our view that the selection panel did not stick to the criteria or guidelines which were supposed to promote a spirit of national reconciliation. They failed to take into account the feelings of staff, especially in the case of the Paardekraal Hospital," Bloom said.

He said many of the name changes were unnecessary and would lead to confusion and increased costs.

"Although this (selection) went through the Gauteng legislature, at the end of the day they (the ANC) selected what suited them."

Bloom said it was also ridiculous to rename laundries and factories.

"Some of the names, especially if they denoted places, should have been left unchanged, and overall the process should have been more inclusive," Bloom added.

The Afrikaner organisation, Genootskap vir die Handhawing van Afrikaans, slammed the name changes, saying they diminished the contribution made to the country's development by Afrikaners. The J G Strijdom and H F Verwoerd hospitals were given new names.

The group said the new names were proof of the Government's racism.

Freedom Front executive member and Gauteng MPL Dr Christo Landman said the Government should be careful in renaming institutions and remember that political feelings and leanings had to be transcended when choosing names.

"Once a place has been renamed it is a gross insult to the community from which the individual came," Landman said in reference to the Strijdom and Verwoerd changes.

"History is history and we cannot rename institutions every time there is a change of government.

"Just as Verwoerd is an important figure to the Afrikaner, so is Chris Hani to other South Africans. So how does one reconcile the two?"

ANC spokesman Ronnie Mamoepa said the new names as well as the recent renaming of naval vessels had to be seen within the context of change and transformation.

Kitchen workers down pots at Jo'burg Hospital

(98)

Staff claim they have been denied promotions and receive nothing for working on holidays

Star 2/4/97

By Troye Lund

After 18 years as a general assistant in Johannesburg Hospital's underground kitchen, Elizabeth Modiko earns R1 400 a month, has been denied several promotions, and has never received compensation for working holidays and every second weekend.

Modiko and about 120 fellow kitchen workers downed tools yesterday and refused to work until certain demands had been met.

Their grievances were listed and handed to hospital management while patients went without breakfast.

About 120 workers are demanding that management pay them according to the Grade 2 salary scale they were promised last year and not according to their current rate of pay, which is the same as cleaning staff.

Compensation for working holidays and weekends was included in the list of demands, as was a merit system for any extra work done or initiative shown.

"No consideration is given about taxis and trains that are running late because of the holidays. If we are late they threaten to dock our pay. We are told that we are the heart of the hospital. After so long in the kitchen, I know exactly what food to prepare for all ailments, but no recognition of this is given at all.

"Even the administrative staff knock off early before each holiday to allow for the traffic, but not us," said Modiko, adding she had applied unsuccessfully several times to be promoted to a clerical position.

'I know what food to prepare for all ailments'

The staff also complained that all senior posts in the kitchen had been vacant for the past year.

After seven years as a kitchen supervisor, Elsie Peens said she had received increment once and now earns R1 900.

She had been refused all applications to move into more senior positions in the kitchen that had been vacant and frozen for the past year.

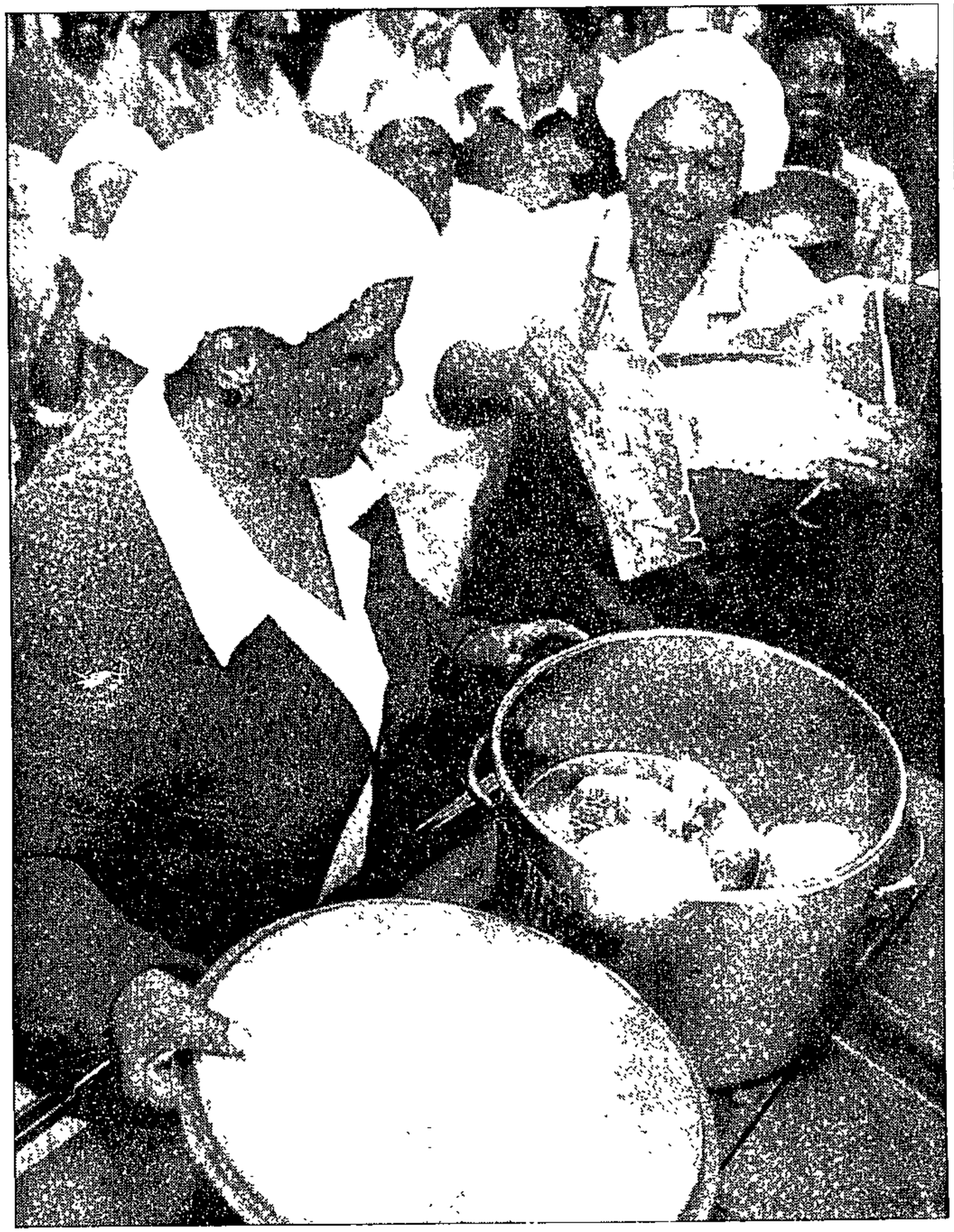
"There is no difference between a person who has been working for two years or 18 years. We are all graded the same as cleaners, but have to work from 7am until after 5pm. We are not paid overtime or compensated for working every holiday and weekends. On Christmas Day the kitchen staff are here long after all other staff have gone home," Peens said.

Although the dispute was not resolved yesterday, acting chief medical superintendent Dr Warrick Sive said workers had agreed to continue working until Gauteng Health Department officials looked into their grievances, especially the pending promotions, on April 8.

He said hospital management would continue to facilitate the process between workers and head office.

The National Education, Health and Allied Workers' Union and the Hospital Personnel Staff Association, the unions of which the workers are members, said they had nothing to do with yesterday's action.

CHRISTINE NESBITT



At boiling point ... workers demand to be paid according to a promised salary scale.

Hospital names row

(98) Sowetan 2/4/97

By Joe Mdhlela
Political Reporter

BLACK political organisations yesterday slammed a decision by the African National Congress-led Gauteng government to rename hospitals and other health institutions after ANC-allied political activists only.

The announcement by Gauteng MEC for health Mr Amos Masondo that hospitals would be named after ANC activists has angered the Pan Africanist Congress, Azanian People's Organisation and Inkatha Freedom Party.

The parties described the move as insensitive to contributions made by other liberation movements.

Among the hospitals that will have new names is Baragwanath Hospital, which from yesterday became known as Chris Hani Baragwanath Hospital.

The Baragwanath Nursing College takes the name of Chris Hani Baragwanath Nursing College and the Ernest Bond Provincial Laundries will be known as Chris Hani Provincial Laundries.

The Gauteng cabinet last year took a decision to rename health institutions to ensure that names that evoked bitter memories of apartheid should be done away with.

The cabinet suggested that the renaming would be done in the spirit of national unity and reconciliation.

However, general secretary of the PAC Mr Ngila Muendane said there was nothing reconciliatory about the process as conceived by the ANC.

"The ANC has failed to consult anybody and quite arrogantly the provincial government has ignored that the political struggle did not only reside in the ANC terrain, but that other patriots from different political organisations made immense contributions to the demise of apartheid," Muendane said.

Didn't augur well

He said the ANC's approach did not augur well for national unity and reconciliation.

"I need to remind the ANC that not only their people suffered in the struggle. Heroes like Robert Sobukwe, Zeph Mothopeng, Jeff Masemola, Steve Biko and Onkgopotse Tiro paid with their lives so that we now have the freedom we are enjoying.

To ignore that is to be politically naive," he said.

Turning to the National Party, which also criticised the move to rename hospitals, Muendane said: "The National Party has no moral leg to stand on. They too behaved in exactly the same way as the ANC.

"They actually started the tradition," he said.

In their reaction, the NP and Democratic Party said the ANC merely decided on the names and failed to consult widely.

Azapo president Mosibudi Mangena said: "I support the principle of renaming hospitals but I think the ANC should widen the circle to include patriots from other political organisations."

IFP spokesman Mr Ed Tillet said: "The renaming of hospitals by the ANC is problematic.

"We have argued that naming institutions after political personalities is wrong. We would prefer that neutral symbols be used.

"While it might be easy for the ANC to venerate people like Chris Hani, there may be other people who hold different views about him."

ANC national spokesman Mr Ronnie Mamoepa said the renaming of navy ships and hospitals was done "in the context of nation building, peace and reconciliation".

Slashed budget to cost Cape Town area 443 hospital beds

(98)

JENNY VIALL
HEALTH REPORTER

ARG 3/4/97

Groote Schuur and Tygerberg hospitals will lose 443 beds over the next few months because of a R78-million cut in the academic health services budget.

This is in addition to the closure of 490 beds in the past few months, and will mean fewer patients will have access to specialised services.

Western Cape provincial Finance Minister Kobus Meiring said in his budget speech yesterday that although this was "a bitter pill to swallow", the repositioning was inevitable for the benefit of broader medical services.

Medical superintendents at the two hospitals, which have already curtailed services, say a cut in services is inevitable.

The chief medical superintendent at Tygerberg Hospital, Abul Rahman, described the cut as drastic. Beds would have to be cut from 1 500 to 1 200.

"This will have a tremendous effect on the survival of patients. We have already cut 250 beds. This will mean long waiting lists for joint replacements, reduced theatre times and overcrowding," he said.

Hospital staff, already demoralised, would bear the brunt of the effects of the cuts as they would face criticism from relatives and the community.

Groote Schuur Hospital had reduced its beds from 1 423 in 1995 to 1 143. It now had to reduce the number to 1 000, and Chief Medical Superintendent Peter Mitchell said it would not be possible to maintain the same service.

"We will be able to take fewer patients and there will be longer waiting lists for cold (non emergency) surgery. We will lose secondary and specialised beds," he said.

"The hospital staff is concerned that its ability to provide care is under threat. However, we will continue to do our best for the people of Cape Town and South Africa."

Projected expenditure for health in the year ahead was R2 491-million. To maintain the same level of services an additional R234-million was needed.

Spending on administration increases by R24-million to R80,7-million and by 13 percent for district health services to R773,2-million. The budget for general hospitals increases 13 percent to R682-million.

■ British consultants described cuts to top hospitals as draconian and unrealistic.

See page 23
Editorial comment, page 13

CAPE TIMES
THURSDAY, APRIL 3, 1997 ★

COMMUNITY HEALTH GETS R90M MORE, BUT...

City hospitals face budget cuts of R78m

(98)

CT 3/4/97

HUNDREDS OF HOSPITAL beds have to be closed because of budget cuts announced yesterday by local finance MEC Kobus Meiring, reports **PETER DENNEHY**.

THE Western Cape's two main academic hospital complexes, Groote Schuur/Red Cross and Tygerberg, are to get R78 million less in the new financial year, finance MEC Mr Kobus Meiring said in his budget speech yesterday.

The teaching hospitals will receive R830m.

British health consultants from the King's Fund, called in by the Western Cape provincial administration in January to study how academic hospitals could cope with inevitable cuts, estimated that by the end of the current financial year the centres would have spent about R1bn between them.

So even in nominal terms, yesterday's budget amounts to a 17% cut for academic hospitals. When inflation is taken into account, the situation is even worse.

Yet the cuts have not been as severe as had been expected in some quarters. Health economists had earlier spoken of an academic hospitals allocation of only R700m for the forthcoming year.

Meiring said at a press briefing Groote Schuur would have to cut its hospital beds to 1 000 (from 1 143), and Tygerberg 1 200 (1 500).

The entire new provincial health budget is R2,4bn, including R340m for "the improvement of service conditions", which in general means pay increases already negotiated at central government level. But in the past financial year, R2,5bn has been spent on provincial health — without pay increases being taken into account. To maintain services at the current level, an additional R234m would have been needed.

"In real terms, therefore, we are going backwards," Meiring said.

On the other hand, community health services will get 13% or R90m more, bringing their total to R770m. General hospitals will get 13% or R78m more, bringing their total to R682m.

● The King's Fund report, released this month, recommends that the two existing undergraduate medical schools at UCT/Groote Schuur and Stellenbosch University/Tygerberg Hospital should be allowed to continue, but that a joint postgraduate medical and dental school should be established.

In order to achieve real financial savings, the four consultants recommended that a "sensible retrenchment policy" be put in place instead of the voluntary severance programme implemented last year.

It was difficult to see how the level of spending could be reduced to the required levels (R750m a year for academic hospitals) "in the absence of any capacity to implement compulsory redundancies", they said.

Meiring said right-sizing had to be done in the right places.

● An innovation in Meiring's budget this year is that R90m will be raised in charges levied by this province on the other provinces, for the use of Western Cape health and educational facilities by people from outside the Western Cape.

Dr Johan Stegmann, of the provincial administration, said R40m of this should come in from health charges and R50m from education charges. These charges would only apply when a provincial government had referred a person to another province, for lack of the required facility in the person's own province. The charges come

Renaming to cost thousands, Bara says it can't afford to change anything

(98) Star 3/4/97

By Morgan Naidu

The cost of renaming 19 hospitals and other health institutions in Gauteng is likely to run in to thousands of rands, the Health Department confirmed yesterday.

However, the costs would be incurred over several months, with changes to hospital stationery and other materials being phased in, said department spokesman Jo-Anne Collinge.

She said although the changes were not insignificant, every effort would be made to minimise waste.

Some hospitals expressed concern, however, that they would have to foot the bill for the changing of names. Hester Vorster, public relations officer for the newly renamed Chris Hani Baragwanath Hospital in Soweto, said the hospital "does not have the money to change anything".

Jan Strydom, deputy director for finance and logistical services at Pretoria Academic Hospital – formerly H F Verwoerd – said the estimated costs of changing signboards for his hospital could range from R3 000 to R8 000.

CAPE TIMES
FRIDAY, APRIL 4, 1997 ★

TALKS BEGIN WITH GOVT

Central fund mooted to help save hospitals

CT 4/04/97

(98)

BUDGET cuts of R78 million to the Western Cape's three academic hospitals has forced the province to look at other ways to save money. **CHRIS BATEMAN** reports.

A CENTRAL fund from which provincial health departments could draw for services rendered to clients outside their borders is being proposed by the Western Cape as a life-support system for the Peninsula's three acclaimed academic hospitals.

This was revealed yesterday by Western Cape health chief Dr Tom Sutcliffe, who said such a system would save Groote Schuur, Red Cross and Tygerberg hospitals about R200 million per annum — putting the ailing institutions back on their feet.

Sutcliffe said the province provided some 68 different services to other provinces, ranging from hip and knee replacements and sophisticated heart surgery to organ transplants.

The province has so far carried the financial burden of these expensive operations — further aggravated this year by a R78m cut to the three hospital's budgets.

To survive, the hospitals would have to cut 3 800 jobs besides the 800 beds already scrapped, he said.

However, the staff cuts were impossible because the only tool available was the voluntary severance package which he described as "clumsy — like operating on the brain with a shovel".

Informal talks with Finance Minister Mr Trevor Manuel and National Health Minister Dr Nkosazana Zuma have begun.

"We hope to formalise these. It's very sensitive and we need to approach them with a watertight case so that they can see that it's a wise investment on behalf of the country and not just bailing out a province," Sutcliffe added.

He explained that any province could subscribe to the fund, making an auditable claim against the national Department of Health for cross-border or "supra-regional" services performed.

"It would offset the gigantic scale of cutbacks which cascade down to primary health care, and enable us to maintain the academic centres," Sutcliffe said.

The maintenance of service delivery was impossible under the present circumstances and ongoing research and training were under dire threat, he added.

● The Kings Fund, a group of four financial medical consultants from the UK, found recently that existing mechanisms to achieve reduced spending at the three hospitals were "unmanageable".

Slating the voluntary severance package as counter-productive, the experts also recommended greater local management autonomy.

Call for funding of academic hospitals

BD 8/4/97 (98)

— Linda Ensor

CAPE TOWN — The national health department has been urged by a group of British health consultants to fund specialised services provided by the Western Cape's academic hospitals which are of national benefit.

The consultants from the King's Fund, an independent health charity in London, were brought in by health MEC Ebrahim Rasool to advise on future development of the academic health centres, Groote Schuur and Tygerberg, and the two medical schools at the universities of Cape Town and Stellenbosch.

There was a "compelling case for some top-sliced funding from the national department of health to safeguard services" at the academic health centres. Funds should be urgently injected into the centres this year before "irreparable damage" was done.

This financial year funding for the academic hospitals was cut by R78m to R830m.

Rasool sought independent advice when attempts to rationalise the academic health complexes were hindered by institutional rivalry.

The experts said in their report that progress was being blocked by among other things inertia, rivalry, the ubiquitous powers of veto, cumbersome democratic procedures and stultifying bureaucracy. This could be overcome, and reform accelerated if Groote Schuur, Tygerberg and Red Cross hospitals were managed by a single board of directors.

They recommended a "sensible" budgetary process with a realistic savings targets and a "sensible" retrenchment policy be introduced into academic hospitals.

The consultants criticised the haphazard manner in which cuts had been implemented in the academic health centres and noted the "unreality" of hospital budgets which were not taken seriously.

The undergraduate medical schools at UCT and Stellenbosch should be allowed to continue, but a new structure to integrate postgraduate training in medical, dental and allied health sciences across the province should be established. The graduate school would be managed independently of the universities and should be funded by national government.

"Until and unless the Western Cape finds a way to co-operate for these purposes across institutional boundaries, the downward spiral will continue," the report said. "To have a new organisation in which existing academic staff with responsibility for postgraduate training, across the medical, nursing and allied professions, offers an opportunity to focus new loyalties that could, in time, supersede the existing ones."

Rescue workers allege racism

(98)
SIPHO VANGA 13/4/97
ST(BE)(CM)

CAPE Town municipal management is dragging its feet in solving problems that include alleged discrimination against Xhosa speakers in the ambulance service, it was claimed this week.

According to the servicemen, repeated attempts to have these problems tackled have fallen on deaf ears and most issues raised "have been swept under the carpet".

They say many of their complaints have been referred in writing to City Manager Andrew Boraine and Exco chairperson Nomaindia Mfeketo.

But Mike Marsden, Executive Director, Municipal Services, denied there was any substance to the claims.

The servicemen say the management's action is a witch-hunt, aimed at using petty complaints to get rid of Xhosa-speaking ambulancemen.

The troubles were sparked off by the dismissal of shop steward Monde Hoho and a disciplinary hearing of nine ambulance men for booking off ill, they say.

At a meeting held at Khayelitsha, workers decided to write a petition to management calling for the reinstatement of Hoho, failing which they would declare a dispute.

Khayelitsha ambulance men complained of shortage of staff, unroadworthy ambulances and abusive control room staff in Pinelands.

Monday April 14 1997

Old age home workers on strike

(98)(~~155~~)(~~162~~)

More that 1 500 workers at old age homes in four provinces have gone on a full-blown strike following a deadlock in wage negotiations. Star 14/4/97

National Education and Health Workers' Union (Nehawu) has been in dispute with the Suid Afrikaanse Vroue Federasie (SAVF) over wages since August last year.

According to Joe Lekola, national media officer for Nehawu, workers at SAVF old age homes in Gauteng, the North West, Mpumalanga and the Northern Province embarked on a strike on March 27. – Staff Reporter.

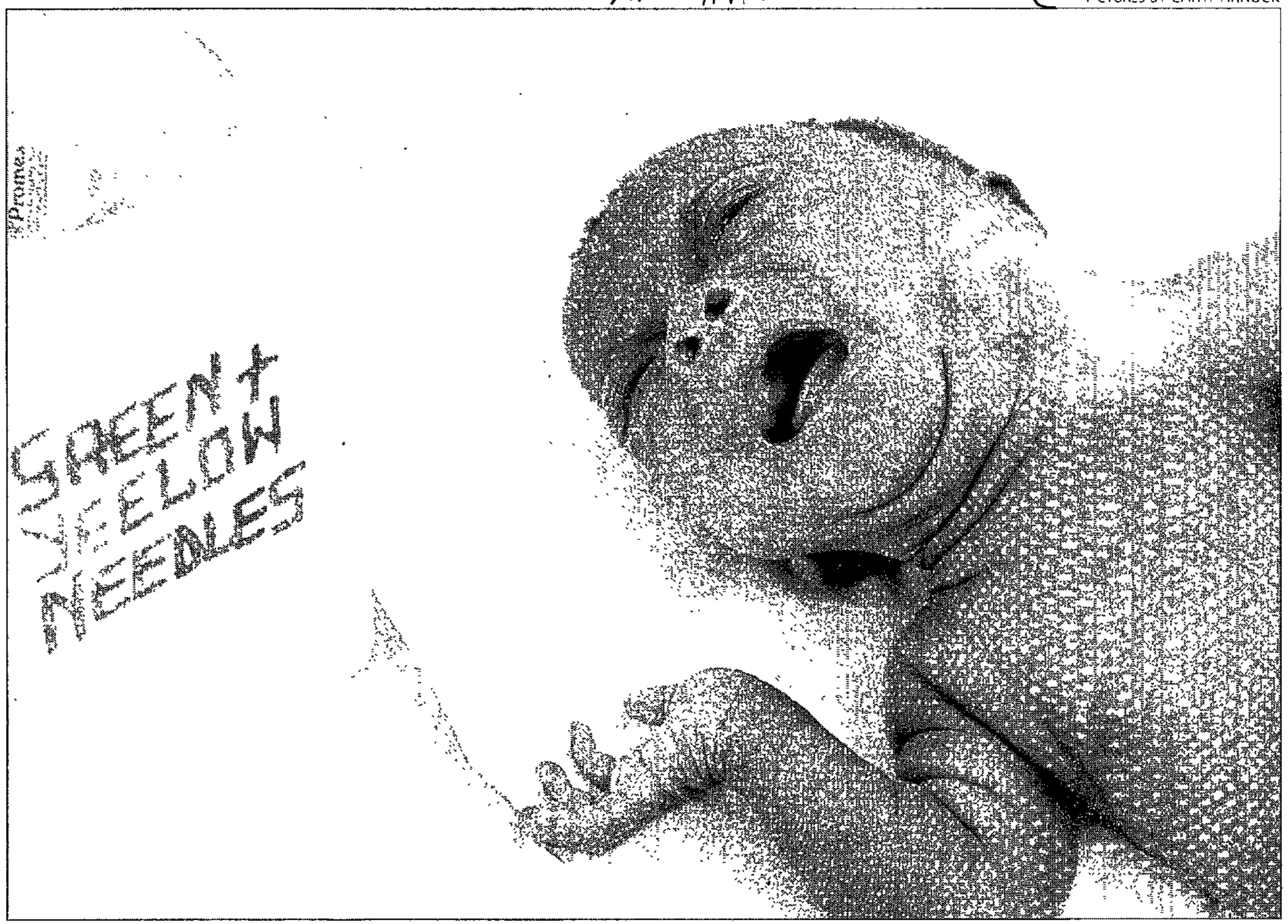
Hospitals still full despite clinics' care

Star 14/4/97 (98)

PICTURES BY CATHY PINNOCK

Director general Olive Shisana says the Health Department's R58-million in unauthorised expenditure for 1995/96 was valid because it delivered health services. Medical correspondent Janine Simon looks for local evidence

Baking day ... women of Ivory Park at the start of a bread making demonstration in the airy new community hall at Hikhensile clinic.



Needles make me cry ... eight-week-old Mkhethwa Nkuna receives primary care at the Hikhensile clinic. Nurses believe the clinic has significantly cut the number of children dying from preventable diseases in Ivory Park.

When the factory and shopworkers of Midrand and Olifantsfontein develop high blood pressure or diabetes they can now go to the Midrand town council's Hikhensile clinic in the informal settlement of Ivory Park instead of taking a taxi to Tembisa hospital.

So can brothers and cousins from Maputo, Zimbabwe, Northern Province and the North West, staying with them in Ivory Park while they look for work, as well as their wives and children needing treatment, immunisation or antenatal care.

Hikhensile is the biggest and busiest of the four local authority clinics serving the 180 000 people who moved from the backyards of Tembisa to Ivory Park in 1992, according to chief community health nurse Nellie Shongwe.

The clinic was doubled in size last year by a R534 658 expansion, paid for out of the R12,27-million allocated from the RDP funds to Gauteng for 1995/6. At least R30,1-million of the national department's R58-million unauthorised expenditure for that year was RDP funds to fast-track the clinic building programme.

Started in a farmhouse in 1992, Hikhensile initially did what all local authority clinics used to do: weigh and immunise babies and provide family planning and treatment for minor ailments.

But, as the new policy of comprehensive district-based primary health care kicks in, local authority clinics have to now treat chronic health problems like hypertension, diabetes and asthma as well, and the RDP money has gone to building the extra space needed to house that service.

The new Hikhensile, opened in July 1996, is a dark brick building trimmed with blue, surrounded by neat lawn, paving, and plants and separated from the shacks and concrete brick homes of the settlement by a razorwire fence.

Inside, the building is spotless, consulting rooms trimmed with pink, medical and drug supply rooms neatly stocked, a two-bed emergency room equipped with oxygen, suction pump and nebuliser. The walls are plastered with health promotion messages, large scale maps, pie charts of services delivered and total numbers served.

There is a hall for demonstrations and two community workers who support the nurses. There is no computer yet, but there are telephones, security guards and patient records; it is free primary care turning its best profile to the lens.

But, says Sister Susan van Dyk, assistant chief of Midrand's department of community services, the clinic can't cope with the demand for curative services, which shot from zero to 1 000 a month within two months.

Hikhensile's medical complement is six nurses: three community nurses, who between them see 150 patients a day mostly for child health, family planning, and antenatal care, and three trained in comprehensive primary care who see up to 1 000 patients a month.

Total clinic attendance in Ivory Park has shot up 40% since the introduction of free primary care. Taking into account that minor ailments were always treated, the new curative services for chronic disease have trebled the number of patients coming for treatment, says Van Dyk.

Figuring out whether the increase has stopped anyone dying of a preventable or treatable disease is another matter.

Infant mortality rates for the whole of Midrand have actually risen, from an impressive 1,05% in 1994 to 13,4 per 1 000 in 1996, but that contradiction is to do with the chaos in who keeps death certificates and which local authority is prepared to bury whom, not health care.

But Shongwe is proud of what has been achieved at the clinic since 1992, despite that around a quarter of the 50 000 people it serves still share one tap among five households and use chemical flush toilets.

Studies assessing the impact of health education are more valuable than mortality statistics, she believes.

"There are tarred roads and schools, and studies have shown people in Ivory Park know about nutrition, oral rehydration and hygiene," she says.

Unlike Hlabisa in KwaZulu Natal, where the Medical Research Council found that demand for treatment for minor ailments at mobile clinics compromised nurses' abilities to deliver preventive services, Shongwe says the clinic won't give up on health education.

But health education alone is not enough for patients wanting their blood pressure pills, insulin or antibiotics for pneumonia. Curative services can't be rolled out any quicker as nurses have to be trained, and the training itself is a drain on staff resources.

"We're moving in the right direction but there are only so many hours in the day," says one. Clinic managers wait in hope for the extra nurses they believe will be shifted to their area when the Gauteng health department finally announces its restructuring programme.

The aim of shifting these resources is to draw patients into the good comprehensive care clinics and away from hospitals, which need to practise higher levels of care.

But 20km to the east of Hikhensile, the dark corridors of Tembisa hospital are just as full as they were before the clinics started offering care to chronically ill patients.

"There's no change here," says the matron.

"The RDP doesn't even know we exist and we are still sitting here waiting for the extra resources the province promised us with the restructuring."

Hospitals need R8-billion

ARG 15/4/97 (98)

WILLIAM-MERVIN GUMEDE
POLITICAL STAFF

A third of South Africa's hospitals must be replaced or upgraded at a cost of about R8-billion, a national health department audit has found.

This was disclosed today by health director-general Olive Shisana at the opening of this week's public hearings of the National Assembly health committee.

The audit found some hospitals may be closed or downgraded to community health centres.

The health committee today began six days of hearings into the R20-billion allocated to health nationally and in the provinces. Dr Shisana said the health department had audited 108 health centres, 426 hospitals and eight academic hospitals in 1995 and 1996.

She said the cost of the audit was estimated at R15,5-million, and confirmed that this spending had not been authorised – as had already been reported by Auditor-General Henri Kluever.

Dr Shisana said the health department was now developing a plan to rehabilitate

To page 3

Hospitals upgrade could cost R8-bn

(98)

From page 1

ARG 15/4/97

ailing hospitals to improve their service delivery. She added that some community health centres may need to be upgraded into hospitals.

Dr Shisana said that 102 new clinics had been built over the past year, and that more were being built. She said 26 clinics had residential units added to them, 30 clinics had been upgraded and 104 mobile clinics had been bought by the health department. It had also bought a further 44 vehicles that would be converted into mobile clinics.

She said the infant mortality rate among Africans was still more than seven times that of whites – 54,7 for every 1 000 live births, compared with 7,3.

"That indicates that the major disparities we inherited still continue," she added.

Better health care alone would not reduce the gap, as better sanitation and general socio-economic conditions were also required.

She said that the Government, through the Reconstruction and Development Programme, had allocated R500-million for the primary school nutrition programme. She said that by November last year, the programme had served about 4,7 million children in 12 873 schools.

Meanwhile, progress had been made in "right-sizing" the health department.

'Fast-track' clinics bypass tender procedures

(98) BD 16/4/97

Jacob Dlamini

CAPE TOWN — Health department director-general Olive Shisana admitted yesterday that her department had bypassed state tender procedures in its clinic-building programme.

The department had built 102 new clinics using a "fast-track" system not authorised by the state tender board.

Speaking before the parliamentary health committee, Shisana said during the past year the department had added residential units to 26 clinics; bought 104 mobile clinics; converted 44 vehicles to mobile clinics and upgraded 30 clinics.

As a result more than 1-million people gained access to health care. "These plans would not have materialised if we did not use fast-track clinic-building," she said.

The department had spent about R15,5m on an audit of 108 health centres, 426 hospitals and eight academic hospitals. This expenditure had also not been authorised.

The audit found that one-third of hospitals needed either replacing or upgrading at a cost of R6bn-R8bn. Shisana said some hospitals could be closed or downgraded, while some health centres would possibly be upgraded to hospitals.

Last month the auditor-general said the health department had paid R30m in unauthorised fees to consultants for the "fast-track" system and R58m in total unauthorised expenditure.

Shisana said the department had "right-sized" its staff complement to 1 694 posts in January, from 7 086 posts in 1994. Nearly half the posts had been transferred to the welfare department and the rest devolved to the provinces. Shisana said 132 posts had been scrapped, saving the department about R4,3m.

The department cancelled the controversial Sarafina 2 AIDS play due to "several procedural problems" before it could be evaluated.

The public health sector budget had increased by 9% to R20bn but the department's budget had been reduced to R358m from last year's R711m. The reduction followed the transfer of R241m to provinces for capital expenditure.

She said the department supported vocational training policy aimed at providing relevant experience to medical students.

There were currently 209 doctors from Cuba, Germany and other parts of Europe working in SA. The recruitment of foreign doctors would continue, but the department was considering incentives to attract local doctors to rural areas. These would include an allowance and accomodation facilities.

Health Department posts slashed in two years

Cape Town – The Health Department's right-sizing exercise, started two years ago, has led to a massive reduction of staff and a saving of about R4,3-million, departmental director-general Dr Olive Shisana said yesterday.

Shisana told Parliament's health committee that in 1994 the department had 7 086 posts.

"In January 1995 we had 6 906 posts. By January 1 1997 the department had 1 694 posts. Nearly half the posts went to the Department of Welfare and the majority of the remainder of the posts were devolved to the provinces.

"(A total of) 132 posts were abolished as part of the right-sizing exercise, with a resultant saving of approximately R4,3-million," Shisana said. – Political Correspondent

Star 16/4/97

(98)(85)

Third of hospitals need to be upgraded, says Shisana

Star 16/4/97 (98)

By Jovial Rantao
Political Correspondent

Cape Town – An audit of South Africa's health facilities had revealed that a third of the country's hospitals needed to be replaced or upgraded at a cost of between R6-billion and R8-billion, while some may be closed or downgraded to community health centres, health director-general Dr Olive Shisana said yesterday.

She told Parliament's portfolio committee on health that the situation was uncovered during an audit of 108 health centres, 426 hospitals and eight academic hospitals during1995 and 1996. The audit cost the state R15-million.

"Spending this money was not authorised, as already pointed out by the auditor-general. We're now developing a plan to rehabilitate these hospitals so that they can provide services," she said, adding that her department would make a separate presentation to the committee on unauthorised expenditure.

102 clinics built, 30 revamped last year

Shisana made the presentation on the first day of this week's public hearings by the National Assembly's health committee on the R20-billion budget allocated to the department.

She described 1996 as the year of delivery during which 102 new clinics had been built and more were in the process of construction.

Shisana said 26 clinics had residential units added to them, 30 clinics had been upgraded and104 mobile clinics had been bought by the Health Department. It also bought another 44 vehicles that would be converted into mobile clinics.

"If we assume our norm of one clinic per 10 000 people, 102 new clinics built implies that about 1,02 million people who previously had no access to primary health care now have access. This obviously excludes mobile clinics and also upgraded clinics that were non-functional which now are providing services. These plans would not have materialised if we did not use the fast-tracking clinic-building system, which the State Tender Board did not authorise," Shisana said.

She added that through the Reconstruction and Development Programme, the Government had allocated R500-million for the primary school nutrition programme. By November last year the programme had served about 4,7 million children in 12 873 schools nationally.

The Health Department, Shisana added, had experienced capacity problems, including poor financial controls, incorrect procurement procedures and weaknesses in contracts. She said a lack of adequately trained people had put a strain on the nutrition programme.

"New financial control measures have been completed and (are) now being considered by the state attorney after (they were) approved by the (Department of) State Expenditure. This programme is now being changed to an integrated nutrition programme to operate at both health facilities and at the community level," Shisana said.

She revealed that the infant mortality rate among Africans was still more than seven times that of whites. Among Africans the rate stood at 54,7 for 1 000 live births as opposed to 7,3 for whites. This indicated that the major disparities that the Government inherited continued.

"Better health care alone will not reduce the gap, as better sanitation and general socio-economic conditions (are) also required," she said.

The committee is also expected to look at progress in primary health care, transformation of tertiary institutions, implementation of the primary school feeding scheme, plans for a policy on community health workers and the national Aids strategy.

Compulsory health plan unveiled

(98) (96)

CLIVE SAWYER
POLITICAL CORRESPONDENT

The Government today unveiled plans to boost funds for cash-strapped public hospitals by forcing all employed people to join a new national health insurance scheme.

The compulsory scheme for all those in formal employment will aim to cover the costs of treatment for them and their dependants at public hospitals.

Contributions will be shared between employers and employees, and will be related to income and family size.

The proposal is contained in the white paper on transformation of the health system, tabled in Parliament today by Health Minister Nkosazana Zuma.

The document suggests even those who are already members of medical aid schemes should be compelled to join the new health insurance scheme for treatment in public hospitals.

The white paper said that large numbers of employed people who were not members of medical schemes used public hospitals without paying the prescribed fees, even though they could afford to.

Medical scheme members and their families could attend public hospitals when their scheme cover was exhausted without paying the prescribed fees.

Cash plan: Nkosazana Zuma

The white paper, in its proposals on physical and financial resources for a transformed health system, also contains a bold plan for public hospitals to be allowed to keep some of their revenue. At present fees paid to public hospitals are passed on to provincial revenue funds. This meant hospital managers had little incentive to collect fees, the white paper said.

The problem was worsened by the low quality of care in most public hospitals, which had prompted most paying patients to go to private hospitals.

Allowing hospitals to keep some fees would provide an incentive for managers to increase the efficiency of fee collection, and provide them with funds which could be used flexibly. The policy would be phased in.

ARG 17/4/97

See page 2

Huge task ahead for district health system

A White Paper on transforming SA's health system was tabled in Parliament yesterday. Kathryn Strachan visited the Eastern Cape to assess the challenges ahead

BD 17/4/97 (98)

the outpatients' section of Mount Frere Hospital, Eastern Cape, patients some-
nes have to wait for two days to see a doctor. Picture KATHRYN STRACHAN

SIX-year-old Mawethu Sijendu has his broken arm tied up in a home-made sling. He has been waiting in the queue at the hospital in Mount Frere, Transkei for nearly two days and he has yet to see a doctor.

His grandparents brought him to the hospital at 8am the previous day. They were still far back in the queue when the outpatients section closed at 4,30pm. It is now 2,30pm on the following day and he has still not been attended to.

"Every night about 10 patients sleep over on the benches in the waiting room because we did not get to the end of the queue and it is too far for them to walk home and then come back again the next day," says Sister Florence Gogo.

Nothobile Makele is one of the women who has spent the night on the hard benches with her sick baby. At 2,30pm the following day she is still waiting to see a doctor. "It is exhausting," she says simply.

In the dilapidated hospital with its peeling plaster and broken windows, beds line the corridors as patients spill out of the cramped, overcrowded wards. Desks positioned in a row of disused showers serve as makeshift consulting rooms.

To enter the family planning clinic, women have to crouch down to get through the one metre high opening that leads into the cellar. It is a far cry from the welcoming atmosphere family planning services are supposed to project.

The hospital often runs out of medicine supplies, and has only one resuscitation machine for the entire establishment. In the casualty section, there are no cardiac or ECG machines. Because women have lost faith in services at the hospital, up to 80% of women in the district choose to deliver at home.

Until last month, there was only one doctor at the hospital, but he has now been joined by two Cuban doctors.

When surrounding clinics run out of medicines, they refer patients to the hospital. But patients often find that it does not have the medicine they need. For patients who need drugs to keep a stable condition, this can be a serious problem.

Poorly maintained and treacherous roads in the area also play their part in stalling health services, and when it rains the hospital vehicles (there is no ambulance) can reach only two of the 20 clinics it services.

The situation in the clinics is hardly better. In nearby Rode village, the clinic does not have a single medicine, bandage or vaccine.

It is only the first week of the month, and already all its supplies have run out — as they do every month.

The broken-down wattle and daub clinic is almost deserted as prospective patients know it will not have any medical supplies.

The trickle of patients that do arrive are turned away, or told to try the next clinic at Mount Ayliff, which is half an hour away.

The clinic also does not have running water, and nurses have to carry buckets of water from the river over the hill.

"Last week a schoolboy was stabbed in his neck. We sent him in a taxi to Umtata Hospital, where he died soon after he arrived. If we only had bandages we could have saved him," says nurse Nomfundo Sandla.

The clinic never sees a doctor. But it does have a radiophone. However, in emergencies it has to rely on local taxis as Mount Frere hospital's vehicles are never available.

While some women do still come to the clinic to give birth, the clinic does not have the intravenous equipment or resuscitation machines needed in emergencies.

In the Mount Frere clinics, which are open 24 hours, there is no electricity and when complications arise during childbirth, nurses have to deal with the emergency with only candlelight.

Yet health services in Mount Frere are no worse that in other parts of the former Transkei. Because it displays the typical difficulties that beset the devastated former homeland, Mount Frere has been selected by the Durban-based Health Systems Trust as one of the four subdistricts countrywide to be set up as model health districts.

While health services around the country are being organised along a new structure, called the district health system, there is still a lot to be learnt in terms of what these districts require to function.

The idea of the district system is that all health services provided in a demarcated zone fall under one umbrella. This allows services to be provided in a far more rational and comprehensive way than they were in the previous fragmented system.

Health Systems Trust has chosen one subdistrict in four provinces to serve as models.

It was found that providing piecemeal support to these districts did not work, and the solution now being tried is to provide an integrated package of support to these subdistricts.

The trust provides support in all the functions a district needs to perform. These include research and evaluation, training health workers and developing skills, and providing technical support.

As soon as lessons are learnt from the experimental zones, the new ideas will be introduced to the surrounding districts immediately, thus creating a "knock-on effect", says programme director Dr David Harrison.

Yet at the centre of this support package is the principle that the district health system can only work if people regard themselves as key resources in the battle to uplift health in marginalised regions.

KwaZulu health department to cut back

BD 18/4/97 (98)

Nicola Jenvey

MARITZBURG — The KwaZulu-Natal health department would suspend several capital projects, including some clinics and community health centres, to compensate for a R500m budgetary shortfall, health MEC Zweli Mkhize said yesterday.

Presenting his budget review to the finance committee, Mkhize said the department had been allocated R3,9bn (1996/97: R3,2bn). But, he said, once R700m had been deducted for the improvement to conditions of service, additional funds for King Edward hospital and the new academic institution, the allocation became an effective decrease.

The projects would be suspended until more funding became available.

The province was also experiencing dramatic staffing vacancies with 21% of medical officer posts, 15% of nursing posts, 31% of professional posts, 24% of paramedics and 29% of the technical posts not filled.

But, Mkhize was optimistic that provincial health services had improved significantly over the past two years.

Institutions had expanded their patient base for an increased population and health care availability and provision had risen for the majority of people.

KwaZulu-Natal was the first province to implement free health care to pregnant women children under six.

During 1995/96 more than 80 000 deliveries and one million consultations and antenatal visits were recorded under the scheme.

The province would have spent R122m on clinic building and upgrading by December, providing 432 consulting rooms, 96 maternity beds, 130 mobile units and 417 bedrooms.

Another 53 new clinics would be built and four upgrades would be carried out this year, with about R254m having been invested into the project by December next year.

KwaZulu-Natal had performed 84 abortions since the procedure became legal and Mkhize said the department would attempt to deliver this service throughout the province.

But, the department was approaching the issue with "the necessary sensitivity and discretion".

District system the key

ARG 18/4/97 (98) (65)

HEALTH REPORTER

South Africa is to be divided into districts to implement the new national health policy, according to the government white paper on health.

The district system is central to the provision of health care and rapid implementation is the highest priority in a new transformed health system, according to the paper. The country will be divided into districts, each with a team responsible for planning and managing all local health services.

If the public sector is to continue providing for the majority of South Africans a number of interventions are necessary, according to the paper. These include:

■ Greater payment for hospital care by those who can afford it..

■ Medical schemes as a private source of funding will continue but in a more regulated environment.

■ Regulatory mechanisms are required to reverse the deregulation of the private health insurance market.

■ Medical schemes will not be allowed to exclude an individual on the basis of health risk.

■ No new licences will be granted for private hospitals whose shareholders are doctors and specialists.

New deal for academic hospitals

ARG 18/4/97 (98)

HEALTH REPORTER

Highly specialised services linked to academic hospitals which are expensive and relatively rarely used will be financed from a central health department fund, according to proposals in the white paper.

Academic tertiary hospitals are national resources and the location and development of these will be planned centrally in accordance with national health policy. These services are also an important resource for the southern African region. Provinces without tertiary hospitals will have to refer patients to provinces that do have specialised services and pay the provider provinces for these.

Those services considered to be unique and highly specialised, such as transplant units, are being identified at these centres.

Agreement will be sought on a formula for their funding and clear guidelines for admission to these facilities. Access will be according to need.

A new policy on organ transplants will be developed and implemented.

Within 10 years routine tertiary health services will be provided in at least some regional hospitals in all provinces.

Zuma in bid to boost funds for hospitals (98)

Star 18/4/97

POLITICAL CORRESPONDENT

Cape Town – The Government yesterday unveiled plans to boost funds for cash-strapped public hospitals by forcing all employed people to join a new national health insurance scheme.

The compulsory social health insurance scheme, for all formally employed people, will aim to cover the costs of treatment of themselves and their dependants in public hospitals.

Contributions will be shared between employers and employees, and will be related to income and family size.

The proposal is contained in the White Paper on Transformation of the Health System, tabled in Parliament by Health Minister Nkosazana Zuma yesterday.

The white paper suggests that even those who are already members of medical aids should be compelled to join the new health insurance scheme for treatment in public hospitals.

The white paper pointed out that "large numbers" of employed people who were not members of medical schemes used public hospitals without paying the prescribed fees.

Medical scheme members and their families could attend public hospitals when their scheme cover was exhausted and also not pay the prescribed fees.

The white paper, in its proposals on physical and financial resources for a transformed health system, also contains a bold plan for public hospitals to be allowed to keep some of their revenue.

At present, fees paid to public hospitals were passed on to provincial revenue funds. This meant hospital managers had little incentive to collect fees.

The problem was worsened by the low quality of care in most public hospitals, which had prompted most paying patients to go to private hospitals.

Allowing public hospitals to keep some of their fees would provide an incentive for managers to increase the efficiency of fee collection, and would provide them with funds which could be used flexibly. The revenue retention policy, as it is termed in the white paper, would be phased in over a number of years.

On the funding of tertiary and highly specialised public health services, the white paper said it was expected that within 10 years,

Compulsory insurance scheme to be formed

routine tertiary services would be provided in at least some regional hospitals in all provinces.

But services which were highly specialised, expensive and rarely needed would be uneconomical to locate in every province.

To ensure physical resources were distributed fairly, the Health Department was doing an audit of community health centres and hospitals, the results of which would be used to decide future capital allocations.

To cross-subsidise improved health care for the millions of unemployed and poor, it would be useful to draw in more paying patients to the public hospital sector, the white paper said.

Red Cross hospital crisis hits

(98)ST(CM)20/4/97

Strangled by cash cuts

YVETTE VAN BREDA

DYING and desperately ill children can no longer be guaranteed a bed at Cape Town's Red Cross Children's Hospital because of draconian health cuts.

Department heads and management staff at the only specialised children's institution south of the Sahara have expressed their concern over the crisis.

"We are being throttled by budget cuts. They are cutting up the goose that lays the golden egg," said chief medical superintendent Dr Saheed Hassim.

He said last year the hospital had spent R125-million, and this week they discovered that they were to be given a budget of only about R80-million.

Hassim said the staff were heavily overworked, morale was low, many were taking severance packages and the moratorium on the filling of posts made matters worse.

Head of ambulatory paediatrics Dr David Power said the hospital was experiencing one of its busiest periods as children with gastroenteritis were pouring in.

"The hospital is overflowing. We cannot accommodate the children. We farm them out daily to adult institutions as there are not enough beds for children in the Western Cape. Then we're still expected to accommodate cuts. It does not make sense. Desperately ill children do not have beds and we have been forced to close beds."

Power said Red Cross should be treated differently to other tertiary hospitals as it was unique and could not withstand cuts as could Groote Schuur and Tygerberg hospitals.

Power said the department's plan to have patients moved to secondary hospitals was "fine in theory, but they do not have drip rooms. So we cannot do that, it's unethical and immoral."

The hospital had closed one surgical ward in December and the general outpatients ward in February.

Head of paediatric surgery Professor Heinz Rode said the staff in his department had been reduced by a third. Now there was a waiting list of over a year for plastic surgery for burn scars, cleft palates and severe scarring. The list for cardiac operations was over six months, and some patients would not survive the long wait.

Rode said his worst nightmare, in the light of the country's trend towards shutting down children's hospitals, was that Red Cross would be closed and the children put into adult institutions.

> The hospital was run on "empty promises" and had been promised improvements since the mid 70s, said Rode. "I have tears in my eyes when I see what is left of this hospital and when I think of where we should have been."

Many of the patients at Red Cross were from outside the Western Cape and often from other African countries where specialised treatment was not available.

Acting nursing head Daphne Hoogenhout said nurses were leaving the hospital on severance packages every month.

"We are faced with having to close posts all the time. Then when we take an informed decision on what to close, posts are unfrozen and that throws us out again. Now the department has just unfrozen nine posts. But by the end of May we would have lost another 12 nurses to severance packages," she said.

Overworked nurses were forced to double in other jobs because of the staff shortage.

Because of the bed shortage, said Hoogenhout, critically ill patients were housed in the outpatients ward even though it was supposed to be closed.

This month two of the intensive care units were amalgamated.

Dr Alistair Millar, associate professor of paediatric surgery and director of transplants, said that in the last five years the hospital's budget had been cut by 58 percent.

"Ventilators are 18 to 20 years old and reaching the end of their lives. With the budget barely sufficient to replace damaged equipment and the problems with the tender process, things are slowed up," he complained.

Paediatrics Professor David Beatty, said public support for the hospital was very strong with a trust fund for a new wing standing at R18,8-million.

Logan Wort, spokesman for provincial health MEC Ebrahim Rasool said all the health department's heads were at a bosberaad and were not contactable.

However, he added that the health cuts had affected all the tertiary hospitals. Although 44 primary health facilities had been opened in the past 2½ years, and 13 of these were operating round the clock, the public were not properly informed about the facilities.

The minister was sympathetic to the hospital's problems but "they should hang in there and allow the primary health care system to develop," Wort said.

38 Xhosa operators on line at 10111

ARG 21/4/97 (98)

LINDSAY BARNES
CRIME DESK

The number of Xhosa-speaking telephone operators at Cape Town's 10111 emergency control room has been boosted by 38 volunteers and police reservists after a drive to correct the language problem.

For the past three years, only English and Afrikaans-speaking operators had been available to answer the emergency telephone lines and Xhosa people phoning calling for help in life-threatening situations have often been ignored.

The volunteers, from Khayelitsha, Guguletu and Nyanga, Langa and Mfuleni, responded to a plea from the police emergency radio control room in Maitland for people who speak Xhosa and other African languages to come to their rescue.

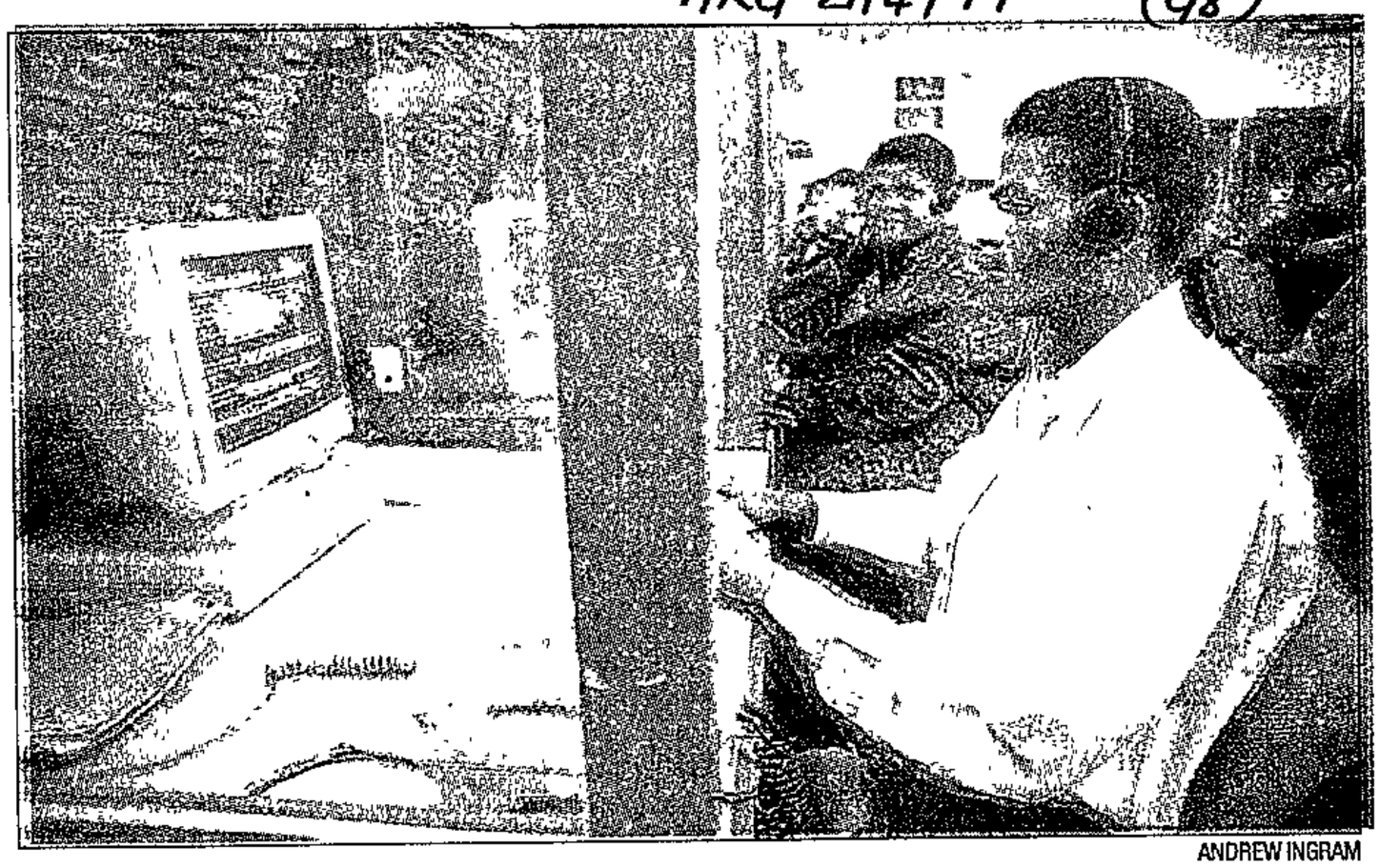
In a recruiting exercise by police among community police forums, non-government organisations and neighbourhood watches, 30 people were recruited, and a further eight police reservists had transferred to the unit, said acting commander of the crime reaction unit Norman Josephs.

Many of the new operators speak Xhosa, Zulu and Sotho, and a reservist, Banthubathi Mei, speaks nine languages.

The lack of Xhosa-speaking employees was disclosed during a tour of the centre by the provincial standing committee for safety and security last month. Committee members called for the situation to be rectified immediately and within weeks two people had been trained.

On Friday, nine Xhosa-speaking volunteers were awarded certificates for completing a six-day course in telephone etiquette.

Another 12 volunteers will start the basic radio control training course this week. It is hoped the new recruits will be taken on permanently once the government moratorium on police appointments is lifted.



ANDREW INGRAM

Hotline: volunteers Xolela Maputi and Neliswa Diniso get a feel for the 10111 system

Gauteng makes appeal for hospital debts to be settled

(98) Star 22/4/97

By Jovial Rantao
Political Correspondent

Cape Town – The Gauteng government has made a passionate plea to Parliament to compel other provinces to pay the R170-million owed to it for the treatment of patients who were formally referred to Gauteng's hospitals.

Gauteng MEC for Health Amos Masondo told Parliament's portfolio committee on health that his was a desperate plea, as unsuccessful attempts had been made at various forums to get the North West and Mpumalanga governments to pay their debts. He said Northern Province had responded positively to requests and paid R38-million to Gauteng.

"The provinces have failed to institute agreements reached at the meeting of all provincial health MECs that they should pay us all the monies due to us. We have done everything we can do ... Their refusal to pay must be looked into."

Masondo added that long-term solutions being investigated included an option that the Health Ministry should take responsibility for all the big hospitals to which patients from outside Gauteng were referred.

Another option was the possibility that the money owed to Gauteng would be allocated to it during the beginning of the budgeting process.

Masondo told the committee his department intended to close three underutilised hospitals: the Westford, Andrew McCallum and Kempton Park hospitals. The province's nursing colleges would be reduced from seven to four.

Briefing the committee on the provincial 1997/98 budget, Gauteng health superintendent-general Dr Ralph Mgijima told the committee the department intended to sell unused hospital land to help fund the R1,8-billion backlog in the maintenance of health institutions.

Pinelands farm could solve psychiatric housing crisis

CT 24/4/97 (98)

HEALTH WRITER

A FARM where mentally handicapped adults could live and work could be the solution to a growing crisis in the Western Cape over where to place retarded patients who no longer qualify for full-time state care.

Budget cuts in the provincial health service mean 97 mentally handicapped residents of Alexandra Hospital in Maitland are to be discharged on April 30 to save the government money — a decision that has turned their families' world upside down.

Although other state-run hospitals for the mentally handicapped (Lentegeur, Stikland and Valkenberg) have not discharged any patients yet, Mr Arthur Willey, secretary for the Friends of Alexandra, believes it is a matter of time before they do.

"Everyone's watching Alexandra Hospital to see how this mass discharge is handled," he said.

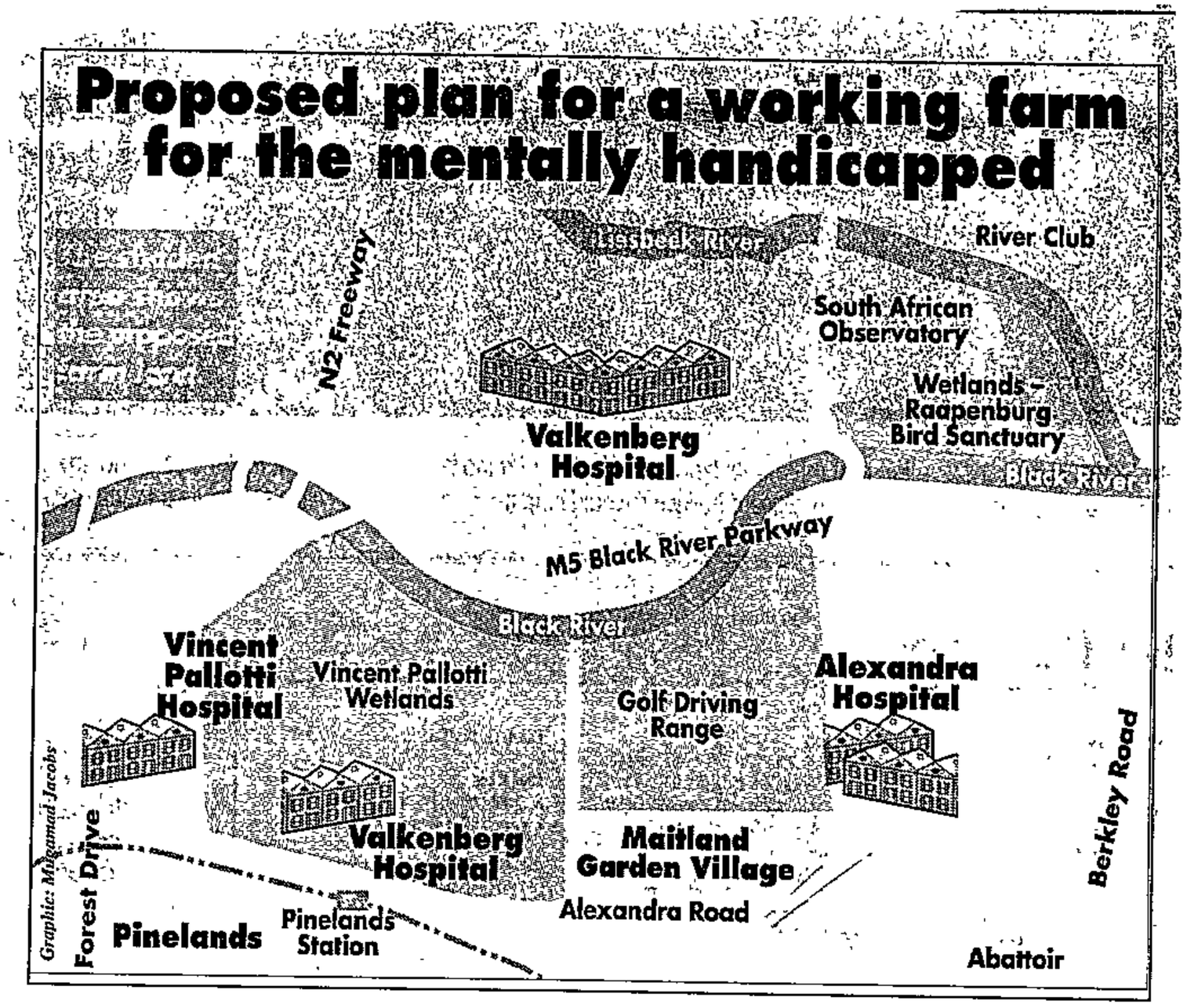
Willey is one of the main movers behind the farm project and has repeatedly asked the health authorities to consider it — so far without success.

"There is municipal land along the Black River near Pinelands, which is ideally situated for a working farm," he said.

The property was close to Alexandra and Valkenberg Hospitals, where many mentally handicapped patients are housed and could create up to 600 jobs for people who could never be accommodated in formal employment.

"The whole project will cost about R12,5 million to establish and could be self-sufficient once it's up and running," said Willey.

Meanwhile, the fate of the 97 Alexandra patients, some middle-aged, who are to be "returned" to their families at the end of the month is still uncertain. Some families are refusing to take them because they are a major disruption, nor do the families have the money to pay a nurse to watch them while they are at work.



BUDGET CUTS EMPTY BEDS

Group homes for mentally retarded

(98) CT 24/4/97

ESTABLISHING group homes for retarded patients the health system can no longer afford to keep in hospital is seen as essential by the provincial health department. **CAROL CAMPBELL** reports.

GROUP homes accommodating some of the mentally handicapped patients who will be discharged from the Alexandra Hospital, a psychiatric home in Maitland, at the end of the month have been approved by provincial Health MEC Mr Ebrahim Rasool.

In a statement yesterday Rasool said establishing the homes was essential to helping the 97 patients concerned to integrate into the community.

The patients are to be discharged as part of a provincial programme to cut costs in the health service.

The Western Cape health budget was cut from R2,364 billion last year to R2,165 billion.

This means the province no longer has money to maintain the existing health system.

Details of the group home scheme have yet to be worked out, but hospital superintendent Dr Linda Hering said a proposal would be submitted to the state treasury.

Who would fund the homes, where they would be situated, who would qualify to live in them and who would staff them, were major details that had to be worked out over the next three months, she said.

"We have some spare beds and cupboards which could be used to equip these homes."

The outgoing patients at Alexandra were chosen because of their individual circumstances and the circumstances of their families.

They are being discharged to make way for "acute" patients who are physically disabled or mentally ill, as well as retarded.

"What we need now is the commitment of the patients' families to get these homes going — this is a workable compromise," Hering said.

It cost the state about R3 200 a month to "keep" a patient in a hospital at Alexandra full-time, she said.

"The current policy is that once a patient has been admitted for longer than three months the family's financial responsibility ends and the government pays."

If the group home concept works, this type of policy will have to be reconsidered because the hospital no longer has the money to support all mentally handicapped patients

Rasool said a self-sufficient farm for the mentally handicapped was an option which also needed to be further explored.

Hering said the farm was an "ambitious plan" which could be developed over a number of years.

"For the type of person we are dealing with, the idea of seeing something like green peppers growing from seeds into a fruit could be very satisfying."

Rasool said there were 15 000 moderately to profoundly mentally handicapped people in the Western Cape, but only 3 481 beds in local psychiatric institutions — and only half of these were for the mentally handicapped.

● Some families who are upset with the hospital's decision to discharge patients have sought legal advice

Mr Cyril Prisman, from the law firm Hofmeyr Herbsteins, said letters had been sent to Hering, Rasool and national Health Minister Dr Nkosazana Zuma, advising them of the families' concerns.

"Dr Hering was very co-operative, so we have not had to get a court interdict to stop this discharge, but we have sought legal counsel on the issue," he said.

One family member said the patients' basic human right to safety and shelter were being violated by the discharge.

"If this goes to court it will test the Constitution — let's hope it doesn't go that far."

DESPERATE: At the end of the month Pat Albrecht will have to find new accommodation for her autistic daughter Belinda-Ann, 28, because of a decision by a psychiatric hospital to discharge "healthy" mentally handicapped patients. ***PICTURE: KAREN RETIEF***

Loving mom needs assistance

CAROL CAMPBELL

PEOPLE say there is nothing greater than a mother's love.

Mrs Pat Albrecht, a Muizenberg mother of three, has proved this by not turning her back on her autistic daughter Belinda-Ann, who lives at Alexandra Hospital, a state-funded home for the mentally handicapped in Maitland.

Belinda, 28, with 122 other mentally handicapped patients, is to be discharged from Alexandra on April 30 because budget cuts to the Western Cape health department mean the government can no longer support them.

"Surely the state has some responsibility to Belinda too. They've looked after her since she was 21 and now they are just pushing her out."

In future only the "very worst" mentally handicapped patients will be eligible for full-time state support and although Belinda cannot talk, go to the toilet unsupervised, bath or make herself a cup of tea, she does not qualify.

For Albrecht, the news of her daughter's pending "release" has been disastrous.

"Belinda needs to be watched round the clock. This means I will have to give up my career to take care of her," she says.

"I am not going to fetch her on April 30 — I can't bring her home and lock her in a room while I go to work."

Albrecht is a single mother. Her two healthy daughters, Tracey-Lee, 26, and Lee-Ann, 20, have left home, and except for her 81-year-old mother, Mrs Daphné Furter, she has no one to help her look after Belinda.

"Belinda's father left when she was two years old and my second marriage failed because I always had to put her needs first," said Albrecht.

The problem for Albrecht now is finding a place to take Belinda. The few homes who do take mentally handicapped adults are full and have waiting lists of more than 100.

Although Belinda has been in an institution for most of her life, her mother has fetched her every second weekend, phoned her every other day and tried to create a "normal" home for her two sisters.

"All I've ever asked is for her to be safe. I don't expect the state to teach her, just to keep her out of harm's way while I'm at work. I'll pay what I can but, please, somebody has to help me," said Albrecht

Why doctors avoid rural hospitals

BD 29/4/97 (98)

SA doctors are still spurning district hospitals. **Kathryn Strachan** wonders what it would take to attract them to the rural areas

A NEW report indicates that sightings of doctors in rural areas are more infrequent than had been thought.

Government's health department says it is working on a long-term solution, but nearly 18 months after the arrival of the first wave of Cuban doctors there is still no sign of incentives to draw experienced local doctors to these neglected areas.

Health department deputy director Ayanda Ntsaluba says the hiring of foreign doctors is only a short-term measure to tide over embattled rural services until enough local doctors are trained.

However, there is an array of incentives which could be offered to draw existing skilled local doctors to rural areas in the meantime. But proposals in this regard do not appear to be anywhere near coming to fruition.

Ntsaluba says it is not simply a matter of training more local doctors, but rather of coming up with innovative ideas on how to "reorientate" training so that medical students are encouraged to work in rural areas and equipped with appropriate skills for posting to outlying hospitals.

Rural doctors have other ideas. The first step is to look at the specific needs of rural doctors, says Stefan Morell, chairman of the Medical Association of SA's senior hospital doctors' association and deputy superintendent of Ngwelezana Hospital near Empangeni in KwaZulu-Natal.

Financial incentives are only a small part of the equation, he says; and points out that the substantial pay increases given to hospital doctors last year has yielded no change in attitude. "Senior doctors remain a rare species in rural hospitals," he says.

In cities there is one doctor to every 700 people, while in rural areas there is one doctor to every 10 000 to 30 000 people.

In his own analysis of the distribution of doctors, Morell has come up with the following: Of the 5 000 doctor posts in district and provincial hospitals, only 4 000 are filled. Of these, 2 000 are foreign doctors who have limited registration. Another 500 to 1 000 are foreigners with full registration. The remaining 1 000 to 1 500 are South Africans, most of whom are juniors trying to acquire practical experience to equip them for future careers — usually not in the public service.

The issue is not so much the number of doctors, but the quality. The lack of skills and leadership in rural hospitals is the cause for most concern.

"Without clear vision, dedication and commitment, change cannot be sustainable," says Morell. "Continuity is required, and neither contract workers nor junior doctors can fill these gaps."

The health department's postgraduate vocational training programme, due to start next year, will not affect rural hospitals, he says. Medical graduates will have to spend an extra two years at hospitals, yet these are the same academic city hospitals which were used for training under the old system. All this means that SA still desperately needs foreign doctors to provide service and leadership in rural hospitals, and to teach SA graduates the skills required to run these institutions.

Morell looks beyond the existing financial incentives to career opportunities and academic recognition for the solution to attracting doctors to rural areas.

An investigation he has conducted into why experienced doctors are leaving, or not joining, rural hospitals reveals the following:

- ☐ Few senior posts are available in district/provincial hospitals;
- ☐ A sense of academic isolation is experienced in the rural areas — specialising is important in furthering a medical career, and continuing medical education programmes are needed;
- ☐ Poor working conditions are common — a lack of equipment, computers, libraries and scarce opportunities for working with specialists all make a career in a remote area less attractive; and
- ☐ Bureaucratic problems — even if a suitable applicant is found, provincial service commissions frequently delay appointment for so long that even the most dedicated doctors look for better alternatives in the interim.

Other reasons included better opportunities elsewhere for educating children and finding job opportunities for partners.

Ntsaluba says the department, together with the eight medical schools, is looking at a strategy to train more SA graduates who are equipped to take over positions in rural areas. "We need to think more creatively and find ways of giving support to students who would be more likely to work in outlying areas."

They are looking at mechanisms for attracting students from provinces which have a dire shortage of doctors.

One mechanism is for these provinces to give study grants to students, who are then contractually obliged to return and work in that province for a set period.

In the meantime, the department will rely on the skills of foreign doctors through government-to-government contracts. There are no plans to recruit from countries other than those with which government has agreements — Cuba, Germany, the European Union and the United Nations.

The question that remains is, when will government's "long-term" strategy to attract skills to rural medical facilities start taking shape so that reliance on foreign assistance can end?

Defence review boosts hopes for stronger navy

BD 2/5/97 (854)

Wyndham Hartley

CAPE TOWN — The African National Congress (ANC) defence guru in Parliament, Tony Yengeni, has confirmed that the defence review will go to the Cabinet on May 14 with a recommendation to purchase submarines and corvettes for the SA Navy.

Yengeni said in a news briefing in Parliament this week that the "core force principle" had been accepted by his joint standing defence committee and this effectively meant there was agreement on both surface and underwater capabilities for the navy.

He said President Nelson Mandela had also given his support to the modernisation of the navy and this had added to the broad consensus which the proposals now enjoyed. This broad support was a result of the consultative nature of the review process.

He confirmed that the committee, of which he is chairman, would have completed its debate on the review in time for the finalised document to go to the cabinet in two weeks' time.

Only a few issues relating to equipment and force design remained outstanding. A further consultative conference with all stakeholders involved in the review would be held on May 16. This would be followed by a parliamentary debate on May 19. The final committee meeting on May 19 would allow another opportunity for public comment on the completed document.

Yengeni said there was no contradiction in granting further opportunity for public input after the cabinet because "the defence review will always be under constant review".

He said emotions were still high over the recommendation to expand the 'area-based part-time forces because this could perpetuate racially based military forces across the country. The part-time force was a necessary support mechanism for what would be a reduced permanent force. Yengeni said he was confident the committee would find a solution. The principle embodied in the review was for a smaller force than in the past.

In response to a question unrelated to the review he said he accepted that the situation in the country now demanded that the army act in support of the police domestically but that this was an undesirable situation which should not last forever.

He said the military was unsuited for law and order work because it would become politicised and soldiers were untrained for it.

Cabinet adopts paper on water

(123)

Stephen Laufer

BD 2/5/97

CABINET had adopted the white paper on national water policy on Wednesday, Water and Forestry Affairs Minister Kader Asmal announced after a meeting at the Union Buildings in Pretoria.

The document had "gone through on the nod" without discussion, he said. None of the cabinet committee ministers who voted a week ago to refer the white paper to the full cabinet for discussion made contributions at the meeting.

They had also not made submissions to the water affairs ministry as originally agreed.

Water affairs said water for basic human needs and the protection of ecosystems would be guaranteed as a right in terms of the white paper.

Water abstraction licenses would be issued for periods ranging between five and 40 years, while major users would be required to develop conservation strategies.

Draft bill gives government control of SA mercenaries

BD 2/5/97 (854)

Stephen Laufer

COMPANIES selling military assistance beyond SA's borders will in future need government's permission, the cabinet decided on Wednesday.

Anyone rendering military or military-related services without approval will be liable for a fine of up to R1m or 10 years in jail. These are the key provisions of a bill to be piloted through Parliament by Water Affairs Minister Kader Asmal in his capacity as chairman of the national conventional arms control committee, and Defence Minister Joe Modise, Justice Minister Dullah Omar and Foreign Affairs Minister Alfred Nzo.

The legislation proposes a two-stage control system similar to that governing the export of military hardware.

Individuals or companies seeking to market skills in the areas of military advice, training, support, combat, recruitment, medical services, equipment procurement, or individual and property security will need a licence. Should they successfully market their services, the mercenaries would have to apply for a second set of approvals before signing contracts.

Arms control experts said the envisaged system was an advance on the controls operating in most democracies. Because it did not operate with an outright ban, it had a greater chance of controlling mercenary activities which would not be driven underground by being outlawed totally.

The draft legislation gives SA courts jurisdiction over any contravention of the regulations committed outside the country. It will apply to citizens or residents of SA or companies registered or incorporated in SA.

The ministers said that applications would be refused outright if the sale of military expertise would result in the violation or suppression of human rights, endanger peace by destabilising a region, support terrorism, escalate conflict or prejudice SA's national or international obligations or interests.

Meanwhile, Reuter reports that government officials said on Wednesday that SA was seeking to cut border control losses estimated at R17bn a year by shutting two thirds of its 95 border posts for bulk commercial traffic. Previously fragmented border controls would be unified in future.

Also in a bid to tighten border control, the cabinet has decided that the number of SA airports authorised to clear international flights be cut from 36 to eight, Sapa reports.

The changes at land ports would take place within three months, and those at airports would be completed within six months.

Jacob Dlamini

...tation and the soil struc... gional co-operation.

Government rejects union claims as false

Union slams R12bn UK water offer

CT (BR) 1/5/97 (123)

FRANK NXUMALO

Johannesburg — Biwater, a British water company, has offered the government R12 billion to privatise South Africa's entire water and waste services, Anna Weekes, the South African Municipal Workers' Union (Samwu) spokesman, claimed yesterday.

The Samwu statement comes ahead of industrial action by the union in protest against the privatisation of municipal assets.

"Samwu will not allow our (South Africa's) water to be handed over for the profit of ... multinational companies without a fight," Weekes said.

"The fact that this sum is not public knowledge and that it covers the municipalities for the whole country seems to indicate a great deal of secrecy, which does not tie in with government and council claims that the outsourcing will be done in a democratic, consultative way."

Themba Khumalo, the spokesman for Kader Asmal, the minister of water affairs, dismissed the Samwu claim as "false and malicious" and warned the union of possible legal action.

"Anyone making such allegations is opening himself to serious legal action," he said.

It is also unlikely that Asmal would embark on the wholesale privatisation of water assets when his department's White Paper was held up by the Cabinet. The White Paper received Cabinet approval yesterday.

Moreover, the Constitution bars Asmal from intervening in water-management decisions taken by municipalities.

A senior source at the water department said it was unlikely that Asmal would hand over water services entirely to the private sector in one go, but that it would undertake a more pragmatic restructuring process.

However, Weekes said: "Samwu cannot be threatened by anybody. We stand by our opposition to secret deals and anti-privatisation position."

She said Samwu's information on the offer came from a reliable source in the department of water affairs, which could be revealed should the matter go to court.

Samwu, which has 112 000 members, said its research into water privatisation in other parts of the world had shown that it led to price hikes, a drop in the quality of service, and job losses.

Biwater has been controversially linked to British government arms for aid deals in Thailand and Malaysia. At the time, Biwater dismissed the allegations as "absolute nonsense".

Companies bid for Nelspruit services

Nelspruit — Five companies, including Biwater, the British multinational, submitted final bids yesterday to manage Nelspruit's water and waste services for the next 30 years.

The bids were submitted to the Nelspruit town council one day before the South African Municipal Workers' Union embarked on nine days of nationwide demonstrations in protest against the privatisation of public services. Etienne Garnett-Bennett, a Nelspruit council spokesman, said a committee would study the proposals.

Shock for municipalities from electricity changes

CT 1/5/97 (123)

A MAJOR SHOCK awaits municipalities with a large-scale restructuring of the electricity supply industry on the cards. Metro writer **PETER DENNEHY** investigates.

MUNICIPALITIES are going to lose their lucrative electricity undertakings as the electricity supply industry is restructured.

But, instead, they will be given the authority to impose a tax on the electricity which is to be used within their areas so local government does not face collapse through losing one of its important sources of revenue.

The central government is going to put a limit, or "cap", on how much this tax may be, according to the still-confidential Electricity Restructuring Interdepartmental Committee (Eric) report that the cabinet accepted last month

The Eric report is being held back so that the cabinet can consult all parties, including the unions, and decide on the details of what is to be done. Then it will appoint a "transformation team", on which the unions will have significant representation, to oversee the implementation.

More than 40 000 workers from 400 municipalities and Eskom will be affected by one of the biggest job restructuring programmes in South Africa.

This is possibly the largest reshuffle of jobs that the country has yet seen. Between 40 000 and 50 000 employees of 400 municipalities and Eskom will be affected.

No decision has yet been taken on how high or low the "cap" may be. But figures being mentioned are 10% or 12% of the overall money brought in by electricity sales.

This will not be an extra tax, because it will just replace the surpluses which municipal electricity undertakings generate. In effect, electricity is already taxed, because municipalities deliberately and consistently set electricity prices at levels higher than its costs.

The surpluses generated in this way vary from one local authority to another. In Cape Town's case, it was 9,5% in the most recently completed financial year (about R85 million of the nearly R900m that comes in through electricity bills).

Countrywide, the surpluses generated amounted to R1,7billion in 1995. This was spread out among almost 400 municipal electricity distributors. Mr Johan du Plessis, general manager for customer services of the National Electricity Regulator, said the R1,7bn amounted to between seven and eight percent of the distributors' electricity income.

The cabinet had asked how high the "cap" should be set to ensure that there would be no increase in the cost of electricity. The Fiscal and Financial Commission will be involved in the decision-making body that will eventually decide on where to set the "cap".

There will also be a levy to pay for the electrification of new areas, but this will be imposed "at the generation level" and collected at national level. The levy is already there; it just needs to be made transparent.

The Eric report's wording on the tax of electricity sales is interesting. It says municipalities should be given the authority to tax electricity sales "to specific types of clients", which suggests that other types may be exempt.

Du Plessis explained that the wording had been chosen to leave the 100 to 200 largest industrial customers — who already pay their bills directly to Eskom, rather than to the local council — the option of continuing to take their supply directly from the transmission system.

Many of them are exporters and one does not want to make the goods they produce less competitive by imposing a general tax on them essentially for the benefit of local residents. Besides, if big users have to be taxed by local authorities, Richards Bay, which has a concentration of them, will become a wealthy municipality.

Who should own the electricity infrastructure if the municipalities are to lose it? A new set of Regional Electricity Distributors (REDs) is likely to get it for free, in return for giving the municipalities shares

"These will be public companies ... the shareholders will be Eskom and local government," said Du Plessis.

POWER FOR PEOPLE: While disadvantaged people such as this Cape Flats family are getting power at last, there is a major restructuring shock in store for municipalities.

Asked whether it was likely that, in future, shares in such operations might be sold to the private sector, he said he did not believe such a venture would be attractive to investors "at this point" because of the burden of electrification.

The National Electricity Regulator has accepted the principle that the maximum number of financially viable Regional Electricity Distributors should be established.

"According to our financial modelling, there should be five REDs," he said. "If we had nine and used provincial boundaries, only two would be viable — Gauteng and the Western Cape. What would we do with the rest? We have to draw boundaries in such a way that we have viable entities. So the boundaries of your RED are likely to be larger than the boundaries of your province."

Final decisions on the number of REDs and their boundaries have not yet been taken. Du Plessis said REDs were likely to be only marginally viable, which was why private companies were less likely to be interested in taking shares in them.

Last year Eskom made available R300m to local authorities for electrification. This was in compensation for their being charged a higher rate than the internal transmission tariff at which Eskom distributors buy electricity.

The offer was "over-subscribed", in the sense that applications from local government came in for a billion rand's worth of projects. The National Electricity Regulator had to be selective.

This R300 million was allocated to almost 100 local government distributors for electrification projects which, when completed, will yield more than 200 000 connections this year.

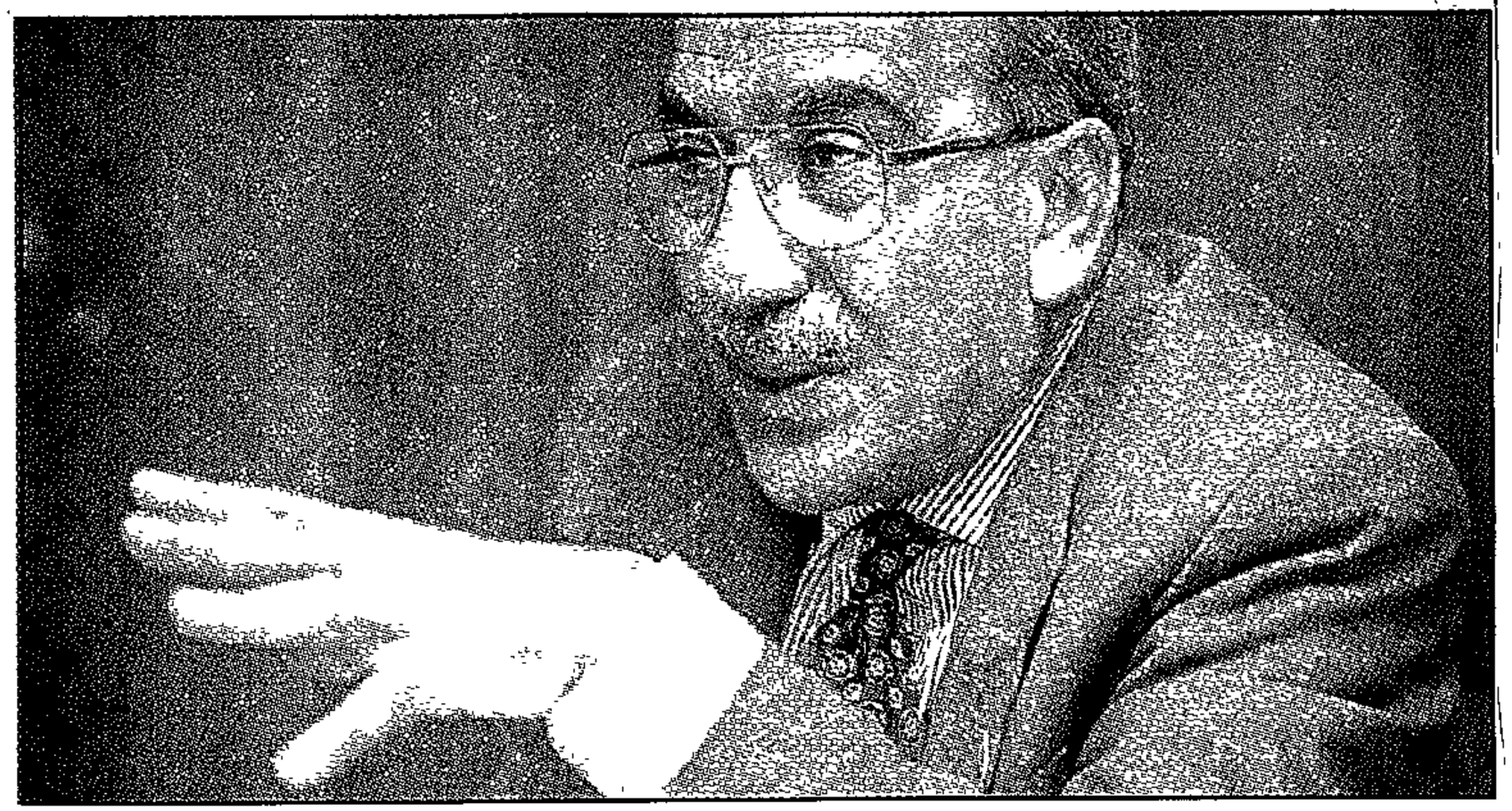
"This represents a tremendous increase in new connections made by local government distributors compared to last year," according to the National Electricity Regulator's newsletter. Yet half the dwellings in this country still do not have electricity.

Asmal's plan is no drop in the ocean

(123) (ST) 4/5/97

Building on past success, the minister's white paper puts water affairs in order

RAY HARTLEY
Political Correspondent



MAKING A SPLASH: Kader Asmal, architect of a new water system Picture: NICKY DE BLOIS

WATER Affairs Minister Kader Asmal is not one to miss out on an opportunity for publicity.

This week he announced a ban on mercenaries, released a white paper on water policy and crossed swords with a daily newspaper.

But, whatever you may think of Asmal's appetite for public exposure, you would have to admit that this weekend he had something to crow about — the announcement that a million people had been given access to clean water since he took office in 1994.

Asmal celebrated with the inauguration of the Moddersspruit Water Supply Project in the North West province yesterday. The project will see the introduction of a new device to ensure its service and maintenance costs are paid for by its end users. To get access to the scheme's water, they will be required to insert a pre-paid card into a metering box.

This will ensure, said Asmal, the project does not go the way of 600 000 water schemes in Africa, that stand unused because no planning was done for maintenance.

From his 10th floor office in downtown Pretoria, Asmal sketched the scenario South Africa has wanted to avoid: "When the thing broke down, the men continued smoking dagga and the women had to walk six miles to a well."

More than a mere device to ensure the project can be sustained, the card system serves as a symbol of Asmal's greater ambition — to put a price on water wherever it is drawn and consumed in SA.

In his white paper, approved by cabinet on Wednesday, he took the idea further, proposing "The policy will be to charge users for the full financial costs of providing access to water."

The paper, entitled A National Water Policy for South Africa, became the subject of some controversy after Business Day reported it had been rejected by a cabinet sub-committee last week.

Asmal called the story "scurrilous and inaccurate". In a response published in the newspaper the next day, he said there had been no disagreement on the substance of the document, only on the procedure he had followed.

What appears to have irked his colleagues is that they were given the final version of the white paper at the cabinet committee meeting, making a mockery of their inputs.

The storm caused Asmal to postpone a planned function to release the document.

But, whatever transpired at the committee meeting, on Wednesday Asmal pronounced the document had been passed without any objections.

He said by getting everyone to pay what he called "an economic price for water", he would get South Africans to respect what is becoming a dwindling resource and curb its uncontrolled use.

"The problem is everyone thinks that every time it rains, you're okay for another four or five years," he said.

The policy has already been implemented by bulk suppliers of water to the cities. "If you live in Sandton, you will have noticed your water bill has changed. People are using less water because the price is higher."

The policy will emphasise better management of existing water resources. The first step, he said, would be the identification of "vulnerable areas" where users would be required to register to be allocated water. Asmal was at pains to stress he was not leading a "water grab", but rather trying to decentralise control by getting local authorities in catchment areas to manage the way their water is used.

"Unless you put in place a vast bureaucratic system, you've got to put it in the hands of those in the catchment area," he said.

SA may have 'fair housing' laws soon

(123)

Sowetan 7/5/97

By Dan Fuphe

SOUTH Africans may soon have "fair housing" laws, similar to federal legislation in the United States which prohibits discrimination on the grounds of race, creed and colour in the sale and renting of residential property.

This is the view of Estate Agent Board general manager Andrew Harrison.

"We expect that legislation will be passed to specifically outlaw discrimination in property transactions. It is obvious, for example, that landlords and corporate bodies should be prohibited from discriminating against prospective lessees and purchasers on any discriminatory grounds," Harrison said.

Unfair discrimination

He noted that Section 9 of South Africa's new Bill of Rights provided in general for legislation to be enacted to prevent or prohibit unfair discrimination, adding that it was imperative that lawmakers went even further to stay ahead of undesirable practices which contravened the concept of fair housing but were hard to monitor or prove.

He said among other things the discriminatory practices included "blockbusting", a term which referred to the practice of inducing or attempting to induce someone to sell or rent his property on the pretext that people of a particular race, colour or religion will be moving into a particular neighbourhood.

Harrison said that among some of these inferences made by estate agents to property owners were warnings against the changing character of the neighbourhood; falling property values; and bad schools or undesirable elements.

Meanwhile Harrison reiterated that the Code of Conduct for Estate Agents already afforded consumers of estate agency services broad protection against discrimination because it stipulated that agents could not deny equal services to any person for reasons of race, creed, gender or nationality.

Reforms will give homeowners more muscle

Star 7/5/97

(123)

By Jovial Rantao
Political Correspondent

Cape Town – Housing Minister Sankie Mthembi-Mahanyele has unveiled a package of housing reforms aimed at protecting consumers against shoddy workmanship and unscrupulous builders, increasing the delivery of rural housing, and giving new housing powers to local authorities.

Introducing a debate on the housing budget vote yesterday, Mthembi-Mahanyele announced that legislation would be tabled in the National Assembly to turn the National Home Builders' Registration Council (NHBRC), the building industry's self-regulatory body, into a statutory organisation.

"It's a matter of concern to me that some builders are not fully committed to transformation and to the upliftment of our people.

"They're not meeting the standards of construction expected of them. This is simply unacceptable. I'm not prepared to take any risks when it comes to the issue of new homeowners and building standards," she said.

Mthembi-Mahanyele also revealed that as a result of the NHBRC's work, 14 builders had already been deregistered due to non-compliance with regulations.

She also announced that a draft bill would be introduced in Parliament to give local authorities powers to administer national housing programmes, to plan, budget, manage, administer and maintain housing provision once capital investment had been made.

"Housing is about fulfilling a basic human need: the availability of land, affordability, basic services, economic growth, social development and environment.

"Municipalities will be obliged to deal with these issues. They will now be able to offer new homeowners best value for money by introducing more competition," Mthembi-Mahanyele said.

She also announced new measures to increase housing delivery in rural areas. Reforms would focus on occupational rights for land formerly administered by the SA Development Trust, former self-governing territories and increased access to rural housing loans.

"New initiatives approved by the Cabinet should see a substantial boost to the delivery of housing in rural areas," she said.

Parliamentary housing portfolio committee chairman Titus Mafolo called for the establishment of minimum standards and a "political decision" on whether a special land price should be determined for low-income housing.

WATER POLICY

Good model, but will it fly? (123) FM 9/5/97

Resources will be best managed by interested parties

Cabinet has given Minister Kader Asmal's national water policy the nod. Now the big question is whether there will ever be the capacity to administer it effectively.

Its main emphasis is on conservation, not supply. That broadens management responsibilities. To meet them, SA will be divided into catchment areas. Those running them will have to administer consumption quotas, decide the period of each quota, monitor pollution and levy charges on those causing it, as well as finance and build catchment area infrastructure.

"The approach is to move in a phased manner," says deputy director-general Mike Muller, "to work in pilot areas in particularly water-stressed regions, developing approaches within them." Another aim is to avoid creating a huge bureaucracy.

The water principles approved by Cabinet last November demanded "the institutional framework for water management (should be) . . . self-driven and minimise the necessity for State intervention," and that "responsibility for the development, apportionment and management of available resources shall, where possible and appropriate, be delegated to a catchment or regional level in such a manner as to enable interested parties to participate."

Informal groups are already collaborating, Muller says, to reconcile the interests and needs of various water users in particular areas. "They provide a foundation on which to build management of catchment areas."

But the proposed abolition of riparian rights, and the right to use freely whatever can be produced by a borehole on your land, could cause bitter arguments about who gets what in future water allocations.

Agriculture (and industry) could suffer by finally having to pay water's full price It has long been heavily subsidised because it was seen by the former government as strategically important and the capital cost of dams and delivery infrastructure ended up in a central pool of government debt With the department under no obligation to meet the servicing costs, let alone amortise debt, water charges often failed to cover even infrastructural operating costs

The pressure of higher water charges is already being felt by farmers, who account for more than half of all water usage. During each of the past two years, says Muller, they have had to pay about 30% more for what they took from government water schemes When a new Water Act is passed, they will have to pay for all water regardless of source.

"We don't want to create disincentives to using water," says Muller, "but we do want it to be used productively and well." Failure to do so, he points out, means building transport systems to bring it from remote sources.

John Collings

Water Affairs Minister Kader Asmal . . .
emphasis on conservation

Fury over new housing levy

CP 11/5/97

(123)

Experts say it's ineffective and 'illegal'

By ALI MPHAKI

MILLIONS of unsuspecting first-time low-cost home-buyers face an added burden to their bond repayments with the imposition of a levy for a warranty that experts say is ineffective and inoperable.

The funds collected from the levy are said to be meant for correcting faulty construction in low-cost housing. But what irks residential developers is that the warranty set out by the National Home Builders Registration Council (NHBRC) contains 18 exclusions which prejudice the common rights of those it is meant to protect.

Already legal opinion is being sought by a group of residential developers in Gauteng concerning "misconduct" and "collusion" by the banks in imposing the 1,3 percent levy on loans under R65 000.

The banks also want the levy to cover loans of R250 000 and below.

Developers say it is illegal to impose a condition on a bond.

☐ In a bid to ease growing tensions within the residential property industry, Housing Minister Sankie Mthembi-Mahanyele this week unveiled plans to protect consumers from unscrupulous developers by making the registration of builders using government subsidies compulsory.

The plans include granting statutory recognition to the NHBRC to help it impose acceptable standards of construction. A bill making the council a statutory body would be published by June and builders seeking to access credit would have to register with the council.

☐ This week the Competition Board said it viewed the banks' decision to extend their collusive activity to cover loans of R250 000 and below – which technically is unlawful – in a very serious light.

EASING TENSION . . . Housing Minister Sankie Mthembi-Mahanyele wants builders to register.

The banks, under their umbrella wing Cosab, were granted an exemption to encourage the financing of small housing loans (less than R65 000). The Competition Board says it is unlikely to allow an extension to the current exemption, but it is also considering recommending to the housing minister that the current exemption be withdrawn.

Mike McFarlane, a spokesman for the residential developers, said as far as they were concerned, the imposition of the levy amounted to illegal money-gathering.

He said the application of countrywide fees was also worrisome, as there was no way the NHBRC could provide service in many areas.

"They must have an enforceable warranty. And, as an consumer, can I decide if I want the warranty or not? And is the public aware that the price they are paying for a property has been increased to accommodate the levy?" he asked.

McFarlane wanted to know what had happened or would happen to the money already collected and who was going to administer the funds.

He said the developers' primary concern was that the NHBRC was neither accountable nor transparent.

"They have wide punitive powers and there is no control over how they are to be used," he said.

☐ An executive director of Bifsa, Ian Robinson, said while his organisation welcomed the minister's announcement, Bifsa members were extremely dissatisfied withcertain aspects of the scheme.

He said the NHBRC was originally intended to protect buyers of low-cost housing of up to R65 000, but this had been extended to houses of less than R250 000.

"Why do this when there is no commitment from the council to rectify defaults, but only to endeavour to do so? It is unfair to charge a levy when consumers might not benefit. It also seems pointless to further inflate the housing market when the inflation factor is already so high," he said.

The NHBRC has enrolled more than 20 000 houses since its inception in June 1995 and it expects this to swell to 65 000 by the end of this year.

So far, 11 home builders have been de-registered for not complying with the rules set out by the NHBRC. These de-registered home builders will no longer be able to obtain mortgage bonds for their house-buying customers.

☐ But the CEO of Bosab, Bob Tucker, said he welcomed the housing minister's announcement this week to protect consumers from unscrupulous developers.

He likened the imposition of the levy to buying insurance for a car, adding that there were far too many examples of rogue builders who had ripped off the public, especially first-time homebuyers, by putting up a "rubbish" house.

He said he was aware that the banks were colluding in imposing the levy, but said it was now up to the individual banks to determine the amount of the levy.

Tucker said it was pleasing that the NHBRC was now going to be made accountable.

SADC must 'look at local competition'

BD 13/5/97

John Diudiu

IT WAS important that products manufactured by the Southern African Develoment Community (SADC) become competitive in the region before going to the tough global market, SADC executive secretary Kaire Mbuende said yesterday.

Speaking in Gaborone at the official opening of the three-day conference to discuss the planned SADC trade protocol, he said the protocol, signed by the SADC's 12 government members last August, sought to free trade among the bloc's member states over the next eight years.

The world's economy was dominated by industrialised nations whose competitive products were manufactured by high technology machines, Mbuende told delegates at the seminar, co-sponsored by the US Agency for International Development.

He said while developing nations could not be compared "at the same level as developed countries", it was important that they enhanced their competitive edge in the regional market first. It should be used as a "launch pad for the international market which has become globalised, more complex and highly competitive".

In his opening remarks to the conference, attended by nongovernmental bodies, business, governments and donor organisations, he painted a picture of the changed global environment under which efforts to free trade in the SADC were occurring.

"The economic sphere has condensed and the capacity to regulate economic life as individual governments has shrunk, leading to integration and interdependence of national economic processes which underscore the necessity for a comprehensive regulatory framework capable of ensuring a sustainable and equitable path ... and development for all regional members," he said.

The trade protocol, which the SADC hoped would have been ratified by all governments in August this year, sought to provide a comprehensive regulatory framework which facilitated intra-regional trade and cross-border investment and prepared the region for integration to the global economy.

He said the conference should address a range of issues. These included trade facilitation — entailing standardisation of customs documentation, declaration procedures and settlement systems — as well as removal of non-tariff and investment barriers and tariff reduction schedules.

"We are working on the tariff reduction schedules which will be subjected to negotiations through the trade negotiation forum at the end of this month," he said.

Consumers to bear burden of full water costs

BD 13/5/97 (123)

Robyn Chalmers

TOMORROW'S launch of a white paper by Water Affairs and Forestry Minister Kader Asmal will herald the beginning of a new dispensation in SA. For the first time consumers will pay the full financial costs of water.

Analysts said the white paper, which will outline SA's new national policy, would have a major effect on water users, but particularly on business users and middle to upper income consumers. Provision would be made for certain water charges to be waived for specific groups, particularly the poor and previously disadvantaged.

"The major water users in SA, such as the mining industry, will have to look closely at their use of water; they will probably have to come up with conservation programmes and deal with a tougher approach to the pollution of water resources," said one analyst.

The main thrust of the white paper, recently approved by the cabinet, would be the improved management of water and provision of such services.

Asmal recently said that if government did not place water use and management on a new footing and establish a framework to ensure that it could be effectively used and protected for future generations, any gains made would be shortlived.

"The uses to which water has been put in the country (in the past) have largely been for a dominant class and group which had privileged access to land and economic power. The law has inevitably served their interests (and) the victory of democracy demands that the water law be reviewed," he said.

Asmal said that although a system of charges for water usage would be introduced, provision would be made for these to be waived for a period where necessary. For example, equitable direct access to water for productive purposes — such as agriculture — could be provided for groups to whom it was not historically readily available.

The riparian system of allocation, whereby the right to use water has been tied to the right to ownership of land along rivers, would effectively be abolished, although in most cases there would be no immediate change in water uses.

A department spokesman said the issue of users being charged for the full financial costs of access to water would be done on an equitable basis and according to a realistic programme.

The spokesman stressed that no particular group was being targeted, although industry would come under pressure to further clean up its activities. Local governments, and the domestic users they served, would have to analyse the way they used water, focusing especially on preventing waste.

Kyalami the guinea p

Josey Ballenger

THE minerals and energy department and the US environmental protection agency (EPA) "launched a R300 000 Clean Commute initiative yesterday to promote energy efficiency, traffic reduction, environmental protection and local business development through employer-sponsored transport plans.

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NEWS

280 000 to be given housing subsidies soon

Total 800 000 for year

(123)

WILLIAM-MERVIN GUMEDE
POLITICAL STAFF

ARG 14/5/97

The national Department of Housing will soon approve 280 000 housing subsidies to add to the more than 500 000 already granted, says Housing Minister Sankie Mthembi-Mahanyele.

This would bring the number of subsidies by the end of the year to about 800 000, she said when she introduced debate on her budget vote in the National Council of Provinces.

More than 555 000 subsidies had been released and more than 212 420 houses had been built or were being built.

She said the Mortgage Indemnity Fund had created more than 90 000 new loans, worth R6,2-billion, in 489 areas covered by the programme.

The major focus of the government's housing policy was on those who earned less that R3 500 a month.

"Our housing policy empowers those neglected by the social system that operated in the past, those who were kept outside the comforts of the economy of this country – the poorest of the poor," she said.

She said great strides were being made in upgrading informal settlements throughout the country.

During the debate several council members highlighted the need for rental accommodation as an alternative to ownership.

Private sector employers should be encouraged to not only assist their employees to buy their own houses, but to build additional houses, which those who did not want to own property could rent, they said.

Cosab's housing loan agreement is rejected

(123)

Lukanyo Mnyanda

BD 14/5/97

THE Competition Board had ruled against the Council of SA Banks' (Cosab's) agreement to cover housing loans valued at less than R250 000 in terms of the National Home Builders Registration Council, Cosab said yesterday.

The council was formed more than two years ago to deal with consumer complaints about shoddy workmanship, especially in the low-cost housing market. The council was originally intended for houses worth less than R65 000 before the extension to R250 000, which prompted disapproval from the Building Industries Federation of SA (Bifsa).

Bifsa executive director Ian Robinson welcomed the move yesterday, saying there was sufficient consumer protection in the upper-income market through contractual and other agreements.

The council required its members, and ultimately consumers, to pay 1,3% of the house's total value into its insurance fund and extending this to houses in the higher-income bracket would have amounted to an inflationary addition to the cost of housing.

Cosab said the banks had taken note of the board's decision and requested a meeting to discuss the issue. "In the interim it will be up to individual banks whether and to what level they will require cover in terms of the council's scheme."

Cosab also came out in support of Housing Minister Sankie Mthembi-Mahanyele's plans to give statutory powers to the council and make registration and participation in its insurance scheme compulsory for all houses up to a value of R250 000.

"Far too many first-time home buyers have suffered huge financial losses as a result of defective house construction. It is the banking industry's view the only way to satisfactorily protect innocent home owners is through compulsory warranty schemes."

Rapid rise in home subsidies

(123) CT 14/5/97

POLITICAL STAFF

THE government predicts that by the end of the year nearly 800 000 housing subsidies will have been processed.

National Housing Minister Ms Sankie Mthembi-Mahanyele, who delivered her ministry's budget vote in the National Council of Provinces yesterday, said last week's achievement of 500 000 subsidies would grow by about 280 000 by the end of the year.

Housing ministry spokesperson Ms Mandy Jean Woods said the subsidies were for about R14 000 a unit.

- Western Cape 311 261 subsidies amounting to R3 719 375 773 had been approved.
- In the Eastern Cape 34 956 subsidies amounting to R451 919 25 had been approved.
- In the Free State 36 790 subsidies amounting to R504 457 362 had been approved.
- In KwaZulu-Natal 77 730 subsidies amounting to R951 995 590 had been approved.
- In Mpumalanga 40 096 subsidies amounting to R400 357 406 had been approved.
- In North West 33 382 subsidies amounting to R464 860 655 had been approved.
- In Northern Province, 12 052 subsidies had been approved.

Wiese warns on consumer opportunism

Home loan rules to be tightened

1231 CT (BR) 14/5/97

CHRISTO VOLSCHENK
ECONOMICS EDITOR

Cape Town — The Reserve Bank is planning to act to stem the relentless growth in the use of home loans to finance consumer spending, Christo Wiese, the registrar of banks, said in the Bank's annual report tabled in parliament yesterday.

Wiese said the Bank would tighten the capital prudential rules of banks by increasing the risk weighting of home loans "to reflect the real risk inherent to home loans".

The tightening of the capital-adequacy requirements had already been discussed with the Council of Southern African Banks (Cosab), which had declared its "conditional support" for the move.

Bob Tucker, the chief executive of Cosab, said yesterday that the use of home loans to finance consumer spending was a "legitimate concern" of the registrar of banks.

The regulations in the Banks Act accords a risk weighting to mortgage-related lending of 50 percent. A new risk weighting had not yet been agreed between the Reserve Bank and Cosab.

"Cosab would be willing to sit down and discuss the review of the risk weighting with the registrar of banks. However, only the amount lent above 80 percent of the valuation of a home should carry a higher risk weighting," Tucker said.

Wiese said the Reserve Bank "had become increasingly uncomfortable" with the growth in home-loan lending by banks, and with the increasing number of home loans in arrears.

From December 1994 to December last year home loans grew by 38 percent.

Arrears grew by 24 percent to R5 billion in the same period. At the same time the value of security held decreased.

"Provisions and security held as a percentage of overdues dropped from 102 percent in December 1995 to 90 percent in December last year," he said.

"Apart from extending home loans to finance consumer spending, banks are also extending new home loans up to a higher percentage of the valuation of homes than was previously the case.

"The risk weighting of 50 percent is in line with the Basle agreement of the Bank of International Settlements, but these bank practices causes unease," Wiese said in the annual report.

Tucker said banks had surplus capital and an increase in the risk weighting of home loans should not push any bank's capital-to-asset ratio below the required 8 percent.

He said an increase of the risk weighting on the amount lent above 80 percent of the value of the home should also not materially affect the banks' return on capital.

The Reserve Bank cautioned in the annual report that at 67 percent of disposable income, household debt of South African consumers "exceeds the international average of comparable countries by a considerable margin".

The bank said the "recent marked increase in the debt is cause for concern".

Crime pushing up the price of low-cost housing

Star 14/5/97 (123)

Developers charging more and delivering slowly because they are losing materials and having to pay to protect their workers

By Bongiwe Mlangeni

Crime is slowing down the pace of housing delivery and causing low-income home buyers to dig deeper into their pockets as some developers increase house prices by 2%, experts say.

They say affordable houses in most townships are built at a slower pace than expected because some developers experience theft, car hijacking, intimidation and assault.

Such crimes are so common that developers often hire private security companies to protect their equipment and builders.

One developer, Pat Culligan, of Culligan Homes, said some developers in areas affected by violence or crime were pushing property prices up by 2% to cover their losses.

He said the crime wave had also forced many developers involved in low-cost housing to shift away from normal building practice, and to install items like window frames and doors once the home buyer had moved in.

"Normally the buyer would move in when the house is complete but this is impossible in some areas," he said, adding that violence and crime were also making some developers reluctant to build in certain areas.

It is believed that more than half of the 3 590 registered developers involved in the building of about 23 000 affordable homes have had a brush with crime.

Redmond Taggart, spokesman for the South African Residential Developers' Association, said many builders had complained of intimidation and of bricks and other equipment being stolen on site.

Servcon employees have also been victims of crime. Servcon is a joint venture company between the Government and banks which approaches occupants of repossessed houses to repurchase their houses or find affordable homes.

Managing director Denis Creighton said that in one year about 10 Servcon employees were hijacked and two were shot at while visiting Gauteng townships.

Areas considered to be unsafe for builders include Tembisa, Katorus and some parts of Soweto.

Cabinet nod for committee to boost Olympic bid

BD 15/5/97 (208)

Jacob Dlamini

CAPE TOWN — The cabinet yesterday approved the creation of a high-powered lobbying committee chaired by Sports Minister Steve Tshwete to boost Cape Town's 2004 Olympic bid.

Tshwete said the committee would target Africa, Asia and Latin America in an extensive campaign to secure support for the bid.

The campaign would be financed by a special fund set up outside the government fiscus with donations from foreign companies supportive of Cape Town's bid, Tshwete said.

He said officials in SA's foreign missions would market the bid to the international community and ministers on overseas trips would be expected to lobby for it.

Tshwete said the campaign would emphasise that Cape Town's bid was an African venture in order to dispel the "subdued complaint that the Africanness of the bid did not show itself". Tshwete said the committee would work in close co-operation with the bid company while maintaining a high political profile.

Asmal announces plan to boost water supply

BD 16/5/97 (123)

Jacob Dlamini

CAPE TOWN — Plans to speed up the delivery of water supply projects and to guarantee free recreational access to privately owned forests were announced by Water Affairs and Forestry Minister Kader Asmal yesterday.

Asmal said his department had introduced a new system to involve the private sector in the provision of water supply projects and training of local authorities. In terms of the build, operate, train and transfer system, tenders would be granted on an area basis for the building of a water supply project.

The successful company would be expected to operate the project for a limited time, during which it would be expected to train the local authority and the community. Asmal said the department had received 25 tenders for contracts worth about R700m.

He said the system would initially be applied in the Eastern Cape, KwaZulu-Natal, Northern Province and Mpumalanga, which accounted for 80% of the backlog. The tenders, in which black business involvement was a requirement for local and foreign firms, were being considered by the tender board.

He said local government was responsible for the provision of water services and it was the department's task to help it develop the capacity.

Asmal said there would soon be an announcement about a transformed hiking board, which would contribute to the opening up of SA's countryside. He said the community forestry action programme, which provided fuel wood and building timber to rural communities, had resulted in the planting of 4-million trees in three years.

Robyn Chalmers reports that the Forest Industries Association, which represents the majority of all commercial timber growers, said yesterday the national water policy could have serious implications for the industry, which feared it could find itself having to obtain permission to use and to pay for rainfall.

Fights erupt at Pretoria school

Kevin O'Grady

RACIAL violence flared for the second day at Pretoria West's Elandspoort High School yesterday, but officials were confident classes would resume peacefully today, a police spokesman said.

One pupil, Chris Janse van Rensburg, was injured in yesterday's fighting, which started on Tuesday after two black pupils were allegedly assaulted for insulting a white teacher. The school was closed early on Tuesday and again when fighting resumed yesterday.

Nobody had been identified as responsible for yesterday's attack on Janse van Rensburg, police spokesman Capt George Francis said.

He said one white parent arrived at the school armed with a rifle yesterday but was persuaded to leave. Other white parents threatened to take their children out of the school.

The violence resumed yesterday when two black pupils confronted a white boy and allegedly started punching him.

CONSTRUCTION

800 000 short of targeted million houses by 1999

Sankie Mthembi-Mahanyele, the housing minister, has about 800 000 houses to build in the next two years to meet the government's promised target of 1 million houses by 1999.

Mthembi-Mahanyele said yesterday in her budget speech to parliament that 200 000 houses had been built to date or were under construction.

She said more than 555 000 subsidies had already been released. The main beneficiaries of these were people earning R800 a month or less and the unemployed.

Meanwhile, the minister also announced new legislation was being prepared to make the National Home Builders' Registration Council an official body to protect consumers against shoddy workmanship and unscrupulous builders. — *Mpho Mantjiu, Johannesburg*

PRICE HIKES MOOTED FOR CONSUMERS

'Revolution' to save us from water blues

(123) (B)
CT 15/5/97

A NEW NATIONAL policy to discourage the excessive and wasteful use of water was released yesterday. Environment Writer **MELANIE GOSLING** reports.

THE white paper on a national water policy released yesterday heralds a "blue revolution", which will see huge changes to the way in which the government manages the country's water resources.

The changes will have major effects on water consumers across the spectrum. While the white paper will lay down a framework policy under which millions of people will have access to laid-on water for the first time, other sectors of society which use vast quantities of water will pay higher prices on the principle that the more they use, the more they pay.

Some of the key proposals are:

● A new tariffs policy which will mean price hikes so that consumers pay for the "real" cost of water, including costs of infrastructure and management of catchments.

● Only water for basic human needs will be guaranteed as a right.

● The scrapping of the riparian system, which means landowners will no longer have a right to extract water from rivers which run through or next to their property.

● Water allocations will no longer be permanent, but will be allocated for a limited period only.

● All water, including that underground and rainfall, will be regarded as a common resource over which the government will have custody.

Water Affairs Minister Mr Kader Asmal said in his budget speech in Parliament yesterday that the new water pricing policy was designed to discourage excessive and wasteful use.

"The cost of water for basic human needs, for washing, cooking and drinking, must be within the reach of all South Africans. But those who waste, over-use or harm our water through watering large lawns in wealthy suburbs, through irrigating during the hottest part of the day, through dumping rubbish into our streams, must pay the penalty for such profligate use and abuse of this precious national resource," he said.

The tariff policy will include a "lifeline tariff" where everyone will pay the same for the water needed "to keep body and soul together", he said.

He said in South Africa the poor had been subsidising the rich for water usage until now, because those people who used a lot of water were not paying the real price for it.

An example was the households in Constantia, where the average daily water use was a huge 1 760 litres.

The white paper also provides a framework whereby consumers will pay for the cost, in the form of levies, of managing of the water catchment areas. This will include the cost of eradicating "thirsty" alien vegetation, the rehabilitation of degraded water resources and the administrative costs of Catchment Management Agencies, which will be established over the next few years.

The paper states that South Africa is an arid country with a rainfall lower than the world average. There are only 1 200 kilolitres of water available for each person in the country — less than that available in drier countries such as Namibia and Botswana.

South Africa was on the threshold of being a "water stressed" country. Within a few years population growth would push it beyond the threshold.

The "blue revolution" of the new water policy would ensure South Africa would survive well into the future, despite the vagaries of the country's water resources.

"The threats of global climate change, of increasing frequency of extreme events such as floods and droughts, of growing desertification, are threats we should not dismiss lightly. Their impact on a country already as short of water as ours, could be devastating if we do not prepare well in advance," Asmal said.

Home design could save Gauteng R1bn

Josey Ballenger

BD 19/5/97 (123)

MORE than R1bn in health and energy costs in Gauteng can be saved annually if only 50% of the low-cost housing stock is built to the principles of "passive solar" design, according to a study conducted by the minerals and energy department.

Furthermore, more than 4-billion tons of greenhouse gases would not be released, halving child mortality caused by air pollution, and an estimated 200 000 jobs would be created. Disposable incomes of poor households would increase by more than 50% owing to the reduced need for heating fuel.

The design criteria include a north-facing front, calculated window sizes and positions, ceiling insulation, roof overhang and a light-coloured roof — minimising excess sunlight in summer and maximising light absorption and heat retention in winter.

"It is an easy concept but has major implications," said Pretoria University's Dieter Holm, a consultant to the department, at a showcase on Friday of 53 homes in Mohlakeng, Randfontein.

"It has been shown that the old type of housing places unrealistic monetary burdens on those who can least afford it, which — in part — leads to non-payment where townships have been electrified, but also explains why inhabitants of townships continue burning wood and coal for space heating. The result is air pollution five to eight times admissible world standards," Holm said.

He said the minerals and energy department, which is advising the housing department on the design, aimed to build 3 200 houses on the model. The houses range from 20m² to 60m², with a 40m² home costing R50 000.

Bank staff to join protest marches against robberies

BD 20/5/97 (~~78~~) (~~294~~)

Business Day Reporter

GOVERNMENT and the banking industry would liaise on bank robberies through a special committee that has been set up, Council of South African Banks CE Bob Tucker said yesterday.

After a meeting between members of Cosab's board and executive, safety and security ministry officials and the police, Tucker said bank staff would join protests against bank robberies.

Major banks would allow their staff to join the protest, planned for Thursday, organised by the South African Society of Bank Officials (Sasbo), and branches would be closed in areas where the protests were due to take place.

Reuter reports that Sasbo spokesman Ben Venter said: "We expect 50 000 to participate in protest marches."

Tucker said there was a high level of commitment on the part of the police and the ministry to addressing the bank robbery crisis.

Nine suspects were arrested at the weekend and rapid response units and a central investigation function had been established. Police believed they were making progress in identifying four syndicates involved in bank robberies.

Tucker said banking representatives agreed police initiatives were in the right direction, but were anxious that real substance was given to those initiatives.

The following issues were identified for urgent consideration:

- ☐ The identification and recruitment of foreign experts in the areas of rapid response, investigation of bank robberies, and investigation of crime syndicates;
- ☐ That significant rewards be provided as an inducement to people with information for taking the risk of providing it;
- ☐ Resourcing the special units as it was clear that the units did not have all the necessary resources to be fully effective; and
- ☐ Close liaison in relation to statistics and communication.

He said the justice and correctional services ministries had to be involved in the campaign to ensure that criminals were not only caught but that they were successfully prosecuted and jailed.

Govt denies vendetta against newspaper

Reneé Grawitzky

SWAZILAND's government denied claims yesterday that it intended closing down the country's only independent newspaper, The Times of Swaziland.

This came in the wake of calls from a number senate members last week for the government to close the publication.

However, the government has apparently ordered most government departments and parastatals — such as posts and telecommunications, and electricity — not to advertise in the newspaper.

Advertising from parastatals and government departments amounts to about 50% of the newspaper's advertising revenue.

The Times' news editor, Vusi Ginindza, confirmed the verbal order yesterday and said the paper had alreadyhad cancellations from some departments.

The order to government departments and parastatals was in retaliation for an article The Times published last week about King Mswati, Ginindza said.

According to the article, the king had failed to pay rates on a property he owned.

Housing scheme 'will help local government'

BD 20/5/97 (123)

Deborah Fine

THE housing ministry's programme whereby ownership of state-financed residential properties was transferred to tenants under a discount benefit scheme should help to alleviate local government's financial woes within the next three to five years, SA MD of international rating agency IBCA Mike Berry said yesterday.

IBCA SA has recently begun evaluating investment risks associated with SA local authorities.

Berry said research indicated local government was facing significant constraints due to the slow payment or nonpayment of municipal taxes and service fees.

Under the programme, the granting of freehold titles to residents would mean that rental payments would be converted to property tax payments.

Transfers of ownership did not take place until residents had signed undertakings whereby they agreed to pay off immediately in full any outstanding services arrears, or entered into agreements whereby they would pay off their arrears over a period.

Figures recently released by the housing ministry indicate that more than 1-million beneficiaries qualified for assistance under the scheme. Since the programme's inception in 1992, 96 257 residents had received assistance and had, if necessary, undertaken to make good on arrears payments.

Berry said while the transfers represented a financial burden to the state — subsidies of R7 500 were granted to each qualifying household to acquire ownership — it was not unreasonable to expect the beneficiaries to "pay their way" in future.

Ownership transfers would also enable local authorities to take firm legal action against payments defaulters.

"The cash-flow difficulties faced by local government at present have the capacity to be turned around. While we anticipate that over time many of today's problems will be resolved, the sensitive nature of these issues, compounded by populist policies where hard decisions are required, is likely to delay the process," Berry said.

A Gauteng housing department spokesman said yesterday more than 150 000 potential beneficiaries had been identified in the province, of whom at least 18 000 were in Soweto.

Confirming that the programme's progress was slow but steady, he said that one of several problems delaying the swifter implementation of transfers was a resistance on the part of some identified beneficiaries to acknowledge their arrears.

However, national and provincial governments were examining ways to alleviate the problem through education programmes as well as other measures.

PEANUTS By Charles Schulz

Farmers slam White Paper on water policy

Beeldtan 20/5/97

The South African Agricultural Union (SAAU) yesterday expressed misgivings about what it called the total centralisation of power awarded to Water Affairs Minister Professor Kader Asmal in the recently released White Paper on a national water policy.

In a statement in Pretoria, the SAAU's water affairs committee said the White Paper advocated giving the minister total power in decisions regarding the distribution and allocation of water and water rights.

The SAAU, on the other hand, supported a system of decentralised catchment area management in which all users had a say.

Committee chairman Mr Charles van Veijeren said the White Paper provided no protection for existing water rights.

Such rights were being expropriated without compensation and replaced with a system of registration whereby user rights were allocated for a specific period.

"The SAAU is of the opinion that water rights are linked to property rights and, as such, enjoy protection in the Constitution," Van Veijeren said.

"The uncertainty regarding the permanence of water usage is unacceptable in that agriculture makes long term capital investments."

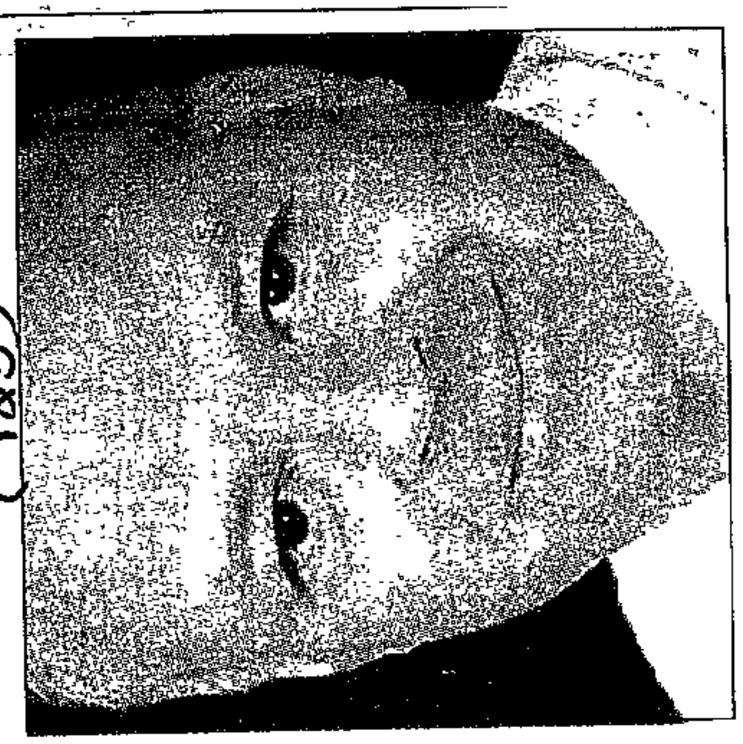
The SAAU was also concerned about the water tariff policy. "The cost items which may be included to make water available are apparently unlimited, which will mean that the use of irrigation water could become uneconomical for commercial agricultural production."

"The White Paper fails to focus on the development of the country's water resources." – *Sapa.*

(123)

Row hots up over exit of top housing official after bid to probe R185-m deal

ARG 24/5/97 (123)



Sudden exit: Billy Cobbett

To page 3

JEAN LE MAY
STAFF REPORTER

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The row about the sudden exit of Billy Cobbett, director-general in the Department of Housing, has deepened with contradictory statements from Housing Minister Sankie Mthembi-Mahanyele and from sources close to Mr Cobbett

The Minister said in a hastily-called press conference yesterday that Mr Cobbett had resigned on May 5. But a source close to the director-general has categorically assured Saturday Argus that Mr Cobbett did not resign and that he had no intention of resigning, nor of asking for early retirement.

Moreover, Saturday Argus has established that Mr Cobbett, a gifted technocrat, recruited – amid general acclaim – by the

ere is still no solution to ques-
t the part played in Mr Cobbett's
thoe Construction, a company
Thandi Ndlovu, a Gauteng-based
octor-turned-developer who has
to being a close friend of Ms
Mahanyele during years of exile

il & Guardian reported yester-
r Cobbett had been fired because
Auditor-General Henri Kluever
gate Mothoe's multi-million-rand
project in Mpumalanga. The

Row over exit of top housing official after bid to probe deal

ARG 24/5/97 (123)

From page 1

R185-million scheme for "agricultural villages" – which would have consumed a large part of the province's entire housing budget - was awarded in January to the still unregistered Mothoe Construction.

A key player in the contract was Nedcor Bank's general manager for personal credit, Kevin Gibb, who was fired last week. Nedcor withdrew from the project and Mike Leeming, executive director of the bank, said yesterday an investigation into Mr Gibb's activities was sparked by his involvement in "a rural housing project in Mpumalanga".

Mr Cobbett's concern appeared to be that the contract was sealed before Mothoe Construction had been set up, which meant that the award had been made to an individual. As accounting officer, Mr Cobbett was concerned that key procedures had been flouted.

Democratic Party finance spokesman Ken Andrew pointed out to Saturday Argus that as accounting officer, Mr Cobbett had a duty to report any irregularities to the Auditor-General.

Ms Mthembi-Mahanyele said Mr Cobbett had told her on the eve of her departure for the April launch of the project that he intended going to the Auditor-General.

"At that point he was very incoherent about what the issues were," she said.

"He asked me not to attend the launch and told me that he had heard that an official of a banking group was being investigated for irregular procedures," she said.

But Dr Ndlovu yesterday released copies of letters written to her about the project by Mr Cobbett, in which he made his objections perfectly clear.

She did not understand why Mr Cobbett had communicated with her in the first place when the project had been approved by the Mpumalanga government, she said.

But the letter from Mr Cobbett, while admitting that approval of housing projects and subsidies rested with the provincial government, queried Motheo Construction's reasons for increasing the subsidies and asked further pertinent questions.

There was no direct indication of where the agricultural villages were to be located in regard to transport routes and other facilities such as shops, schools and clinics, it said. It was questionable how sustainable the villages would be.

It was also not clear who would stay in the agricultural villages. "Are they for full-time farm-workers? ... Where will seasonal workers stay?" said Mr Cobbett's letter.

"What alternative source of energy is envisioned, as the houses have no electricity? Municipalities will be responsible for services, but no indication is given of the capacity of municipalities in the area.

"Are municipalities going to contribute to the cost of training workers?" asked Mr Cobbett in the letter.

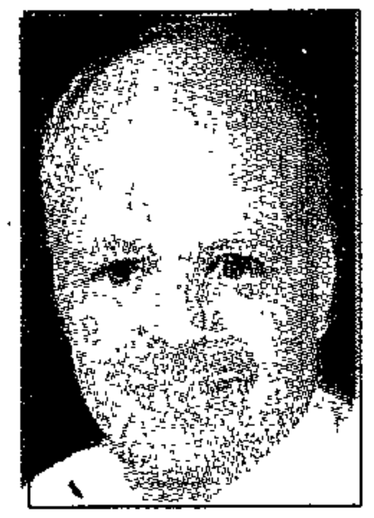
Dr Ndlovu said in a press statement yesterday that she would welcome an investigation by the AuditorGeneral, the public protector and the the media into "the alleged misuse of taxpayers' money".

Mothoe was being criticised for lack of experience, she said, but it was a company with "a well-seasoned team" able to provide "a complete structure of 40m, with running water and internal toilet, for R15 000".

Dr Ndlovu said Mr Gibb introduced Mothoe to Mpumalanga province "within the framework of a memorandum of understanding between Nedcor and the province, where Nedcor undertook to facilitate the delivery of housing at scale and provide bridging finance to emerging contractors.

"For the record, Nedcor bounced a cheque for over R1-million when we had R9,24-million in the account," said Dr Ndlovu's statement. "When I tried to arrange a meeting with with the chief executive officer, the message came back that he was too busy. Without attempting to be either sexist or racist – is it because the company (Mothoe) is owned by blacks or is it the fact that the company is headed by a black woman?"

Sacking fuels housing furore



Resigned: Cobbett

Bank issue: Mahanyele

Bank chief fired as Cobbett quits

(123)

CHARLENE CLAYTON PROPERTY EDITOR
AND POLITICAL STAFF

The row over housing director-general Billy Cobbett's shock departure has gathered momentum with the disclosure that banking giant Nedcor has fired a top general manager who has been linked to the controversy.

He is Kevin Gibb, general manager of the bank's personal credit division and chairman of the powerful Association of Mortgage Lenders, who was dismissed after a disciplinary hearing.

The row centres on the awarding of contracts in one of South Africa's largest low-cost housing projects, a R180-million scheme in Mpumalanga which Mr Cobbett has asked the Auditor General to investigate.

Mr Gibb said last night that the hearing which led to his dismissal was "a kangaroo court" and denied wrongdoing. The bank said it had gone through all the appropriate legal procedures.

It became known today that Mr Gibb was linked to the Mpumalanga project.

Yesterday Housing Minister Sankie Mthembi-Mahanyele said that the night before the project was to have been launched, Mr Cobbett had asked her not to let it go ahead, but could not give her "appropriate reasons".

She said Mr Cobbett had told her Mr Gibb was being investigated by Nedcor for irregular procedures regarding the Mpumalanga project. She had responded by saying this was a bank issue and had nothing to do with the Department of Housing.

Last night Mike Leeming, executive-director of Nedcor Bank, confirmed that Mr Gibb had been sacked after being found guilty of misconduct.

He had not obeyed the bank's rules on the use of its assets, and had also failed to disclose a material fact which had resulted in a conflict of interest.

Mr Gibb had not obtained approval from the bank to financially assist the company building the Mpumalanga project, or the Mpumalanga government itself.

Mr Leeming said the bank's investigations into the irregularities had been triggered by allegations by clients about Mr

ARG 23/5/97

To page 10

P.T.O.

573

Parties ask: Why did Cobbett have to go?

ARG 23/5/97 (123)

From page 1

Gibbs's involvement in the project.

Yesterday Ms Mthembi-Mahanyele said the reason for Mr Cobbett's departure was "irreconcilable differences" between them. He had tendered his resignation to her on May 5, she said, adding: "I would like to place it on record that at no stage did I dismiss Mr Cobbett."

Ms Mthembi-Mahanyele said the day after the housing project was launched on April 24, Mr Cobbett had given her a letter explaining his concerns. But by then he had already forwarded the information to the Auditor-General and she questioned whether this was the right action.

She was not embarrassed by Mr Cobbett's approach to the Auditor-General because she had nothing to hide. She conceded that Mr Cobbett had made a contribution to housing, but complained that at times he was not respectful.

In Parliament opposition parties demanded the reasons for Mr Cobbett's resignation. William Mnisi, Democratic Party spokesman on housing, said: "Billy Cobbett has been a truly excellent director-general of housing. His innovative ideas and those of the late Joe Slovo contributed much to the white paper on housing which Sankie Mthembi-Mahanyele, with the arrogance which is becoming a ministerial tradition, would not follow."

Jac Rabie, National Party spokesman on housing, said Mr Cobbett had done his utmost to manage the housing programme correctly, in spite of the shortcomings of government policy

Cobbett ousted after clashes with minister

BD 23/5/97 (123) (EXP)

Robyn Chalmers and Jacob Dlamini

HOUSING department director-general Billy Cobbett, who has played a pivotal role in SA's low-cost housing policy, has had his five-year contract terminated as tensions with Housing Minister Sankie Mthembi-Mahanyele have finally spilled over.

"Sometimes he wasn't respectful," Mthembi-Mahanyele said of Cobbett at a news conference yesterday.

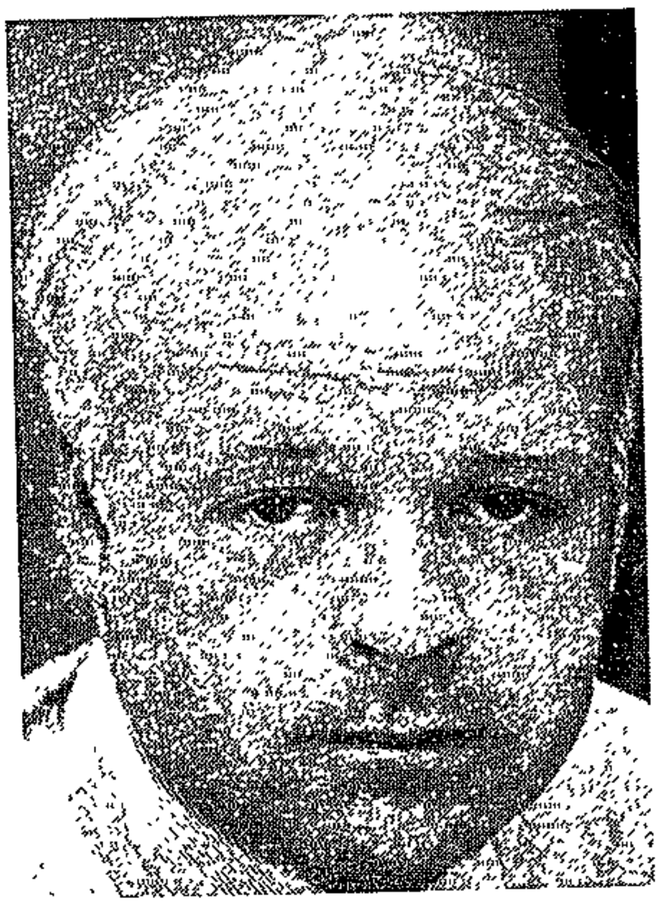
Tensions between the two have been simmering since Mthembi-Mahanyele's appointment in January 1995, due in part to her initial wariness of the low-cost housing policy which was forged by her predecessor, Joe Slovo, and Cobbett.

The final straw was Cobbett's decision to report to the auditor-general allegations of irregularities regarding Motheo Construction's rural housing project in Mpumalanga.

Mthembi-Mahanyele said Cobbett had tried to stop her from launching the project, citing possible irregularities after Nedcor personal credit GM Kevin Gibb, who was involved in the project, had been suspended on allegations of misconduct. "I do not make decisions based on gossip," she said.

After talks with Mpumalanga housing MEC Craig Padayachee and housing officials, she was convinced nothing irregular had happened.

Deputy auditor-general Bertie Loots said yesterday an investigation had been launched into the Motheo project after information was submitted by Cobbett recently. He said a report would be tabled as soon as possible but declined to give details.



COBBETT

Sources close to the issue said the allegations revolved around procedural irregularities in the way subsidies for the project had been accessed.

Gibb denied that there were irregularities. An audit of Motheo Construction had been completed and it would soon be made public, he said.

Mthembi-Mahanyele denied that she had fired Cobbett. She said Cobbett had asked on May 5 to be relieved of his duties. She had accepted the request and asked Public Service and Administration Minister Zola Skweyiya to process his resignation.

Skweyiya said his department was consulting with a view to finding an amicable solution to the matter.

Cobbett declined to comment but sources close to government denied he had requested to be relieved of his duties. They claimed he had approached the minister about their rocky relationship and had informed her she could terminate the contract should she wish to do so. Letters to this effect had apparently changed hands.

Mthembi-Mahanyele denied that members of her family may have been involved in Motheo project. "It would

Continued on Page 2

Cobbett

(123) BD 23/5/97

Continued from Page 1

be silly, there can't be any family involvement," she said when asked about the involvement of her son-in-law, Sipho Ndzeku, a Denel director.

When she married last year she had asked her new family to distance itself from business ventures related to the construction industry, she said.

Mthembi-Mahanyele said tensions had been mounting in her relationship with Cobbett and they had not seen matters in the same way. Things had started out very well, "but when we got to know each other I discovered we had different personalities."

Asked whether the clash with Cobbett was racial, she said: "I don't know". Pressed further, she said: "I don't want to overstretch issues, but I sometimes think it was a gender clash —it's just a feeling."

Asked to comment on Cobbett's work, she answered: "Efficient."

Cobbett's departure has been met with shock, particularly by banks and builders, with many industry players saying he will be hard to replace.

The National Party (NP) and Democratic Party (DP) expressed their dismay at the news.

"We are greatly concerned about the minister's announcement that it has become difficult to work with him. More than a mere 'difficult to work with' is involved here — the minister must lay her cards on the table and allow Cobbett himself to say why he resigned," the NP said. The DP said Cobbet's frustration with the minister's rejection of his advice had been clear over the past 18 months.

CAPE TIMES
FRIDAY, MAY 23, 1997 ★

DISPUTE OVER PROJECT PROBE

Cobbett out after row with minister

(123) CT 23/5/97

EVENTS around the probe of a housing project led to yesterday's 'resignation' of housing director-general Billy Cobbett. Political Correspondent **DONWALD PRESSLY** reports.

HOUSING Department director-general Mr Billy Cobbett yesterday became the latest in a long line of top officials shouldered out because of personality clashes with their ministers in the post-apartheid government.

This one, however, is the messiest since Dr Theo van Robbroeck, then acting director-general of Public Works, was axed by Public Works Minister Mr Jeff Radebe and Western Cape director-general Dr Niel Barnard was removed from Provincial Affairs and Constitutional Development by its minister, Mr Mohammed Valli Moosa.

Although Housing Minister Ms Sankie Mthembi-Mahanyele insisted at a press conference yesterday that Cobbett had resigned on May 5, she has effectively axed the man personally chosen by the late Housing Minister Mr Joe Slovo in 1994 as the ideal technocrat to achieve the ANC's vision of one million houses in five years.

Asked if Cobbett's absence would set back the housing programme, she said: "Not at all."

Asked how she would describe her difference in style from Cobbett's, she said: "If you try to provoke me now, I won't scream and shout, I'll come back to you later." Her inference was clear.

The resignation apparently flowed from disagreements about the minister officially visiting the Motheo rural housing project in Mpumalanga. Cobbett apparently referred the project for investigation to the Auditor-General, Mr Henri Kluever, without Mthembi-Mahanyele's consent.

CONFLICTING STYLES: Sankie Mthembi-Mahanyele

The minister had not been presented with any report of alleged irregularities in the housing project concerned and had insisted on carrying out her visit. She was not prepared to act on mere "rumours".

However, Cobbett had spoken to her on the Wednesday before she was to launch the Motheo project, and said he did not want her to go ahead with it, Sapa reports.

"I asked him why ... (as this) was the first time he had asked me not to do my work as Minister for Housing." Cobbett told her he had heard an official of a banking group was being investigated for irregular procedures.

"I said to him that had nothing to do with government, neither did it have anything to do with housing, and as far as I was concerned it was gossip."

The bank official was involved in a number of Housing Department projects around the country.

Deputy Auditor-General Mr Bertie Loots confirmed that Cobbett had asked his office to investigate the project.

There had been a number of other conflicts, but Mthembi-Mahanyele declined to comment further. Asked if she had always had difficulties with Cobbett, a leading member of the SA Communist Party and long-time lieutenant of Slovo, she said that at first they had worked well together but this had changed. She acknowledged, however, that he had been "efficient".

The minister was questioned about the involvement of any members of her family in housing projects, but said that as far as she knew her son-in-law was not involved in the housing project concerned.

She had told members of her family involved in construction of the need to distance themselves from government contracts.

Cobbett, the first "new order" public servant to be axed, was the accounting officer of the department, but Mthembi-Mahanyele said the manner in which he worked was in conflict with her own style.

Democratic Party spokesman on housing Mr William Mnisi said Cobbett — who was not available for comment last night — had been a truly excellent and innovative director-general.

"His ideas and those of the late Joe Slovo contributed much to the white paper on housing, which Sankie Mthembi-Mahanyele, with the arrogance which is becoming a ministerial tradition, wouldn't follow."

● See Page 15

Minister axes housing chief

CT(BR) 23/5/97 (123)

MAGGIE ROWLEY
PROPERTY EDITOR

Cape Town — Billy Cobbett, the director-general of housing, has been axed following long-standing differences with Sankie Mthembi-Mahanyele, the housing minister, sources close to the director-general said yesterday.

The sources strongly disputed a statement by the minister at a hastily convened press briefing yesterday afternoon that Cobbett had not been fired, but had asked to resign.

The relationship between the two has been strained for some time, but the departure of Cobbett was apparently set in motion when he called on the auditor-general to investigate an Mpumalanga housing project to which the minister gave the go-ahead against his advice.

Cobbett was not available for comment, but the sources said he was still waiting to hear late yesterday if he had been fired. "If the minister claims he asked to resign, let her prove that in writing," one said.

Cobbett was appointed director-general by Joe Slovo, the late housing minister, and has been the primary force in getting a housing policy in place to deliver the promised million units before the turn of the century.

DISCORD *Housing minister Sankie Mthembi-Mahanyele*

Cobbett is not the first of the old Slovo guard to be ousted. Stefen Laufer, former press secretary to the minister, was replaced last year.

Sapa reports that Mthembi-Mahanyele told the media briefing in Cape Town that "it was just becoming very difficult to work together. There is nothing we can do about it." One instance in which they disagreed was over the Motheo rural housing project in Mpumalanga.

Mthembi-Mahanyele said Cobbett had asked her the night before she was to have launched the project not to do so, but could not give appropriate reasons. He had also contacted the auditor-general to investigate irregularities surrounding the project, only notifying her a day later.

Cobbett had approached her on May 5 and asked to be relieved of his duties as director-general, saying that tensions between them were mounting. She had agreed.

"I have honoured his request by forwarding a letter to this effect to the minister of public service and administration," she said.

The minister had no comment about whether she was sad to lose Cobbett, saying at times he was not respectful, but she conceded he was efficient and had made a contribution to housing which should be acknowledged.

□ **Business Watch, Page 17**

Mpumalanga housing causes top-level rifts

Star 23/5/97 (123)

Sharp differences with minister end in D-G's departure, and

Nedbank official dismissed by what he calls 'kangaroo court'

By Jovial Rantao, Chris Stevn and Sapa
Cape Town

Differences over a multi-million-rand housing project in Mpumalanga was the last straw which led to director-general Billy Cobbett leaving the Housing Department, the Minister, Sankie Mthembi-Mahanyele said here yesterday.

And in Johannesburg, Kevin Gibb, who led Nedbank's low-cost housing scheme in Mpumalanga, has been sacked by what he last night described as a "kangaroo court".

Gibb, also chairman of the Association of Mortgage Lenders,was dismissed after he walked out of a disciplinary hearing this week.

The housing minister said yesterday she and Cobbett had a stormy professional relationship and she did not approve of Cobbett, who had misgivings about the Mpumalanga project, going to the auditor-general to ask for an investigation without raising the matter with her. She said an official on the project was under investigation for irregular procedures.

Out ... Billy Cobbett

Cobbett was not available for comment last night, but sources said he denied having resigned and said he was waiting to hear if he had been fired.

But Mthembi-Mahanyele denies that Cobbett was fired, saying he had approached her on May 5 and requested that he be relieved of his duties.

She said: "In the beginning we worked very well and as soon as we got to know each other I discovered that we had contrasting personalities."

Their relationship had soured over the past few months. "It was becoming more and more difficult for me and him to work together. Tension was rising," she said.

The National Party has expressed its shock at the development, and National Housing Finance Corporation chairman Johan de Ridder said Cobbett's departure was a blow to housing projects.

In Johannesburg, Gibb has denied accusations by Nedcor Bank of not obtaining approval to financially assist a low-cost-housing company or the Mpumalanga government in a rural development project.

Nedcor Bank executive director Michael Leeming said in a statement yesterday that investigations into the irregularities which Gibb was found guilty of began after the bank received allegations from clients regarding his involvement in the rural housing project.

Leeming said the actions taken against Gibb were "justified in accordance with labour-law principles and were conducted in a reasonable and professional manner".

From his home in Bryanston last night, Gibb said the bank had tried to discredit him ahead of what he described as feared disclosures by him about Nedbank's "bad-debt situation".

'Resignation' of housing chief Cobbett disputed

Star 24/5/97 (123)

By JEAN LE MAY

The dispute about the sudden exit of Billy Cobbett, director-general in the Department of Housing, has deepened with contradictory statements from Housing Minister Sankie Mthembi-Mahanyele and from sources close to Cobbett.

The minister said in a hastily called press conference yesterday that Cobbett had resigned on May 5. But a source close to the director-general has categorically assured the *Saturday Star* that Cobbett did not resign and that he had no intention of resigning or of asking for early retirement.

Moreover, the *Saturday Star* has established that Cobbett, a gifted technocrat recruited amid general acclaim by the late housing minister Joe Slovo, still had two years of a five-year, R360 000-a-year contract to run.

Resigning or taking early retirement would seriously impair the package to which he would be entitled if the contract ran its course.

And there is still no solution to questions about the part played in Cobbett's exit by Mothoe Construction, a company owned by Thandi Ndlovu, a Gauteng-based medical doctor-turned-developer who has admitted to being a close friend of Minister Mthembi-Mahanyele during years of exile in Zambia.

It was reported yesterday that Cobbett had been fired.

Mothoe's R185-million scheme for "agricultural villages" – which would have consumed a large part of the province's entire housing budget – was awarded in January to the still unregistered Mothoe Construction.

A key player in the contract was Nedcor's general manager for personal credit, Kevin Gibb, who was fired last week. Nedcor withdrew from the project and Mike Leeming, executive director of the bank, said yesterday that an investigation into Gibb's activities had been sparked by his involvement in "a rural housing project in Mpumalanga".

Cobbett's concern appeared to be that the contract was sealed before Mothoe Construction had been set up, which meant that the award had been made to an individual. As accounting officer, Cobbett was concerned that key procedures had been flouted.

Democratic Party finance spokesman Ken Andrew pointed out to the *Saturday Star* that as accounting officer, Cobbett had a duty to report any irregularities to the auditor-general.

Mthembi-Mahanyele said Cobbett had told her on the eve of her departure for the April launch of the project that he intended going to the auditor-general. "He was very incoherent about what the issues were," she said. "He asked me not to attend the launch and told me that an official of a banking group was being investigated for irregular procedures."

TO PAGE 2

FROM PAGE 1

◆Cobbett

Star 24/5/97

But Ndlovu yesterday released copies of letters written to her about the project by Cobbett, in which he made his objections perfectly clear. She did not understand why Cobbett had communicated with her in the first place when the project had been approved by the Mpumalanga government, she said.

But the letter from Cobbett, while admitting that approval of housing projects and subsidies rested with the provincial government, queried Mothoe Construction's reasons for increasing the subsidies and asked further pertinent questions.

There was no direct indication of where the agricultural villages were to be located in regard to transport routes and other facilities such as shops, schools and clinics, it said.

It was questionable how sustainable the villages would be. It was also not clear who would stay in the agricultural villages. "Are they for full-time farm-workers? Where will seasonal workers stay?" said Cobbett's letter.

(123)

Ndlovu said Gibb had introduced Mothoe to Mpumalanga province "within the framework of a memorandum of understanding between Nedcor and the province, where Nedcor undertook to facilitate the delivery of housing at scale and provide bridging finance to emerging contractors.

"For the record, Nedcor bounced a cheque for over R1-million when we had R9,24-million in the account," said Ndlovu's statement. "Without attempting to be either sexist or racist, is it because the company (Mothoe) is owned by blacks or is it the fact that the company is headed by a black woman?"

Rift over Sankie's housing deal deepens

CYRIL MADLALA

HOT POTATO: Sankie Mthembi-Mahanyele Picture: RAYMOND PRESTON

THE ANC will have to step in and heal the rift between Housing Minister Sankie Mthembi-Mahanyele and Billy Cobbett, the department's director general — or take sides.

The row has spawned a series of allegations and counter-allegations.

At a press conference this week, Mthembi-Mahanyele said that Cobbett, who was sometimes "not respectful", had resigned. But it has emerged that Cobbett informed his staff on Friday that he had not done so and did not intend to.

Cobbett, a highly respected technocrat who was recruited by the late Joe Slovo, has had a fraught relationship with Mthembi-Mahanyele for some time now, but tensions finally spilled over this week over the awarding of a R185-million housing contract to Motheo Construction, an unregistered company, in Mpumalanga. The minister launched this company's housing project last month, while Cobbett asked the auditor general to investigate it for financial irregularities.

ST 25/6/97

(123)

It emerged yesterday that Kevin Gibb, a key player in the contract and Nedcor's general manager for personal credit, had arranged a R1,2-million borrowing facility and a R500 000 overdraft facility for the company.

He has been fired for this, and for giving the impression that Nedcor backed the project.

Yesterday he insisted that there was nothing untoward about his actions.

At a press conference in Johannesburg yesterday, Mpumalanga housing head Steve Ngwenya and housing board chairman Saths Moodley defended the decision to award the contract to an unregistered company, saying payments were only made for work that was completed.

Possible replacement for ousted director-general named

DD 26/5/97 (123)

Robyn Chalmers

SPECULATION on the replacement of ousted housing department director-general Billy Cobbett has begun, with Mortgage Indemnity Fund CE Nkululeko Sowazi emerging as the most likely candidate.

Other possibilities include National Housing Finance Corporation CEO Johan de Ridder, Eastern Cape director-general Thozamile Botha and a number of provincial housing ministers.

Private sector bodies expressed shock at Cobbett's departure. Building Industries' Federation of SA executive director Ian Robinson said Cobbett's would be a hard act to follow.

There was still confusion at the weekend over whether Cobbett resigned or was fired. Housing Minister Sankie Mthembi-Mahanyele has denied she fired Cobbett, saying rather that he requested to be released, while sources said he had neither resigned nor asked to have his contract terminated.

Irregularities lead to probe of housing (123)

BD 26/5/97

Robyn Chalmers

A STRING of alleged procedural irregularities, including unauthorised overspending on the Mpumalanga housing budget, are understood to be behind the auditor-general's probe of the province's rural housing projects.

Other alleged irregularities under investigation include the preliminary approval of the Mpumalanga project in January, apparently without a project plan, and transgressions of the state's housing subsidy rules.

National housing ministry figures for the 11 months to end-January show Mpumalanga spent R136,7m, against a budget of R123,4m. It is believed that the province's commitments to additional projects will push this figure up dramatically.

Mpumalanga housing department head Steve Ngwenya said at the weekend there had been an agreement with the national housing department that the provinces could overspend as long as they managed their cash flow carefully. "Many of the other provinces have also overspent ... the understanding was that government needed to boost delivery as much as possible, so funds were not a major problem."

The figures show Western Cape spent R203,9m against a budget of R100,1m, Northern Cape R48,9m of a R31,7m budget and Gauteng R471,6m (R374,9m). A housing ministry spokesman said the figures had been revised but showed a similar pattern of overspending.

However, sources close to government disputed that there had been any agreement for provinces to overspend without limitation. Limits had been set and Mpumalanga had ignored them.

Ngwenya acknowledged that there had been limits, but said he had understood that as long as the province was performing and houses were being built, this was not a major issue.

One source said the national housing department would never allow a situation where provincial housing departments had the authority to spend whatever they wished. While the provinces could overspend and overcommit on projects, they could not do so without limitation.

A number of developers complained that they had been told no new subsidy applications were being accepted by Mpumalanga. Provincial housing board head Saths Moodley said more applications for projects totalling more than R1bn were waiting to be assessed but no decision had been made as the board had not met to discuss them.

At the weekend Thandi Ndlovu, the head of Motheo Construction — which was awarded a R185m rural housing project — denied any irregularities, as did Ngwenya and Moodley.

Ndlovu said Nedcor credit GM Kevin Gibb, who had subsequently been fired, introduced Motheo to Mpumalanga. Motheo signed a housing contract with Mpumalanga on March 14 and launched the project on April 27, having completed 100 houses.

Commenting on why Motheo, with its limited experience, had been awarded the biggest project yet approved under government's subsidy scheme, Ndlovu said critics should

Continued on Page 2

Housing (123)

Continued from Page 1

BD 26/5/97

hold fire until they had visited the project sites. "We feel proud that Motheo is able to provide a completed structure of 40m² with running water and an internal toilet for R15 000."

Countering accusations that Motheo had not been registered when the contract was awarded, Ndlovu said its name was reserved in November and the company registered on February 19. Ngwenya said the Mpumalanga housing board had approved the project in January, signing a contract on March 14.

The issue proved to be the final straw in the rocky relationship between Housing Minister Sankie Mthembi-Mahanyele and housing director-general Billy Cobbett. Cobbett is understood to have addressed his staff on Friday, telling them he had neither resigned nor asked to be released from his contract prematurely.

Mthembi-Mahanyele has denied firing Cobbett, so he is likely to be back in office today without clarity on his future. He declined to comment.

Meanwhile, Gibb has vowed to fight his dismissal from Nedcor, saying he will take his case to the Commission for Conciliation, Mediation and Arbitration and, failing that, to the Labour Court. Gibb walked out of a disciplinary hearing last week, accusing Nedcor of unfair treatment.

Comment: Page 11

Sacked director-general was worried over lack of financial controls

New twist in housing saga

CT (BR) 26/5/97 (123)

MAGGIE ROWLEY AND JONATHAN ROSENTHAL

Cape Town — Billy Cobbett, the axed director-general of housing, called in the auditor-general over concerns about overspending and lack of financial controls by the Mpumalanga provincial housing department, reliable sources said at the weekend.

They said the controversial R185 million contract awarded to Motheo Construction by the Mpumalanga provincial housing authorities was "just the tip of the iceberg".

It is understood that when the Mpumalanga provincial housing department awarded the contract to Motheo Construction, the provincial housing department had already overshot its budget.

This was confirmed yesterday by Leon Mbangwa, the head of communications for the Mpumalanga provincial housing department, who said that in January the provincial housing department had overspent its budget by about 65 percent.

In early March, it is understood, the provincial housing body went cap in hand to Cobbett to try and get an additional allocation to cover the Motheo project, but was turned down.

The provincial housing authorities then went ahead with the contract in the absence of the required funds, which could only be authorised by Cobbett.

Neither Steve Ngwenya, the head of the local government, housing and land administration department for Mpumalanga nor Saths Moodley, the executive chairman of the Mpumalanga Housing Board, could be reached for comment.

Mbangwa said allegations of lack of financial controls were unfounded. The housing subsidy scheme for the province, he said, was administered by Nedcor. "We don't deal with the money for the subsidies, it is managed by Nedcor and is only paid out by them on delivery."

He said he believed the account had fallen under the control of Kevin Gibb, the general manager of personal credit at Nedcor, who was fired by the bank last week for "misconduct involving non-adherence to internal credit policies and other procedures".

However, Peter Marais, an assistant general manager of mortgage lending at Nedcor who reported to Gibb, said at the weekend: "We don't have any approval rights over the subsidies. We only administer them as an agent of the province.

"Only when the province has approved them do we pay out. And this arrangement only covers certain developments, not the whole budget. It does not cover Motheo's project," said Marais.

WRITING ON THE WALL *Housing minister Sankie Mthembi-Mahanyele, who denies firing Billy Cobbett* PHOTO JOHN WOODROOF

Project 'could cost taxpayers R33m'

CT (BR) 26/5/97 (123)

MAGGIE ROWLEY AND JONATHAN ROSENTHAL

Johannesburg — National housing officials raised concerns three days before the launch of a R185 million Mpumalanga housing project that it could be overcharging taxpayers R33 million.

In early March, Motheo Construction, a newly formed development company, and the Mpumalanga provincial government signed an agreement for Motheo to build 10 500 low-cost houses under the government's low-cost housing subsidy scheme.

The scheme provides a subsidy of R15 000 for each low-cost house built.

But in the Motheo contract, provision was made for an additional allowance of 15 percent, or R23,6 million, to be paid to the developers.

The agreement also allowed for a further R9,7 million to be paid to the developers from the Bulk Connector Infrastructure Grant to pay for waterless toilets, even though the cost of toilets was supposed to be included in the R15 000 subsidy.

On April 21, three days before the launch of the project, the national housing department officials wrote a letter to Motheo questioning the 15 percent allowance and the additional funding for toilets.

At the weekend, provincial government officials produced a letter to Motheo from Steve Ngwenya, the head of the provincial department of local government housing and land administration. The undated document was marked in handwriting at the top "addendum to the contract".

Provincial officials said the addendum was signed on March 14, the same day that the province signed the original contract.

The addendum said the agreement with Motheo contained "certain material deviations from the process laid in the implementation manual", and made certain changes to the contract. It said the department was not convinced as to why Motheo needed an extra R930 for each toilet and revised the additional allowance down to 8 percent of the subsidy.

Though provincial officials maintained the addendum was signed at the same time as the main contract, the only signatory to the letter was Ngwenya.

The national housing officials' letter, which was written nearly six weeks after the contract was signed, implied they had no knowledge of the addendum as they referred to both the 15 percent allowance and the additional costs for toilets.

Similarly, a May 5 reply to Billy Cobbett, the axed national director-general of housing, from Thandi Ndlovu, a director of Motheo, made no effort to correct the officials' apparent misunderstanding and made no mention of a revision or amendment to the contract.

The Star ... Monday May 26 1997

Housing row a fresh blow for Mpumalanga

(123) (R47b)

Provincial department says its policy does not require contracts to be awarded through tender process

Star 26/5/97

BY JOVIAL RANTAO
Cape Town

Fresh from a bruising scandal which led to the dismissal of an MEC, the Mpumalanga provincial government, often cited for its success in RDP delivery, is staring at yet another festering row which threatens to dent its image even further.

At the heart of the row which led to the departure of national housing director-general Billy Cobbett, is how the provincial housing board awarded a R185-million contract to Motheo Construction.

A top-level investigation has been undertaken to investigate the credibility of Motheo Construction, the roles of the provincial housing ministry, its MEC Craig Padayachee and Housing Minister Sankie Mthembi-Mahanyele in the rural housing project.

The investigations by the office of the auditor-general, which started at the instigation of Cobbett, are expected to be concluded soon.

The controversy surrounding the future of Cobbett will be the subject of a snap debate in the National Assembly this week.

Cobbett, who has disputed that he has been fired or that he has resigned, is expected to report for work today. He is expected to remain at his desk until his position has been clarified by Public Administration Minister Dr Zola Skweyiya in accordance with public service regulations.

The Star understands that Mthembi-Mahanyele and Cobbett agreed in a meeting that, because their differences had reached unprecedented levels, they could not continue working together. The minister took this as a resignation from her director-general and wrote a letter agreeing to release him from his contract.

The Mpumalanga housing department said it was convinced that there was nothing irregular about the R185-million rural housing project.

Padayachee's spokesman Leon Mbangwa said provincial housing policy did not require the government to award the contract through a tender. Contractors had to negotiate with transitional local councils (TLCs), and once there was agreement, the provincial housing board would be approached.

He said that in this case, Dr Thandi Ndlovu of Motheo Construction had approached the TLCs, which accepted her proposals. The TLCs had approached the provincial housing board, which had approved the project. There had been no competitors to Motheo's proposals.

► See Business Report

It was all smiles for Unisa's African Management Programme leader Annette de Klerk, Black Management Forum chairman Dr Malesela Motlatla, the vice-chairwoman Dr Anna Mokgokong and Jan Scannell, MD of Distillers Corporation. The company donated R525 000 to Unisa's Centre for Business Management for the training of 90 managers in the next three years.
See page 8.

Cobbett sparks debate

Sowetan 26/5/97

By Joshua Raboroko

THE controversial resignation of the director-general of housing, Mr Billy Cobbett, is to be hotly debated by political parties in Parliament this week after they raised concerns at the weekend.

Differences over a R185 million housing project launched in Mpumalanga has led to Cobbett's resignation, Housing Minister Mrs Sankie Mahanyele announced.

These differences came to a head when Cobbett apparently requested the auditor-general to investigate the establishment of Motheo Construction after it appeared that procedures were flouted when the contract was sealed early this year.

The Democratic Party at the weekend requested an urgent debate to the Speaker demanding to know the circumstances surrounding Cobbett and Mahanyele's actions.

The National Party's chief spokesman on housing Mr Jac Rabie said the ANC Government should reveal what Cobbett requested the auditor-general to investigate.

Mpumalanga's local government and housing spokesman Mr Leo Mbangwa said their deal with Motheo Construction was transparent and added that his department had been questioned by the auditor-general.

Motheo 'helped out of tight spot'

Robyn Chalmers

MURRAY & Roberts (M&R) Housing built some of the showhouses constructed by Motheo Construction for its controversial R185m Mpumalanga rural housing project which had been pegged as a black empowerment initiative, it emerged yesterday.

The Mpumalanga housing board confirmed that Motheo Construction director Job Mthombeni was a member of the board which approved the rural housing project. However, Mthombeni was made a director of Motheo only after the project had been awarded.

Former M&R Housing chairman Chris Cudmore said yesterday that Motheo had "run into a tight spot" during the construction of some of the showhouses and called on M&R for assistance.

"We agreed to assist Motheo ... we simply helped to get the project off the ground," he said.

Of the project's 100 showhouses, M&R had built 26, valued at R300 000, and had been paid.

Motheo Construction's rural housing projects, one of which was launched by the housing minister near Ermelo last month, have been lauded as a major economic empowerment scheme.

Mpumalanga housing board head Saths Moodley said Mthombeni had become a director of Motheo only in March, after preliminary approval of the project was granted in January.

"Mthombeni has been a member of the board for two years and, as he is the owner of a construction company, he always recuses himself should there be a conflict of interest," Moodley said.

Observers have questioned why Motheo, a new company with limited experience, was awarded the biggest national project when it would have been a major challenge for bigger companies.

Former Nedcor credit GM Kevin Gibb, who played an integral role in the project, has been sacked after being found guilty of misconduct, which included the unauthorised use of bank assets.

(123) (FILE) BD 27/5/99

New turn in Mpumalanga housing row

POLITICAL STAFF

THE controversy around the R185-million rural housing contract in Mpumalanga took another turn yesterday when it was revealed that Mr Billy Cobbett, the man who blew the whistle about alleged irregularities on the project, had authorised payment to the developer company.

Mpumalanga Premier Mr Mathews Phosa said yesterday that Cobbett's department paid Motheo Construction, through the Mpumalanga Housing Board, and then returned a month later, demanding that the contract should be cancelled.

"Housing Board chairman Steve Ngwenya told him that he was prepared to take steps but only if Cobbett showed us what was wrong with the project. This never happened. When I asked Cobbett why he paid when he suspected irregularities, he replied that his officials had slipped up. When Housing MEC Craig Padayachee asked him the same question he said it was an oversight," Phosa said.

Parliament's portfolio committee on housing has summoned Padayachee to brief it on the contract. Chairman Mr Titus Mafole said yesterday the committee wanted to be briefed in full.

He expressed unhappiness that Cobbett had approached the office of the Auditor-General instead of the committee with details of the alleged irregularities.

"Although he is an accounting officer of the department he is also accountable to Parliament," he said.

The controversy will be the subject of a snap debate in the National Assembly this week.

Sources said the ANC would use the debate to show that Cobbett had a problem with Mr Kevin Gibb, who was fired by Nedcor for alleged internal irregularities and that Motheo got caught up in the company's investigation as it had dealings with Gibb. (123)

Cobbett, who has disputed that he has been fired or that he has resigned, reported for work yesterday.

ST 27/5/97

Whistle-blower paid firm

(~~123~~) (123)

New twist in Mpumalanga housing controversy

Star 27/5/97

By Jovial Rantao
Cape Town

The controversy surrounding the R185-million rural housing contract in Mpumalanga took another turn yesterday when it was revealed that Billy Cobbett, the man who blew the whistle about alleged irregularities on the project, had authorised payment to the company.

Mpumalanga Premier Mathews Phosa told The Star yesterday that Cobbett's department paid Motheo Construction, through the Mpumalanga Housing Board, and then returned a month later, demanding that the contract be cancelled.

"Housing Board chairman Steve Ngwenya told him that he was prepared to take steps but only if Cobbett showed us what was wrong with the project. This never happened. When I asked him why he had paid when he suspected irregularities, he replied that officials had slipped up. When Housing MEC Craig Padayachee asked him the same question, he said it was an oversight," Phosa said.

Parliament's portfolio committee on housing has summoned Padayachee to brief it about the R185-million rural housing contract which has become the subject of the controversy surrounding Cobbett's departure.

Committee chairman Titus Mafole told The Star the committee wanted to be briefed in full before deciding how the matter should be handled.

Mafole expressed unhappiness that Cobbett had approached the office of the auditor-general, instead of the committee, with details of the alleged irregularities.

"Although he is an accounting officer of the department, he is also accountable to Parliament," he said.

The controversy surrounding Cobbett's future will be the subject of a snap debate in the National Assembly this week.

Sources said the ANC would show that Cobbett had a problem with Kevin Gibb, who was fired by Nedcor for internal irregularities, and that Motheo got caught up because it had dealings with Gibb.

The office of the auditor-general has started an investigation into the contract awarded to Motheo, a Gauteng-based construction company owned by Dr Thandi Ndlovu.

Cobbett, who has disputed that he was fired or that he has resigned, reported for work yesterday. He is expected to remain at his desk until his position has been clarified by Public Administration Minister Dr Zola Skweyiya in accordance with public service regulations. The ministry was not available for comment.

Housing Minister Sankie Mthembi-Mahanyele and Cobbett did not have a good working relationship.

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Phosa asks A-G to probe housing row

AIG 28/5/97 (123)

Mpumulanga officials suspended

ARGUS CORRESPONDENT

Johannesburg – Mpumalanga premier Mathews Phosa has moved swiftly to intervene in the controversy surrounding a R185-million rural housing contract.

Mr Phosa has called on the Auditor-General to investigate payment to the construction company while there were alleged irregularities with the project.

He supported immediate suspension of members of the Mpumalanga Housing Board pending an investigation by the Auditor-General. The suspensions were announced by Mpumalanga Housing Minister Craig Padayachee.

He gave Job Mthombeni, a director of the Motheo Construction Company, 24 hours to resign from the board.

The company that won the contract is owned by Thandi Ndlovu, a friend of Housing Minister Sankie Mthembi-Mahanyele. Dr Ndlovu has admitted to having been a close friend of Ms Mthembi-Mahanyele during exile in Zambia.

Meanwhile, Mpumalanga Housing Board chairman Saths Moodley yesterday resigned from the board with immediate effect.

Mr Phosa said he was disturbed by "yet another allegation of corruption", but added: "I believe the citizens will judge the Government on what it did to fight this evil."

Last week, national housing director-general Billy Cobbett left his post. Ms Mthembi-Mahanyele has claimed Mr Cobbett quit, though sources have denied this. Mr Cobbett has not yet commented publicly on the row.

Ms Mthembi-Mahanyele said one of their differences arose because Mr Cobbett had asked the Auditor-General to investigate the Motheo Construction project without her knowledge.

Manuel's housing tax change rejected

BD 28/5/97 (123)

Linda Ensor

CAPE TOWN — Finance Minister Trevor Manuel's proposed change to the taxation of housing fringe benefits, announced in his March budget speech, was rejected by Parliament's finance committee yesterday because of the harmful effect it could have on low- to middle-income earners.

A proposal in the budget to scrap the cash basis for paying VAT was also turned down by the SA Revenue Service, which called instead for it to be retained but limited to purchases of up to R100 000, with the invoice basis being used for higher amounts.

Committee members estimated that if the proposals for housing fringe benefits were implemented, tens of thousands of low-income earners would earn 20% less in net income. The amendment was aimed mainly at those abusing a loophole in tax legislation.

The withdrawal of the proposed amendment to the Income Tax Bill was welcomed by the Chamber of Mines and the SA Chamber of Business. Sacob economic policy director Ben van Rensburg said it would have imposed an onerous financial burden on law-abiding people who had capital commitments from which they could not suddenly extricate themselves.

Manuel wanted to introduce the measure retroactively from March 1 to close a loophole in tax legislation, and expected to garner an additional R50m for the fiscus as a result. Revenue service deputy commissioner Kosie Louw told the committee attempts to persuade him to phase it in over several years because of its impact on employees' cash flows had been unsuccessful.

The committee decided unanimously to meet revenue service representatives and Deputy Finance Minister Gill Marcus this week to consider withdrawing the clause from the bill until next year to allow for a comprehensive investigation. Manuel is abroad.

African National Congress MP Andrew Feinstein said the lack of balance in the proposal was "completely unsat-

Continued on Page 2

Taxation

Continued from Page 1

isfactory". Some method would have to be found to differentiate between the categories of income earners.

Inkatha Freedom Party finance spokesman and head of the finance committee's taxation subcommittee Gavin Woods accused the revenue service of taking a "harsh approach" to those who would be affected.

The amendment relates to the determination of the taxable value of residential accommodation provided by an employer to employees. It proposes that where the employer does not own the accommodation, the employee should be taxed on the full amount of the rental and other expenses paid by the employer.

The rest of the Income Tax Bill, which gives effect to the budget's tax proposals on new tax rates and the taxation of lump sum payments, was adopted by the committee.

Revenue service deputy director of VAT Martine Botes conceded VAT proposals in the Taxation Laws Amendment Bill, also laid before the finance committee yesterday, would create difficulties for small businesses, as they would have to operate two systems and their cash flows would be affected.

BD 28/5/97

Mpumalanga housing board's activities suspended amid

(123)

controversy
BD 28/5/97

Robyn Chalmers

THE activities of the Mpumalanga housing board were suspended and its chairman's resignation accepted yesterday as the controversy surrounding the awarding of a R185m rural housing contract to Motheo Construction intensified.

Sources close to government said the move did not bode well for Housing Minister Sankie Mthembi-Mahanyele, who had come out against an investigation into the contract, but was unlikely to stop the departure of her director-general, Billy Cobbett.

The suspension of the board's activities is widely believed to have been prompted by Mpumalanga premier Mathews Phosa. Phosa had been one of Mthembi-Mahanyele's stronger allies.

Mpumalanga housing, local government and land administration MEC Craig Padayachee said yesterday he had also given Mpumalanga housing board member Job Mthombeni 24 hours to resign. Mthombeni was a director of Motheo Construction, although he said he had become a director only in March, after preliminary approval of the project in January. Motheo is run by a friend of Mthembi-Mahanyele, Thandi Ndlovu.

Padayachee said he had suspended the activities of the board until he had had the opportunity to discuss the issue with the auditor-general and other parties. The resignation of board chairman Saths Moodley was accepted and Padayachee had launched an investigation. Further steps would be announced this week. "I am deeply disturbed by the allegations made concerning this contract. I will ensure that a transparent and thorough investigation is conducted," he said.

Moodley denied his resignation had anything to do with the controversy surrounding the Motheo contract. He had wanted to leave for some time, he said. "I sent Padayachee a letter on May 15 asking to be released from my contract. I have taken the provincial housing initiative as far as I can and wish to pursue other interests. I have made it clear I will be available to answer any queries on the Motheo issue."

The auditor-general began investigating the rural housing project after Cobbett brought a string of alleged irregularities to his attention. The decision to go to the auditor-general was the final straw in a rocky relationship with Mthembi-Mahanyele as she did not believe a probe was warranted.

The alleged irregularities related to unauthorised overspending on the housing budget, the preliminary ap-

Continued on Page 2

Housing

(123)

BD 28/5/97

Continued from Page 1

proval of the rural housing project in January without a project plan, transgressing subsidy housing rules and other procedural issues.

Jacob Dlamini reports from Cape Town that Padayachee has been summoned by the parliamentary housing committee to explain the background to the controversy. The briefing is likely to take place tomorrow.

Mafolo said the committee would also consider summoning the Mpumalanga provincial housing board and asking Nedcor for a briefing on its involvement in the project, including the circumstances surrounding the dismissal of credit GM Kevin Gibb.

The committee would not summon Mthembi-Mahanyele as her row with Cobbett was an "executive matter".

A parliamentary debate on the Cobbett issue, requested by the Democratic Party, will be held tomorrow.

Provincial housing board suspended

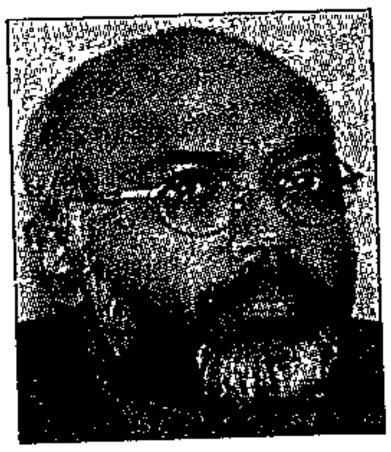
Heads roll in Mpumalanga housing row

CT(BR)28/5/97 (123)

JONATHAN ROSENTHAL

Johannesburg — The Mpumalanga provincial government has suspended the activities of the Mpumalanga Housing Board and accepted the resignation of its chairman following allegations of irregularities in the awarding of a R190 million housing contract to Motheo Construction, Craig Padayachee, the provincial housing minister, said yesterday.

Padayachee also demanded that Job Mthombeni, a housing board member and a director of Motheo, the recently formed housing developer, resign from the board within 24 hours. He said he had started a personal investigation into the matter and was "deeply disturbed by the allegations made concerning this contract".



Saths Moodley

Saths Moodley, the chairman of the housing board, said yesterday his resignation had predated the housing scandal. He had asked the minister to relieve him of his duties on May 15 as he wished to pursue other interests. He said he had told the minister he was willing to assist in any way, including helping the auditor-general in an investigation into alleged irregularities.

Moodley said at the weekend that he had met with Mike Leeming, a Nedcor executive director, and Richard Laubscher, Nedcor's chief executive, on April 21 to ask why the bank had bounced a Motheo cheque for more than R1 million. Motheo claimed it had R9,2 million in its account when the cheque was cancelled.

Moodley said that at the meeting, which was held just three days before the launch of the Motheo housing project, the Nedcor executives had called for Motheo to be audited. At the time Nedcor was investigating the activities of Kevin Gibb, the bank's personal credit general manager, who was fired last week for several counts of alleged misconduct, including the unauthorised granting of a credit facility to Motheo.

Moodley said he had suggested that if Motheo was to be audited then the bank should also conduct an audit of its whole personal credit division.

But a Nedcor spokesman this week presented a different version of events that occurred at the lunchtime meeting. He said the bank had never called for an audit of Motheo.

He said Moodley had called for a meeting, saying he had information which could embarrass the bank.

"He implied he would make information available to the government which would discredit Nedcor's low-cost housing initiative," the spokesman said.

"We suggested that if he was going to write a report he should think about getting the auditor-general to audit the report to ensure it provided a balanced view," the spokesman said.

Heads roll in scam

New twist in Motheo housing project controversy

Sowetan 28/5/97 (123) (1[illegible])

By Pamela Dube
Political Reporter

THE controversy surrounding the Motheo housing project in Mpumalanga took a new turn yesterday with the resignation of provincial housing board chairman Mr Sachs Moodley and the firing of board member Mr Job Mthombeni.

Mpumalanga MEC for housing, local government and administration Mr Craig Padayachee gave Mthombeni 24 hours to resign.

Padayachee's action was prompted by the discovery that Mthombeni was a director of the Motheo Construction Company that won the R185 million rural housing project contract.

Padayachee argued that there was a conflict of interest on Mthombeni's part as he sat on the board that awarded the housing contract to the company he owns.

Controversy over the project surfaced when former director-general of the Ministry of Housing Mr William Cobbett tendered his resignation last month over irregularities in the awarding of the contract to Motheo.

Last Friday Moodley told a media briefing that Cobbett's allegations would hurt the delivery of houses.

A few hours later Moodley resigned, a fact that came to Mpumalanga premier Mr Mathews Phosa's attention only yesterday.

Phosa told the *Sowetan* that he had asked Padayachee to investigate why Moodley quit.

"All I want to know is why he is resigning now and what his role in the Motheo project was."

Padayachee also suspended all activities of the Mpumalanga housing board pending the outcome of the auditor-general's investigation into the project.

Padayachee said he had also started a personal investigations into the matter. He found Cobbett's allegations disturbing. He would ensure that "a transparent and through investigation is conducted".

Cobbett was, however, not blameless in the whole matter, Phosa said.

Since Mpumalanga had no budget for housing projects, the Motheo rural housing project was approved and paid for by the Housing Ministry, Phosa said.

In fact, Cobbett released the money for the project in March, a month before he called on Housing Minister Mrs Sankie Mthembi-Mahanyele to investigate it.

Phosa said Cobbett started to question the contract only after the ministry had paid for the project. "Why did he pay for it if he knew there were discrepancies? I would have expected him to take up the matter before issuing a cheque."

Another discrepancy recently discovered by the provincial government was that some of the Motheo show houses were built by Murray and Roberts.

Former Murray and Roberts chairman Mr Chris Cudmore said yesterday Motheo had "run into a tight spot" during the initial stages of the construction of the first 100 houses.

Motheo had then called on his company for assistance. The company built 26 houses and was paid R300 000 for that.

SA needs more and more water

(123) (38) Sowetan 28/6/94

South Africa may experience a kind of permanent drought for forty years

By Russel Molefe

PROFESSOR Kader Asmal, Minister of Water Affairs and Forestry, is aware that South Africa requires more than just political democracy to achieve equitable distribution of water to all of its people.

New demands on the country's limited water resource base are emerging as the Reconstruction and Development Programme is being implemented to redress past imbalances in water distribution

The demand for water is steadily increasing. It has been estimated that South Africa may experience an almost permanent drought between the years 2002 and 2040.

However, water authorities assert that if the RDP's vision for water supply is adhered to, the government may be able to maintain reasonable levels of demand in relation to population growth. The opposite would have disastrous results

Of the 12 million people who have no access to clean drinking water, the government has so far been able to supply a million people with clean water after the Moddderspruit Water Supply Scheme in the North West was completed early this month.

According to Asmal, this achievement is an example to the entire world. After demonstrating to the international community that peace can be created out of conflict, he says, proper water distribution is another milestone worthy of emulating.

He is very optimistic that the creation of a "Blue Revolution" might become a reality. "For every one of the 1 000 days our democratically elected Government has been in power, 1 000 people have been supplied with water," Asmal says.

"To speed up delivery of fresh, safe water – to create a 'Blue Revolution' in this land – my department has had to accept that the government alone cannot do the job. We have to work with businesses and with communities in facing the challenges."

Asmal's ultimate goal is to provide previously disadvantaged people with a basic minimum of 25 litres of water per day per person, which should not have to be carried more than 200m to their homes.

In the short term, Asmal is working towards providing clean water to six million people by the year 2000. While observers have placed Asmal's department above others in terms of performance, they question whether this target can be attained in the next three years

'In a region of growing demands on a limited resource, the increasing scarcity of water could result in conflicts'

Good progress

Their criticism is based on the fact that it took the African National Congress-led government three years to provide a million people with water. But Asmal's director-general Mike Muller supports Asmal's prediction.

"Projects have already been started and some have been set up as early as 1995. Our assessment is that by the year 2000, six million people will have access to clean water through these projects."

Asmal believes that the recent Cabinet-approved *White Paper on National Water Policy* will greatly assist the realisation of that goal. "South Africa's water law comes out of a history of conquest and expansion," he says.

"The colonial law-makers tried to use the rules of the well-watered colonising countries of Europe in the dry and variable climate of southern Africa.

"In a region of growing demands on a limited resource, the increasing scarcity of water could result in devastating conflicts and catastrophes. The victory of our democracy now demands that the national water law be reviewed."

His Department's White Paper sets out 28 fundamental principles and objectives for a new water law. However, two principles have angered farmers These are that:

- All water, wherever it occurs in the water cycle, is a resource common to all and that its use should be subject to national control;
- There shall be no ownership of water, but only a right or an authorisation of its use, and that any authorisation to use water in terms of the water law shall not be in perpetuity.

The South African Agricultural Union's Charles van Veijeren says the White Paper advocates giving the Minister total power on decisions regarding the distribution and allocation of water and water rights.

"The Paper provides no protection for existing water rights. Such rights are being expropriated without compensation and replaced with a system of registration whereby user rights are allocated for limited periods," he says.

"We are of the opinion that water rights are linked to property rights and, as such, enjoy protection in the Constitution."

Water Affairs Minister Kader Asmal with Mrs Tryphina Mbele,77, who became the millionth recipient of water when the Moddderspruit Water Supply Scheme in North West was completed recently.

Heads rolling in R190-m housing scandal

Mpumalanga Premier Phosa wants the auditor-general to extend inquiry nationally

By Hopewell Radebe and SAPA

Mpumalanga Premier Mathews Phosa has called on the auditor-general to investigate the R190-million housing project at the centre of the second recent scandal in the province – and one that could grow into a national issues.

Phosa has backed the decision by his housing MEC Craig Padayachee to accept the resignation of housing board chairman Saths Moodley, suspend the board and to give one member, Job Mthombeni 24 hours to resign.

Mthombeni is a director of Motheo Construction, which was awarded the multimillion-rand housing project.

Mthombeni is accused of having pushed the contract through the board before the company was formally registered.

Motheo's owner,medical doctor Dr Thandi Ndlovu is a friend of Housing Minister Sankie Mthembi-Mahanyele from their years in exile, which fact she has said is not proof of any irregularities.

Phosa said yesterday that he would ask the auditor-general for a full investigation not only into activities of the the Mpumalanga Housing Board but also those of the national Housing Department which falls under the minister.

The premier said although he was deeply disturbed by "yet another allegation of corruption" in his province, he believed the challenge was more how his government would "jump the hurdles and be seen to be doing justice" when dealing with such allegations.

The other provincial scandal was brought up in Parliament yesterday when the Democratic Party announced that it is to table a motion calling for an investigation into the conduct of Deputy Speaker Baleka Mbete-Kgositsile who was at the centre of the Moldenhauer Commission report on corruption in the Mpumalanga licensing department.

An ad-hoc committee would consider whether she should be censured or other disciplinary steps taken for having received invalid learner's and driver's licences on the same day last October in that province.

Ellis said MPs and particularly senior office-bearers were obliged to ensure that their actions did not bring Parliament into disrepute.

She surrendered both documents yesterday to the Department of Home Affairs in Cape Town.

In Nelspruit, Phosa also said that he has asked national housing director-general Billy Cobbett, who reportedly blew the whistle on alleged irregularities , why he had authorised the payment to Matheo and then demanded the contract be corrected.

Other irregularities, including overspending in the department, were also being investigated.

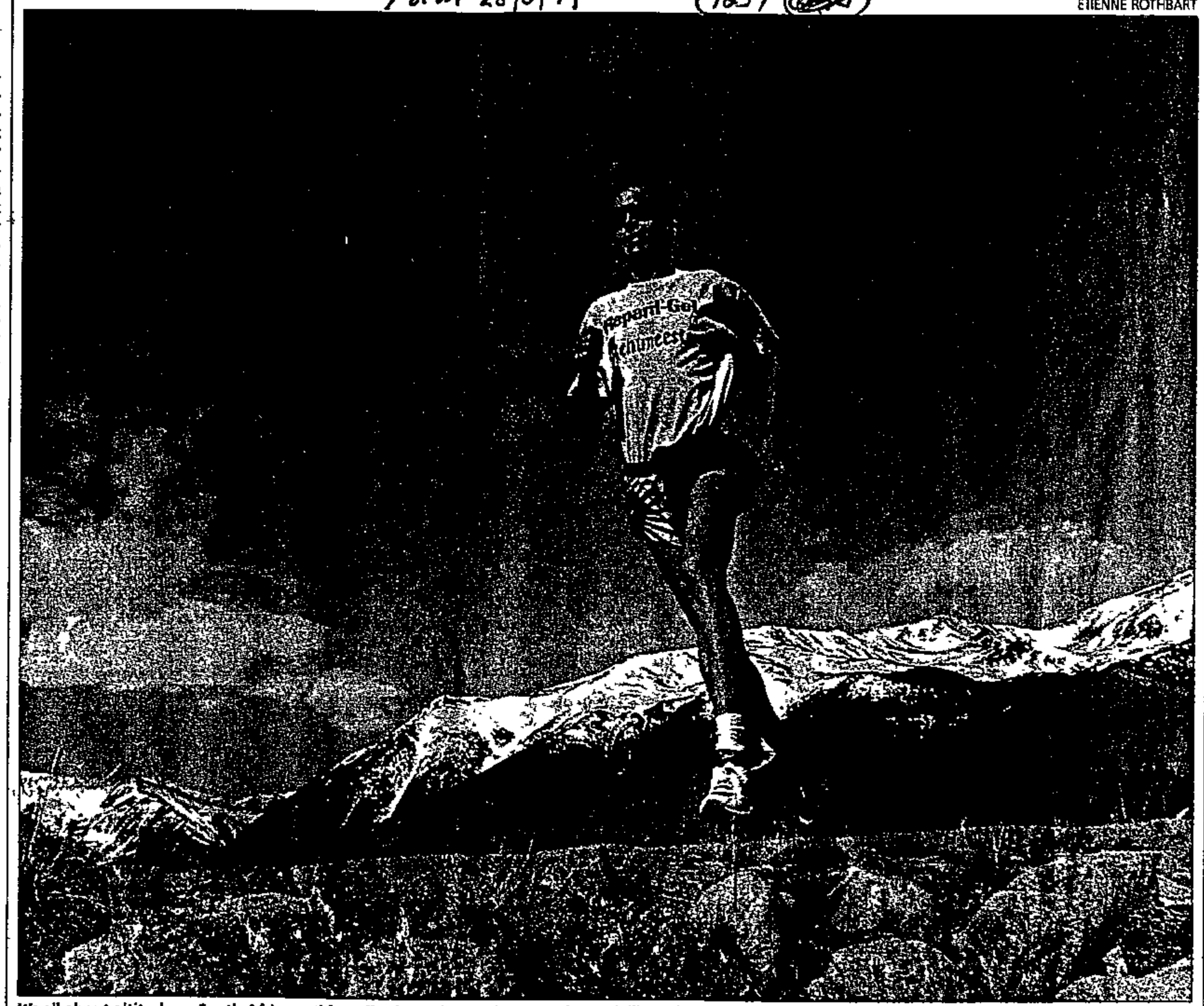
Leon Mbangwa, head of communications for the Mpumalanga housing department, said overspending was not unusual, and the province would normally be able to divert funds originally budgeted for other contractors who had not met their obligations.

►Motheo saga
Business Report

■ ROCKY MOUNTAIN HIGH

Star 28/6/97 (123)

ETIENNE ROTHBART



It's all about altitude ... South African athlete Charl Mattheus takes a run in Leadville, Colorado, in the United States. Mattheus has been in Colorado for altitude training in preparation for the Comrades Marathon next month. He has been making the most of warmer weather after experiencing freezing temperatures in his first two weeks.

►Report and picture . Page 25

Presidency can't protect Bill Clinton

By Rich Mkondo
Star Foreign Service

Washington – In a judgment said by legal experts to put Bill Clinton's presidency seriously at risk for the first time, the US Supreme Court ruled yesterday that Clinton cannot postpone a sexual harassment suit brought against him just because he is president.

The ruling, which was unanimous, means that Paula Jones, a former employee of Clinton's home state of Arkansas, may pursue her lawsuit against Clinton for damages.

Jones claims that during a conference in May 1991, Clinton then governor of Arkansas, called her to a hotel room, made explicit sexual advances and invited her to perform oral sex.

She says that when she refused, saying she was "not that kind of girl", Clinton told her: "You are smart. Let's keep this between ourselves."

Jones has given detailed and consistent accounts of the meeting, which include the graphic reference – repeated all over America – to "distinguishing characteristics in Clinton's genital area".

Her presence in the hotel room has been confirmed by one of Clinton's bodyguards at the time, and she is said to have other witnesses prepared to testify in her favour.

Clinton has consistently denied all the allegations and says he has no recollection of ever meeting Jones. Despite this, his lawyers almost reached an out-of-court settlement with Jones two years ago.

Govt publishes draft water bill

BD 29/5/97 (123) (8)

Wyndham Hartley

CAPE TOWN — Legislation creating a national framework for water provision for the first time in SA's history and bringing all the existing water boards under one legal framework has been published for information by the government.

Published last Friday in the Government Gazette and discussed in yesterday's meeting of Parliament's agriculture, water affairs and forestry committee, the bill would, when approved, make the wastage of water a punishable crime in SA.

The Water Services Bill seeks to make it an offence for any person to "continue the wasteful use of water after being called upon to stop by the minister, a province or any water services authority". Excessive use of water has until now only been an offence in terms of local regulations relating to drought crisis measures and not in terms of a national statute.

Punishment suggested in the draft bill is a fine or imprisonment for not more than two years or both a fine and imprisonment. If an employee commits the offence with the express permission of the employer then the offence will be considered committed by the employer, the bill suggests.

It also says access to a basic water supply of water is the right of each and every South African. Every water service authority covered by the new national structure "must take reasonable measures to realise this right".

It is estimated about 12-million South Africans do not have access to basic water supply and many more do not have access to basic sanitation.

The legislation from Water Affairs Minister Kader Asmal will also set national norms and standards both for the provision of water services and for the tariffs charged for them. It provides for the preparation of water service development plans by water service authorities.

Current water boards, such as Rand Water will be both established and "disestablished" in terms of the new legislation when it becomes law.

The legislation will allow the water affairs minister to prescribe compulsory standards for both the provision and the quality of water supply.

He will also be able to, with the concurrence of the finance minister, prescribe tariffs for water and this could take into account the socio-economic and physical attributes of each area making cheaper water possible for the poor.

Parliament row on Cobbett

ARG 29/5/97 (123)

CLIVE SAWYER
POLITICAL CORRESPONDENT

Housing Minister Sankie Mthembi-Mahanyele will face her critics in a snap debate in Parliament today on the departure of Director-General Billy Cobbett.

Opposition MPs are expected to question her on the exact sequence of events that led up to Mr Cobbett asking the Auditor-General to investigate the Motheo housing project in Mpumalanga.

Yesterday, in an interpellation debate that was effectively a preview of today's snap debate, Ms Mthembi-Mahanyele said she had told Mr Cobbett to go to the Auditor-General about his concerns over the project.

This is in apparent contrast to her statement to a media conference last week that one of the factors which had soured her relationship with the director-general was that he had approached the auditor-general without notifying her.

Jac Rabie, National Party spokesman on housing, said there was a "dark cloud" hanging over Mr Cobbett's departure.

Louis Green (ACDP) called for an inquiry into the affairs of the Housing Ministry.

Mthembi-Mahanyele says she told Cobbett to go to auditor-general

BD 29/5/97 (123

Wyndham Hartley and Linda Ensor

CAPE TOWN — In a reversal of last week's statements, Housing Minister Sankie Mthembi-Mahanyele told Parliament yesterday she had encouraged ousted housing director-general Billy Cobbett to take his concerns about an Mpumalanga housing project to the auditor-general.

Last week, when the controversy over Cobbett's dismissal broke, Mthembi-Mahanyele accused Cobbett of running to the auditor-general without consulting her. She said she did not make decisions based on gossip.

She said that after consulting Mpumalanga housing MEC Craig Padayachee and other housing officials, she was convinced that nothing irregular had happened on the issue.

Mthembi-Mahanyele said in the National Assembly yesterday she could not comment in detail on the Mpumalanga housing scandal, which has seen the activities of the province's housing board suspended, because the auditor-general was investigating it.

She said the auditor-general should not be rushed and should be given time to investigate the issues of the R185m contract to Motheo Construction.

A full debate on the issue will take place today in the National Assembly at the request of the Democratic Party.

The minister reacted strongly to National Party suggestions that she was involved in the award of the contract "under suspicious circumstances", and challenged NP speaker Jac Rabie to repeat his statements outside the protection of Parliament.

Rabie had claimed that the Mpumalanga housing scandal would have a serious effect on the delivery of houses. "According to allegations, R185m or R200m was allocated to Motheo under suspicious circumstances. This is worse than the Sarafina II scandal," Rabie said.

Auditor-general Henri Kluever said yesterday an investigation had been launched into the project after allegations that certain "erroneous payments" had been made to the province by the National Housing Fund.

His investigation into the allegations would be finalised and submitted to Parliament's public accounts committee. He was unable to give any likely date as the extent of the problem still had to be determined. "We don't at this stage know what we are investigating and how big it is".

Kluever said he had received a report from Cobbett about the payments and that his attempts to recover the money had been unsuccessful. Cobbett had then asked him to investigate.

WATER RIGHTS

(123)

FM 30/6/97

Cutting across property rights

Agricultural Union could approach Constitutional Court for ruling

Will legislation arising from the White Paper on National Water Policy infringe farmers' property rights? The question is being taken seriously by the SA Agricultural Union (SAAU).

The union charges that the new policy — accepted by Cabinet (see *Current Affairs* May 9) — "provides no protection for existing water rights (which) are expropriated without compensation and replaced with a system of registration whereby user rights are allocated for a specific period."

Making water universally available, the union argues, could mean that "the use of irrigation water could become uneconomical for commercial agricultural production." In other words, abolishing existing water rights amounts to nationalisation — followed by rationing in the name of the greater social good.

Charles van Veijeren, who chairs the SAAU irrigation and water affairs committee, is on record as saying such a process would run counter to the constitutional property clause since "water rights are linked to property rights to the land and, as such, enjoy protection in the Constitution."

The property clause was one of the most contentious issues addressed by the Constitutional Assembly and, as it stands, only weakly protects property rights.

The clause states: "No-one may be deprived of property except in terms of law of general application." But such a law, of course, could be passed by the ANC-dominated parliament, though it would have to take into account the question of compensation. However, constitutional provision is made for restitution and a legislative framework to "enable citizens to gain access to land on an equitable basis." Property is defined as "not limited to land." More specifically, "no provision (of this clause) may impede the State from taking legislative and other measures to achieve land, water and related reform, to redress the results of past racial discrimination."

An SAAU spokesman says a Bill reflecting water policy is expected by the end of July and will be subject to the normal process of public hearings and parliamentary oversight before being enacted into law — possibly by the end of this year's session. The constitutionality of the Bill could also be questioned.

For now, the union has simply expressed its immediate concern; taking the matter to the Constitutional Court would be "the last step." The union finds much that is good in the new policy. The spokesman adds: "We prefer negotiation. We have had an open door to the Minister (Kader Asmal) in the past and hope we will have it in future."

The property clause, as framed, represents a compromise between those on the ANC's side who wanted no special protection for property rights and those who did. The formulation's vagueness was thus the product of opposing viewpoints and the pressure of deadlines for the writing of the Constitution. It is the vagueness that has prompted uncertainty among the farmers — and made clarification essential. **Peter Wilhelm**

***Kader Asmal** . . . farmers challenging his proposal to nationalise water*

Cobbett's departure may mean fewer houses for the poor

(123) (R)

BJ 30/5/97

What do the current ructions in the housing ministry mean for the future of mass housing in the country? asks **Mary Tomlinson**

WHAT will become of housing policy if conflict between the housing minister and her director-general is not resolved and leads to the departure of Billy Cobbett? Will the poor find their chances of getting access to a housing subsidy have improved or worsened?

If press reports are to be believed, Cobbett may be leaving because he blew the whistle on corruption. It appears he discovered irregularities in the handling of housing funds in Mpumalanga. Unfortunately for him, the irregularities were linked to a friend of the minister. The minister appears to have chosen to do without Cobbett rather than back an investigation of the circumstances of the contested contract.

Whatever the truth, corruption is very much on the public mind and the incident will inevitably be viewed through this lens. But there is an equally important question at issue: housing stakeholders, and in particular the homeless, need to ask themselves whether this incident will have an effect on housing delivery. The answer may lie in recalling some of the history around the formulation of the new housing policy.

The policy grew out of a realisation by most key stakeholders that logjams, coupled with inappropriate and inequitable government policies, were preventing delivery of low-income housing. These included a lack of suitably serviced land, the unavailability of end-user finance and many other components necessary to the effective functioning of a low-income housing sector.

Inappropriate and inequitable government policy was manifest in a subsidy scheme which delivered four-roomed houses to some race groups and serviced sites to others. Moreover, housing delivery in this market was characterised by uneven playing fields which resulted in the private sector being unable to compete with, for example, hidden subsidies for public sector projects. The effect was the private sector's withdrawal from this market.

COBBETT

In deciding the form for the new housing policy, it was decoded at the National Housing Forum — a multiparty negotiating forum established to elicit consensus on policy options — to redirect resources towards the poorest of the poor. This was to occur through a capital subsidy equitably accessible to race groups. Playing fields were to be levelled and the private sector was invited in.

The rub, however, lay in the money to be made available to qualifying households. It was at this point that the choices narrowed significantly. While all stakeholders agreed the subsidy was a necessary form of redistribution, disagreements arose over how large they should be.

Against the backdrop of a stagnant economy, numerous other social welfare sectors vying for resources, a looming balance of payments problem and the like, the choice was made to opt for "breadth rather than depth". That is, the subsidy would be kept at a relatively low level so that more people could benefit over the long-term. In addition, government would formulate policies and programmes that would facilitate housing delivery.

As is commonly known, this approach did not sit well with some newly elected politicians. Several provincial MECs for housing, and many MPs, rejected the policy outright, demanding that government fulfill its electoral promise to build four-roomed houses. On taking over from the late Joe Slovo, even the new housing minister called the standards introduced by the policy into question.

As one of the key participants in the formulation of the policy, the director-general became the target of much of this criticism. His determination that the policy be implemented in line with its underpinning principles of affordability, equity, transparency, accountability, sustainability, no hidden subsidies and the like, meant politicians, bankers and builders alike were held to some rather inflexible rules.

If Cobbett goes, will this still be the case, or will politicians find it easier to direct resources to their supporters? Will fewer, more expensive houses be delivered via new hidden subsidies?

Delivering housing patronage is simple — it is what happened under the old regime. Developing a functioning housing sector is hard work. It takes knowledge, dedication, understanding, energy, toughness and patience. While the former route may appear successful, it will deliver only in the short term.

It is no secret that housing is one of the few departments in which it was decided to maintain the previous government's officials for a time. During the transition, senior officials participated in bilateral negotiations on the formulation of the policy with the National Housing Forum and developed an enormous amount of knowledge and expertise. Cobbett recognised this and, shortly after taking up his position, let it be known he was relying on them to see the policy formulation process and implementation of the new policy through.

Despite the enormous criticism of the housing policy, government has recently been able to point with pride to rising delivery figures. Unfortunately, one cannot help but wonder whether, if the director-general finally departs, this will also include jettisoning these officials just as the sector is gathering momentum.

If Cobbett goes, it will surely be easier for those who favour a populist housing policy to have their way. Households making up the housing backlog should be warned the result will be fewer subsidies to go around once "breadth" is abandoned for "depth". And, as the allocation process becomes less transparent, voting for, being related to, or knowing someone, will certainly help.

Given this, government — and the public — should ask if, in this case, the cost of alleged corruption may not turn out to be far greater than the corruption itself.

□ *Tomlinson is a senior researcher at the Centre for Policy Studies*

Housing minister makes admission over contract

(123) (~~129~~)

Jacob Dlamini

CAPE TOWN — Housing minister Sankie Mthembi-Mahanyele admitted yesterday that Motheo Construction had not been formed as a company when it signed a R185m contract with the Mpumalanga Provincial housing board.

She told the National Assembly it was not unusual for people to sign contracts while companies were being registered. She was speaking in a snap debate on the Mpumalanga housing controversy, in which the combined opposition attacked the minister and the African National Congress closed ranks in her defence.

Mthembi-Mahanyele stuck to the claim she made on Wednesday that she had supported housing director-general Billy Cobbett's decision to ask the auditor-general to investigate the Motheo rural housing project. She denied this was inconsistent with the statement she had made last week that Cobbett had gone to the auditor-general without informing her.

Without elaborating, Mthembi-Mahanyele said Cobbett had admitted to her that he had made mistakes in certain areas.

She said she and Cobbett had had disagreements over time and that they had agreed to terminate his five-year contract. She again denied that she had fired the director-general and invited people to mediate between them.

The Democratic Party's Douglas Gibson accused Mthembi-Mahanyele of failing to give a satisfactory explanation of the termination of Cobbett's contract.

Gibson also challenged Mthembi-Mahanyele to table Cobbett's letter of resignation in Parliament in full support of her claim that he had resigned.

Mthembi-Mahanyele also said Mpumalanga premier Matthews Phosa had told her yesterday that he had suspended the provincial housing board so the auditor-general could conduct his investigation without interference.

Mthembi-Mahanyele accused the opposition parties of racism, saying they were concerned about Cobbett simply because he was white. She said she had been hurt by allegations of nepotism, saying she was prevented by the constitution from interfering in provincial matters.

Robyn Chalmers reports Cobbett's severance package had not been worked out by late yesterday because administrators have so far been unable to ascertain whether he had been fired or had resigned.

Public service and administration director-general Paseka Ncholo said yesterday: "We are still consulting on this issue, but as far as I am aware, an agreement between Cobbett and Mthembi-Mahanyele has not yet been reached."

But sources close to government said yesterday an agreement on the terms of Cobbett's departure could still be reached by today and if so, then he would immediately vacate his office.

BD 30/5/97 Page 9

Minister firm on Cobbett

(123) (1~~9~~)

HOUSING Minister Mrs Sankie Mthembi-Mahanyele insists director-general Mr Billy Cobbett approached her saying he wanted to resign, and says she had given him four days to think the matter over before granting his request.

"I never approached him," she said in reply to a snap National Assembly debate yesterday on the Mpumalanga housing controversy.

Despite her claim, sources close to Cobbett, who will not comment publicly, say he insists he was fired.

The minister said people were prejudging his departure, saying he was right and she was wrong without having access to all the facts.

Allegations about the project were "no more than allegations" and she fully supported the Auditor-General's investigation of it. "There is nothing I am hiding."

● Mr Douglas Gibson (DP) said Mthembi-Mahanyele had resorted to bluster, evasion, threats and "economy with the truth" when questioned in Parliament earlier this week. She should say what Cobbett's departure was going to cost taxpayers. — Sapa

CT 30/5/97

Cobbett's resignation fuels battle of words

(123) (PRESS)

Heated exchanges with allegations of racism and sexism erupt as MPs debate departure of director-general

Star 30/5/97

By Jovial Rantao
Cape Town

What was scheduled to be a debate on the departure of housing director-general Billy Cobbett from the public service last night deteriorated into heated exchanges of allegations of sexism and racism.

As the National Assembly settled to hear the reasons behind the controversy surrounding Cobbett's departure, ANC MPs accused opposition parties of targeting the Housing Ministry because it was led by a black woman.

They asked why Cobbett's case was being treated extraordinarily after so many senior public servants had left the civil service.

ANC MP Nomatyala Hangana said the debate was about the ability of the ANC and Housing Minister Sankie Mthembi-Mahanyele to govern. Mthembi-Mahanyele referred to the debate as a "circus" and a "zoo".

She said opposition MPs had passed judgment on her in the matter relating to the granting of a R190-million contract to Motheo Construction. The contract is the subject of an investigation by the office of the auditor-general.

"I don't know why he (Cobbett) has to be right and I have to be wrong. It is a question of solidarity. Is this a racial problem? Is it a question of racial brotherhood? I do think there are issues that reveal gender conflict because no one had all the facts, but already this minister has fired this wonderful D-G," Mthembi-Mahanyele said.

ANC MPs used the opportunity to point out that their party had built more houses in its three years in government than the NP had done during its four decades of rule.

The NP's Jacobus Albertyn said the NP did not have enough money to build houses because it had a fight on its borders against, among others, the ANC.

PAC MP Patricia de Lille asked whether public service regulations were followed in Cobbett's departure, while the DP's Douglas Gibson, who requested the debate, said race and gender had nothing to do with the affair.

Mthembi-Mahanyele revealed in Parliament that Cobbett had left after mutual agreement that their relationship had irretrievably broken down.

She read a statement in which Public Service and Administration Minister Dr Zola Skweyiya acknowledged receipt of requests from herself and Cobbett regarding the termination of the director-general's contract.

In the statement, Skweyiya said public service regulations provided for the termination of a director-general's contract if he and the minister did not have a relationship of trust.

Rich pickings in housing for poor

(123) MTG 30/5 – 5/6/97

As the Mpumalanga housing scandal escalated this week a picture emerged of a profitable scheme for its developers. **Justin Arenstein**, **Stefaans Brümmer** and **[illegible] Soggot** report

MPUMALANGA's controversial rural housing scheme hands the developer a profit mark-up that exceeds the gains typical of low-cost housing deals. A consultant to Motheo Construction — the company set up by a friend of Housing Minister Sankie Mthembi-Mahanyele to execute the R185-million deal — this week said the profit margin was pegged at about 5%, or just over R9-million.

Some say the profits from the R185-million scheme could be much more if everything goes according to plan, had everything gone according to plan. One organisation close to the project has calculated Motheo's potential gain as at least R35-million, a figure also cited by a senior government source.

The executive director of the Building Industries Federation of South Africa, Ian Robinson, said even 5% was "on the high side" assuming there was negligible risk involved and no extra capital requirements.

Motheo's founder and friend of Mthembi-Mahanyele, Thandi Ndlovu, has referred all inquiries to the provincial housing officials.

It also emerged this week that established contractors stood to gain from the project — despite its black empowerment banner. And questions surround the actual benefit of the project for the rural communities it targetted.

Controversy over the Mpumalanga rural housing scheme has already cost Housing Department Director General Billy Cobbett his job after he alerted the auditor general to a string of procedural irregularities. The auditor general is now investigating, with the help of forensic auditors.

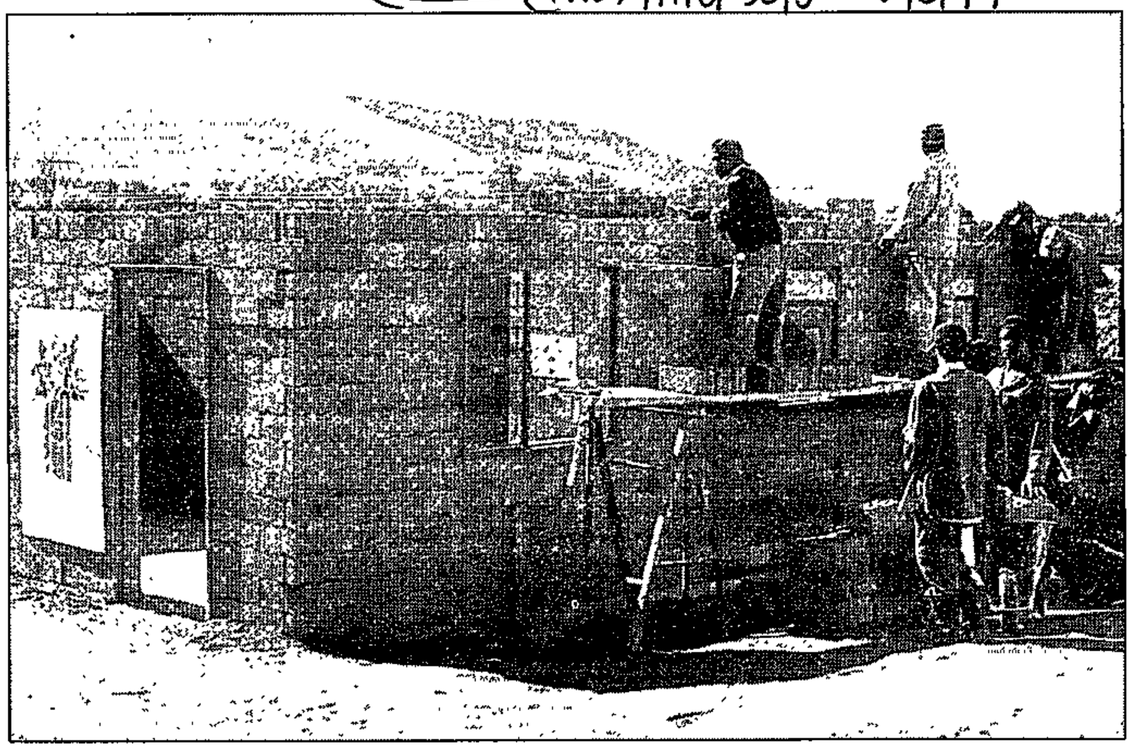
The intervention has put the deal under pressure but so far it has not been frozen or shelved.

Last week Nedcor fired its personal credit chief, Kevin Gibb, who helped set up the Motheo deal. This week, Mpumalanga's housing board chief, Saths Moodley, resigned and fellow board member Job Mthombeni, Ndlovu's co-director in Motheo, was given 24 hours to leave his board post.

Meanwhile, Gibb's role in the scheme has grown clearer.

Nedcor's executive director, Mike Leeming, said his bank had begun probing Gibb after it received letters from two of Motheo's suppliers, who were also Nedcor clients. They "complained of Gibb's behaviour", in particular his attempts to beat down their prices — unusual conduct for a banker.

Gibb, who has been described as "Mr Housing" in the province, replied: "Wherever possible I would encourage suppliers to reduce prices for products for low-cost housing. I do not negotiate final prices. This is done by the companies concerned."



The house Motheo built: The Mpumalanga housing scheme that is causing all the trouble

Nedcor has financed a series of low-cost housing schemes through Gibb, but it remains unclear why he was so deeply involved in the Motheo deal.

Gibb introduced Ndlovu to provincial housing officials. He insists he was sacked because he threatened to blow the whistle on Nedcor's failure to provide adequately for its bad debts, saying he has documentary proof.

But Nedcor's chairman, Chris Liebenberg, dismissed these claims as "nonsense", saying Gibb was sacked for "very serious" breaches of internal procedure.

While Motheo has been touted as a "black empowerment" vehicle, significant evidence has emerged that established contractors stand to benefit. Construction giant Murray & Roberts (M&R) met with Ndlovu before the project was approved by the province's housing board in January.

A confidential letter quotes M&R senior executive Chris Cudmore as saying: "As a start to a potentially long-term and mutually beneficial relationship, we have offered substantial support to Motheo to help get their seven projects under way. We have jointly agreed to not publicise our involvement at this stage."

M&R this week confirmed it had built 26 of Motheo's 100 show houses and provided technical advice — for a total R300 000 fee — and had tendered to Motheo to build a portion of the 10 500-house project.

M&R Housing's managing director, Rob Henderson, said: "I understand we would be looking at 1 000 or so houses, but that is dependent on Motheo." Henderson said the M&R tender involved the use and training of local labour.

Other established firms, including Grinaker, are also eyeing a slice of the action.

Commenting on M&R's reluctance to publicise the partnership, Cudmore this week said the company had been involved in several high-profile projects across Mpumalanga, adding: "We really did not want to get in the way of Motheo's PR efforts."

The rural housing scheme — which is geared to save costs by packing relatively large houses into a "high density" settlement — has been feted by provincial housing officials because of, among several features, its 40m² units.

But social workers this week raised concerns that the houses were grouped too closely together — some in inaccessible, remote places. (The contract stipulates that new local authorities would be created to manage some of the new settlements.)

Social workers said some tribal authorities had refused to have the developments on their land. They said the houses were earmarked for families of up to seven people. Two families would be housed in coupled units under one roof, with no room for extensions.

"The design of both the houses and the way they are placed is in total contradiction to rural living, needs and socio-economic situations," said one.

Reports suggest local authorities have been touring villages to find families for the new "agri-villages".

Mpumalanga Premier Mathews Phosa, who bolstered his anti-corruption image this week when he acted against the provincial housing board, downplayed talk that the African National Congress was preparing to isolate Mthembi-Mahanyele.

He questioned why Cobbett had raised the alarm after the national department had authorised an initial R9,2-million payment to Motheo.

Much too close for comfort

Mail & Guardian Reporters

ONE of the hallmarks of the Mpumalanga housing controversy is a web of cosy relationships spanning central government, provincial government and the private sector.

Among the most striking features of the network are:

- **Housing Minister Sankie Mthembi-Mahanyele and the head of Motheo Construction, Thandi Ndlovu, are close friends from their exile days. Ndlovu is proud to describe the minister as her "mentor". But both have denied their friendship played any role in the award of the contract.**
- **Mthembi-Mahanyele and sacked Nedcor banker Kevin Gibb, who helped set up the deal, had a close working relationship, forged during several Nedcor-backed housing projects.**
- **Gibb and Ndlovu met after Gibb hired her sister, Granny Seape, to work at Nedcor. Seape resigned from the bank days after the rural housing scheme was launched in late April.**
- **Job Mthombeni, co-director of Motheo, was also a member of the Mpumalanga Housing Board, which approved a R185-million contract for Motheo. Provincial housing MEC Craig Padayachee this week gave Mthombeni 24 hours to resign from the housing board.**
- **Mpumalanga Housing Board chairman, Saths Moodley, was allegedly too close to certain developers in the province — a charge he denies.**

Mpumalanga Premier Mathews Phosa acknowledged Moodley had offered his resignation two weeks ago, before the controversy started, but cited allegations that Moodley had indulged in "unhealthy relationships with a number of contractors".

Moodley said this week there had been concerns about his links to another Mpumalanga builder, the Chinese-owned company Goldenest, but said the concerns were unfounded.

In a letter to the provincial housing department last October, Goldenest described Moodley and Padayachee as "executive consultants" for the company.

Moodley says: "I was never a consultant and never received cash or other payment."

Goldenest claims the word "consultant" had slipped in due to a translation error — the company meant to say "facilitator" — but confirmed Mthombeni was a sub-contractor to the company.

Malaysia. My state of health at the time required that a doctor of the SA Medical Service accompany me. My personal secretary also accompanied me. The cost of R45 923,82 incurred was made up as follows:

(a) Daily allowance for myself, wife, doctor and secretary	R11 444,93
(b) Air tickets for my doctor and secretary	R23 130,00
(c) Hotel accommodation for my doctor and secretary	R11 348,89
Total	R45 923,82

Border control posts along borders/at seaports/airports reduced/improved

*2. Mr J SELFE asked the Minister of Home Affairs:

Whether there are any plans to (a) reduce the number of border control posts along the Republic's borders and at seaports and airports and/or (b) improve facilities and infrastructures at border control posts in order to curb illegal immigration and cross-border activities; if not, why not; if so, (i) what are the relevant details concerning these plans and (ii) what progress is being made with the implementation of these plans? C220E

The MINISTER OF HOME AFFAIRS:

(a) No.

(b) Yes.

(i) Ports of entry are being upgraded by the Public Works Department on a priority list basis. Implementation of the upgrading of the first of eight border posts on the priority list is expected to start during this year.

Criteria to ensure that international airports should be in compliance with the legislation of all the relevant departments are being formulated, and in the near future all present and envisaged international airports will have to meet with these criteria in order to obtain or retain such status.

(ii) Cabinet has authorised the establishment of a collective approach by the main departments who have a direct representation at ports of entry, identified as the National Inter-Departmental Structure, that will co-ordinate the further upgrading of facilities and all control functions at ports of entry, in an effort to combat cross-border crime.

This structure must submit a progress report to Cabinet by the end of June 1997, whereafter more information in this regard will be available.

The CHIEF WHIP OF THE MAJORITY PARTY Mr Chairperson, could the question stand over, while I investigate the reason for the Minister . . . [Interjections.]

The CHAIRPERSON OF THE NCOP: Order! Mr Makgothi, is that on the instruction of the Minister?

The CHIEF WHIP OF THE MAJORITY PARTY:

No, Mr Chairperson, it is a request I am making. [Interjections.]

The CHAIRPERSON OF THE NCOP: Order! If anybody wants to ask a question, he will be recognised and given a chance to ask it properly

The CHIEF WHIP OF THE MAJORITY PARTY:

Mr Chairperson, the Minister was expected to be present. I have to find an explanation as to why the Minister is late. [Interjections.]

The CHAIRPERSON OF THE NCOP: Order! I would like to instruct that somebody contact the Minister's office to find out what the position is.

*3. Mr W F MNISI - Housing. [Question standing over.]

Monitoring pollution levels in sea-water

*4. Mr E K MOORCROFT asked the Minister of Environmental Affairs and Tourism:

(1) Whether the monitoring equipment and resources currently available to his Department for monitoring pollution levels in sea-water have been found to be adequate; if not, (a) why not, (b) what are the consequences of such inadequacies on the monitoring of pollution levels and (c) what steps will be necessary in order to upgrade such resources and equipment to an acceptable level;

(2) whether his Department or any other relevant body intends adopting any of these measures; if so, what are the relevant details? C222E

The MINISTER OF DEFENCE (for the Minister of Environmental Affairs and Tourism):

(1) The limited capacity of the national Department in terms of monitoring pollution in the marine environment is largely due to the constraints imposed by the available human and financial resources rather than to the adequacy of equipment. Although a wide range of sophisticated techniques and equipment are available, it is possible to obtain sufficient information without always using the most sophisticated and up-to-date techniques. Nevertheless, officials of the Department do attend international conferences and meetings, thereby staying abreast of international developments.

In order to try and address the problem of human resources, a work study has been undertaken into the possible establishment of a Marine Pollution Unit under the Chief Directorate: Pollution Control of the Department as a separate entity from the research division currently under Sea Fisheries. In the longer term, if this unit is to be able to perform the required functions, this will require the establishment of additional posts.

(2) The Pollution Division at Sea Fisheries is undertaking research in this field, and has recently brought in equipment from Australia for this purpose. Research is also being undertaken at the University of Pretoria into techniques for the measurement of pathogens (bacteria and viruses) in marine waters and shellfish.

*5. Mr W F MNISI - Sport and Recreation. [Question standing over.]

*6. Mr E K MOORCROFT - Safety and Security. [Question standing over.]

Gauteng/Western Cape: caring for patients from other provinces

*7. Dr G W KOORNHOF asked the Minister of Health:

(1) Whether the provinces pay (a) Gauteng and/or (b) the Western Cape for caring for patients from other provinces without receiving any compensation; if so,

(2) whether she or her Department intends taking any steps in respect of financial allocations to the departments of health of (a) Gauteng and (b) the Western Cape; if not, why not; if so, what steps? C225E

The MINISTER OF HEALTH:

(1) An agreement has been reached among the provinces that when a patient has been referred for secondary hospital care the referring province will be responsible for the payment of the cost of that referral. This also applies to Gauteng and the Western Cape. Highly specialised services are funded by the province where the hospital is located. There are no inter-provincial payments for primary health care. This also applies to Gauteng and the Western Cape.

I do not have the exact figures for the individual provinces and this question should be referred to the Provinces themselves.

(2) Yes, the plan is to change the funding arrangement so that Academic Health Services will be funded from the budget of the national Department of Health. This will address the problem of costs for patients referred between provinces.

*8. Dr G W KOORNHOF – Education.† [Question standing over.]

Questions transferred for oral reply in terms of Preliminary Rule 187:

New legislation: abortions

*1. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 50]

(1) (a) How many women's pregnancies have been terminated in each specified hospital in each province since the commencement

The MINISTER OF HEALTH:

(1) The Interim National Medical and Dental Council of South Africa introduced a moratorium on the registration of all foreign medical doctors. However, there are three exemptions to the moratorium:

- Doctors who form part of a government-to-government agreement;
- Professional doctors granted political asylum; and
- Doctors married to South African citizens.

(2) No.

Questions transferred for oral reply in terms of Preliminary Rule 187.

Clinics in Kimberley: curtailing of primary care services (98)

*1. Mr A E VAN NIEKERK asked the Minister of Health:† [Written Question No 33].

(1) Whether primary health services are to be curtailed in clinics in Kimberley in the Northern Cape; if not, what is the position in this regard; if so, (a) for what reasons, (b) from what date are these services to be curtailed and (c) what alternatives will be in force for persons who need primary health services;

(2) whether she will make a statement in respect of her undertaking that every person shall have access to primary health services? C39E

The MINISTER OF HEALTH:

(1) No.

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

(2) No.

I would just like to add that that is the last pie. [Laughter.] I can assure the hon members that they are all healthy and nourishing.

Source: Provincial Department of Health, Northern Cape.

Mr H G MAKGOTHI: Mr Chairperson, as I understand it, the Minister had made arrangements for another Minister to answer the question on his behalf. I now realise that that Minister cannot be here, and I would formally apply for this question to stand over until the next time.

The CHAIRPERSON OF THE NCOP: Order! Are there any objections?

Mr L J SWANEPOEL: Yes, I do have an objection. we have been awaiting a reply for months now. [Interjections.]

The CHAIRPERSON OF THE NCOP: Order!

Mr L J SWANEPOEL: It was first tabled as a question for written reply and he did not respond to it, and now today he is not responding to it. That is unacceptable to this House.

The CHAIRPERSON OF THE NCOP: Order! Could the hon Mr Swanepoel take us into his confidence and tell us how long ago this question was tabled?

Mr L J SWANEPOEL: It was tabled almost two months ago for written reply.

The CHAIRPERSON OF THE NCOP: Order! Mr Makgothi, I will make a ruling that urgent steps should be taken to get in touch with the office of the Minister this morning in order to establish what the position is with regard to this, especially since the question was tabled two months ago. Something should have been done by now, but I would appeal to the House that we should allow the question to stand over under the current circumstances.

With regard to Question 3, which is also addressed to the Minister of Education, it seems as if there will be no reply to it this morning. I think that urgent steps should be taken to get in touch with the office of the Minister in order for us to deal with this matter before we adjorn.

Mr H G MAKGOTHI: Mr Chairman, I would like to say with all due respect that I accept what the hon member has said.

I did indicate at the beginning that the Minister had made attempts to give a reply through another

Minister, who himself could unfortunately not be here. However, the sentiments of the House will be conveyed.

The CHAIRPERSON OF THE NCOP: Order! I hope you do grasp the point I am making that we allow this question to stand down. I will deal with this matter later, before the adjournment of this sitting. But there must be communication with the office of the Minister before that time.

Adv J R DE VILLE: Chairperson, question 7 to the Minister of Trade and Industry has stood over to allow the Minister to come to this House. What has happened to this question?

Mr H G MAKGOTHI: Chairperson, in relation to question 7, which deals with Trade and Industry, I have just received communication that the Minister is unfortunately not in a position to make it to this sitting. He is in Pretoria He had hoped to make it but has had flight problems.

Adv J R DE VILLE: Chairperson, it is most unsatisfactory that the Minister is not here, but the question had better stand over till next time.

The CHAIRPERSON OF THE NCOP: Order! I sympathise with the sentiments that Adv De Ville has expressed. I would like to assure members that we will take up these issues with members of the Cabinet. I wish to say, though, that we should also be greatful for the fact that two of the Ministers who should have responded to issues even if they are not here, have taken the steps to ensure that we get meaningful responses to those questions. With regard to those who are not here, I will take up the matter and report back to the House, either through the Whips or by some other method, at a later stage.

I must, on behalf of the House, express our gratitude to those members of Cabinet who took steps to ensure that they are here this morning and for having given us meaningful responses.

*2. Mr L J SWANEPOEL -Education †. [Written Question No 48] [Question standing over.]

*3. Mr L J SWANEPOEL -Education †. [Written Question No 49] [Question standing over.]

For written reply:

Western Cape: prisoners released before completion of sentences

111. Mr J SELFE asked the Minister of Correctional Services:

(1) Whether any prisoners were released from prisons in the Western Cape in 1996 prior to the completion of their full sentence; if so, how many;

(2) whether any of these persons had been convicted of crimes involving violence; if so, how many? C116E

The MINISTER OF CORRECTIONAL SERVICES:

(1) Yes. 8 077 prisoners were released under parole supervision.

(2) This information is not readily available and can only be obtained by conducting a costly manpower-intensive country-wide survey.

Prisoners: escaped/recaptured

124. Mr J SELFE asked the Minister of Correctional Services:

(a) How many prisoners (i) escaped from each prison, and (ii) were recaptured, in 1996 and (b) how was the escape contrived in each case? C129E

The MINISTER OF CORRECTIONAL SERVICES:

(a) (i) This information is tabulated as per the attached Annexure.

(ii) During the period 1 January 1996 to 31 December 1996, a total of 568 prisoners were re-admitted to prisons, after they had escaped, and were detained in prisons. It should be pointed out that such arrests do not necessarily represent only prisoners who have escaped during the aforementioned period but may also include escapes before the said period. It also does not include those escapees who were arrested and detained in police cells without the Department's knowledge.

(b) This information is not centrally available, but if the hon member wishes to obtain information on a specific incident, I will gladly obtain such information.

Slashed budgets 'destroying' city's top hospitals

Surgeon issues warning

AEG/2/6/97 (98)

JERMAINE CRAIG
STAFF REPORTER

The Health Department is attempting to destroy academic hospitals by drastically slashing budgets, says Red Cross Children's Hospital organ transplant unit head Delawir Khan.

"Previously there was the problem of the department not supporting tertiary medicine but now there seems to be an attempt to destroy academic hospitals like Red Cross, Groote Schuur and Tygerberg. They are not only allowing them to degenerate, but there seems to be an active campaign to try to destroy the service," he said in an interview.

The Western Cape's academic health services budget was cut by R78 million this year.

Dr Kahn said the drastic budget cuts had affected the hospitals' ability to provide anaesthetic services, radiology, physiotherapy and nursing services.

"Things do not look very promising. It looks as if we do not have a future. It is so bad now that the quality of medicine we provide is deteriorating by the day. We want to portray a positive approach, but we have to be realistic," Dr Kahn said.

The recent operation on 23-month-old Taariq Abrahams, South Africa's smallest kidney transplant recipient, was done under very difficult circumstances.

"The problem with budget cuts is that a lot of the services have been eroded. Despite this they were still able to do the transplant. It was only made possible through the dedication of the medical team," Dr Kahn said.

Chief medical superintendent of Tygerberg, Abdul Rahman, said he had been allocated R150-million less than he needed to run the hospital effectively.

He said Tygerberg believed in the shifting of resources from tertiary to primary care, but the capacity of primary and tertiary care had to be built up first.

Tygerberg served almost two million people but did not have adequate support in the form of clinics and day hospitals to provide an effective service.

He said rationalisation of the health service was taking place too quickly, to the detriment of the service.

"We are in agreement with the provincial health plan. We agree to the downsizing of tertiary care but it will have to be done over a period of time, not over 12 or 24 months.

"The way we are moving towards rationalisation and downsizing is so rapid that we are unable to cope with the situation. It should happen in an organised fashion over a period of about five years," Dr Rahman said.

The acceptance of voluntary severance packages had led to the hospital losing experienced staff with the result of increased pressure on remaining workers.

"Morale is bad and staff are overstressed. Naturally the standard will have to drop and the service will be of a poor quality," Dr Rahman said.

The Health Department's chief director for supra-regional services, Gilbert Lawrence, said the budget allocated to academic hospitals for this year was not sufficient to run the service.

The provincial health ministry had approached the national ministries of health and finance to try to secure additional funding.

He believed the rationalisation of the health department was taking place too quickly, to the detriment of services.

"We would argue that rightsizing should be done on a programmed basis but it is being driven by the lack of sufficient funding and, therefore, in terms of the time frames it does cause a crisis," Dr Lawrence said.

The provincial health ministry was trying its utmost to provide an efficient service, especially to those who have been deprived of health services in the past but these efforts were being hampered by budgetary constraints.

NEWS

Ambulance overhaul urged

Service mainly a 'ferry' between hospitals

ARG 4/6/97 (98)

ANDREA WEISS
City Editor

Cape Town's ambulance service is 80 percent a "ferry service" for non-emergency patients between hospitals, which must be corrected, and clear priorities and response times set.

This is the view of metropolitan councillor Brian Watkyns, who said that only then could finance be allocated, restructuring done and the morale of staff lifted.

He said metropolitan Cape Town needed to establish what it expected of its ambulance service before it could provide adequately for the needs of citizens.

Mr Watkyns has proposed that a team set up by provincial Health Minister Ebrahim Rasool extend its mandate to report on the required level of service.

Provincial government has entered into an interim agreement with the Cape Metropolitan Council and the Cape Town municipality over the future management of the ambulance service, which both local authorities would like to see reverting to the province.

Mr Watkyns said although an interim agreement existed, he was concerned about the level and types of services offered.

Part of the problem was that 80 percent of the time was being spent transporting non-emergency patients between hospitals.

"Our ambulance service is primarily a ferry service."

The questions that needed answering included what response times should be and what type of call-out priorities there should be.

Among the numerous reports produced on the ambulance service, he could find no record of a report dealing with expected levels of service.

"Surely only when we know what we expect of our ambulance service can finance be allocated, will we be able to structure it properly and lift the morale of the team. I do not believe this can be put on the backburner in the interim. We need to address it now."

Doctors in 'kickback'

Hospital accused of paying GPs to refer patients

JENNY VIALL
HEALTH REPORTER

Private hospitals are allegedly giving kickbacks to doctors who refer patients to them, paying the GPs a percentage of patients' bills.

Widespread kickbacks have been highlighted in an article in the South African Medical Journal. It says an oversupply of private hospital beds and the consequent competition for patients has led to a system of kickbacks in the form of payments or dividends to doctors.

The issue came to light after a member of the Medical Association of SA's peer review committee approached Wynberg Hospital and asked what benefits there would be for him as a general practitioner if he referred patients to the hospital.

The doctor said there had been complaints in the southern suburbs that referral patterns were being skewed by kickbacks offered by Wynberg Hospital. He had decided to investigate.

In a sworn affidavit after his meeting with the hospital in January, the doctor alleged hospital manager Neil Gregory advised him of a trust scheme set up for doctors who refer patients to the hospital.

A share in the trust fund would cost him R1 050 and he would get a 3 percent dividend of the total fees billed to patients he referred to the hospital, excluding pathologists' and radiologists' fees, the doctor said. He was told he need not sign any contract.

He was also told the scheme was legal and that there were 78 participants. Even in cases where patients were referred by specialists, the hospital would find out who the general practitioner was and pay him or her the dividend.

Under this scheme, a doctor referring a patient for a large operation such as a hip replacement could get a kickback of up to R3 000, the doctor said.

Mr Gregory denied the allegations: "We are not doing anything wrong. No doctor working at Wynberg hospital gets incentives or kickbacks." He said the scheme was ethical and legal. The hospital did offer general practitioners shares in a subsidiary company, from which they were

To page 3

Wynberg denies 'kickbacks' for GPs

From page 1

paid dividends, "but this is legal. Doctors are under no pressure to buy shares."

Jack Bergman, a member of Wynberg Hospital's advisory committee, hit out at the SAMJ report and questioned why Wynberg Hospital was singled out.

In a letter to the SAMJ, he said: "It is our opinion that other hospitals in the Wynberg vicinity have suffered financially since Wynberg Hospital opened. One can draw one's own conclusions as to why Wynberg Hospital has been singled out for special attention. Are the issues ethical or are there financial motives?"

Ivan McCusker, chairman of the Medical Association's policy committee, denied that Wynberg Hospital had been targeted for special attention: "We've had many complaints and this is the first substantiated and documented case.

"There is evidence from other centres of similar abuses of ethics." Among these were the Union Hospital in Alberton, which allegedly offered doctors R5 000 a month to refer work there.

Dr McCusker said the Medical Association, with the support of the Interim Medical and Dental Council and the Health Department, was looking at ways to stop the practice.

Music students join health care scheme

Kathryn Strachan (98) BD 6/6/97

IN TWO impoverished KwaZulu-Natal communities, music students are the latest recruits to the new-look primary health care teams.

A project based in Durban is emerging as a model of the new trend of finding more community-orientated approach to health care. The Natal Institute for Community Health Education — a partnership of universities, health services and the community — runs the project, which takes a holistic strategy of giving health workers the wide range of skills they need for primary health care.

The music students from the University of Durban Westville got involved after they looked at the role of music in recreation and education, and in their project they emphasise how people with musical ability can generate an income through their talent.

"The programme looks right back to the basic needs, and the key is developing communities by allowing them to participate at every level, and giving them the skills they need to be able to stand up and change things," project co-ordinator Glen Jager said.

It takes students into disadvantaged areas to give them an understanding of conditions in those communities and of how to find solutions within the constraints of poverty.

This year about 550 final year students are being taken from Natal University, University of Durban Westville, Natal Technikon and Mangosuthu Technikon to work with communities in the Valley of a Thousand Hills and in Mgababa on the south coast.

The programme has spread to almost all categories of health science students — medical, nursing, environmental science, pharmacy, optometry, occupational health and chiropractic. At times the focus falls more on research, at others it is on service.

Out of the initiative have come seven different programmes. There is early stimulation in creches, training creche teachers to identify early signs of disability or developmental lags, and support groups for disabled children.

A community mental health project tackles the high rate of teen pregnancy through life skills education, while other programmes look at substance abuse and provide support for mentally ill patients living in the community.

Medical students are looking at how TB services in the valley can be changed.

"There are so many barriers to break down," Jager said. "We need to develop students so that they look beyond the individual patient and see people in the context of their family and community, and understand all the aspects that affect their well being."

Hospital patients 'defraud' province

(98) Sowetan 10/6/97

ABOUT a fifth of Gauteng's R4,7 billion health budget is spent treating patients from other provinces, most of whom deceive hospitals about their place of residence.

This emerged yesterday in a meeting of Gauteng's standing committee on health, health department officials and officials of the auditor general's office.

Committee member Jack Bloom (Democratic Party) quoted Mr Alex van den Heever of the independent Centre for Health Policy as estimating the cost of treating patients from other provinces at R900 million.

Formal referrals amount to R160 million, according to the health department, leaving about R740 million for so-called "informal referrals".

"This is an enormous amount of money and has an enormous impact on the budget," Bloom said. He later said actual costs could not be calculated. – *Sapa.*

Japan gives extra R59m for SA hospitals

JOHANNESBURG: The Japanese government announced yesterday it would extend its aid to the South African government by R59 million to improve facilities at state hospitals, the Japanese embassy said in Pretoria. CT 10/6/97

The exchange of notes for the aid would be signed in Cape Town today by the Japanese ambassador to South Africa, Mr Yoshizo Konishi, and South African Health Minister Dr Nkosazana Zuma. — Sapa (98)

NEWS

One city psychiatric hospital faces axe

1000 beds set to go as cuts bite

ARG 11/6/97 (98)

ANDREA WEISS
City Editor

Nearly 1000 psychiatric hospital beds face closure and one of Cape Town's four psychiatric hospitals could also be shut down under a rationalisation plan.

Health officials confirmed yesterday that the process, first mooted three years ago, has been speeded up because of budget cuts.

The four affected hospitals are Valkenberg, Alexandra, Lentegeur and Stikland.

A workshop has been convened to look at a dramatic reduction in psychiatric hospital beds from 3 453 to about 2 500 as a first step.

Alan Barnard, a deputy director in the provincial department of health, said the provincial rationalisation plan was to have been carried out over five years.

This plan was aimed at reducing the number of mentally handicapped patients who were institutionalised at psychiatric hospitals and reintegrating them into the community.

Because of the tight budget, however, this process had had to be speeded up because "we haven't got five years".

He said the first step in the rationalisation would be to reduce the number of beds, which could lead to the closure of one of the hospitals.

Mr Barnard said it made sense to consolidate services and not to run all four hospitals at 60 percent occupancy.

Dr Miles Bowker, a senior medical superintendent in charge of the process, said a first step was to look at a way of discharging "a significant number of patients".

He described the process as "very difficult and extremely sensitive" because of expectations created through previous health policies.

Dr Bowker said no hospital had been singled out for closure because each of them had "very strong reasons" why they should remain open.

On the issue of the large land holdings at Valkenberg and Stikland hospitals, Mr Barnard said there had been several approaches from interested parties wanting to acquire the land but any sale would have to be by public tender.

Mr Barnard said the land would not be sold unless the Western Cape and the health department would benefit directly.

Currently, the proceeds of state land go into national coffers and would not necessarily be disbursed back to the Western Cape.

Jo'burg Hospital's infection rate queried

(98) Star 13/6/97

By Priscilla Singh
Health Reporter

At least 655 patients picked up infections in the Johannesburg Hospital in the first six months of last year, according to Gauteng MEC for Health, Amos Masondo.

Masondo was challenged by DP health spokesman Jack Bloom to investigate the levels of nosocomial infections, the technical term for a bug picked up in a hospital.

The infection develops during hospitalisation and is not present or incubating at the time of admission.

Such contaminations include wound infections, urinary tract infections, pneumonia and bacteria-infected blood.

It is estimated that five to 10% of patients admitted to hospital will acquire a nosocomial infection, and that immuno-compromised patients are at greater risk of getting a nosocomial infection, for example HIV, tuberculosis, renal, diabetic and oncology patients.

According to Bloom the costs of treatment are high because the infections tend to be drug-resistant and need expensive antibiotics such as Vancomycin, which costs R1 500 for a week's treatment. "There is definite room for improvement at Johannesburg Hospital, which should aim to keep these infections at least below 5%," Bloom said.

Johannesburg Hospital chief medical superintendent Dr Trevor Frankish said many of Bloom's statements were inaccurate and did not reflect Masondo's reply.

The MEC's response indicated the figures for the number of patients with problematic bacteria, some nosocomial, some community-acquired and some in patients transferred from other hospitals with these infections, he said.

Even if 1 300 patients a year were to acquire nosocomial infections at the Johannesburg Hospital, this had to be seen in the context of some 49 000 admissions a year, giving an infection rate of only 2,7%.

Therefore Bloom's "rate of as high as one in ten patients" was wrong.

Although the infections were expensive to treat, the quoted figure of at least R2-million a year was unsubstantiated, Frankish said.

Groote Schuur in the dock for reporting illegal aliens seeking care

ARLI 21/6/97 (98)

IDELE BALETA
STAFF REPORTER

Groote Schuur Hospital has been singled out at the Truth and Reconciliation Commission's (TRC) watershed two-day health sector hearings for compromising its professional ethics in its treatment of illegal immigrants.

The Health and Human Rights Project's (HHRP) Leslie London said in a TRC submission that the hospital was abusing its role by insisting that illegal immigrants only be treated in emergencies and that its administration reception staff immediately report the patients to the nearest police station or immigration office.

He said that even though apartheid had been eradicated and the environment had changed, the "mindset of hospital managements had not changed".

Referring to the complicity of the health sector in human rights abuses of the past, Dr London said: "Ten years ago it was detainees, now it's refugees and illegal immigrants".

Chief Medical Superintendent of Groote Schuur, Peter Mitchell, replied that hospitals had provincial government instructions to provide emergency treatment to refugees and illegal immigrants, "but to ensure that they were reported to the police or immigration department.".

"We would like the hospital to be able to function as a sanctuary. Ideally it should be a source of all treatment for any patient, without having to consider financial or legal aspects surrounding the patient.

"In reality the hospital is a component of a large provincial and national government system. The resources available for health care are critically limited. Services provided have to be prioritised and even rationed," he said.

Dr Mitchell said virtually all countries gave preference to their own citizens.

"Nevertheless any patient, legal resident or illegal, will be treated with sympathy and human dignity. Emergency treatment will be given as a first priority to the best of our ability," he said.

'This (reporting) ... is a breach of trust in the relationship with the patient'

After this week's TRC hearings Dr London told Saturday Argus that the duty of hospitals and staff was not to report to the police on patients. "This (reporting) is playing a role not intended for the health sector. This a breach of trust in the relationship with the patient."

Any explanation that the hospital had to unquestioningly abide by the national Department of Health policy would not wash if the sector was to move toward a culture of accountability and a respect for human rights.

The HHRP submitted that abuses of the past were not isolated events involving a few "bad apples ... rather these abuses arose in a context in which the entire fabric of the health sector was permeated by apartheid, and in which human rights were profoundly devalued".

Dr London submitted to the TRC a copy of a memorandum from Groote Schuur Hospital, dated May 14, 1997 and subtitled "Admission and Treatment of Foreign Patients". Under "Rationale" the Hospital Notice No.12/97 informs staff of the need to get payment in full before the patient is admitted. This was to be done if the hospital was not to lose out on revenue.

It says that: "Foreign patients, should however, be encouraged to make use of private hospitals wherever possible".

The circular adds that tariffs and tariff regulation was governed by national policy, to which the hospital must adhere.

Under the heading "Policy", which is "laid down by the National Department of Health", instructions are given in terms of admitting illegal immigrants. The phone numbers of the relevant police or immigration offices are provided.

The circular also states that: "The admission of patients in general is at the discretion of the head of the institution, except in the case of an emergency. Other than in an emergency, only those patients specifically referred to this hospital and authorised by a medical superintendent will be seen and treated".

In July last year a similar circular that warned doctors that their foreign patients unpaid bills would be docked from their pay, provoked an outcry.

A doctor was reported as saying that the practice was morally and ethically "outrageous". He said it required doctors to act contrary to the Hippocratic Oath and the Geneva Declaration under which they were obliged to treat all and any injured and distressed people.

Putting the heart back into health care

All-round effort needed to tackle rising workload, declining

THOBEKA MADAYI, THE KHAYELITSHA WOMAN WHO DIED IN A WHEELBARROW, HAS BECOME A SYMBOL FOR WHAT MANY SEE AS AN UNCARING HEALTH SYSTEM. HEALTH WORKERS HAVE TAKEN THE FLAK FOR MUCH OF THE TENSIONS OF A HEALTH CARE SYSTEM UNDERGOING RADICAL TRANSFORMATION. PUTTING THE CARING BACK INTO THE HEALTH SYSTEM WILL REQUIRE AN EFFORT FROM THE HEALTH DEPARTMENT, THE STAFF AND THE PUBLIC – SAYS HEALTH REPORTER **JENNY VIALL**

The pressures on the staff at community health centres are a challenge to the most caring and compassionate. The primary health care system is in transition: the old is not yet dead and the new is yet to be born.

There are tensions between growing and sometimes unrealistic expectations from patients of what it can offer and what it can reasonably be expected to deliver.

Inevitably, this leads to conflict between clinic staff and their patients, between concerned families and health workers.

Perhaps not as visible to the public are the high levels of stress experienced by staff. Nurses, doctors and reception clerks work under the pressures of an ever-increasing workload in conditions sometimes far from ideal with little acknowledgement or reward.

Thobeka Madayi, the terminally ill woman from Khayelitsha who died in a wheelbarrow after being turned away from the Nolungile Community Health Centre, was denied the chance of care and comfort in her dying hours. While Nolungile clinic has its own specific problems, it could have happened at any of the other community health centres.

This incident led Western Cape Health MEC Ebrahim Rasool to appoint a task team to investigate what had happened and to look at broader problems in primary health care delivery. Last week, the team presented him with a comprehensive report and made extensive recommendations.

The result of four weeks investigation, the report apportions blame but more importantly it looks at the tensions and pressures under which staff work and what can be done to change these.

"Thobeka Madayi forced us to put the heart back into the health system," said Mr Rasool. "We have been committed to building up primary health care. Perhaps we have erred on the side of structures and infrastructure."

While in no way excusing what happened, the report paints a picture of a clinic system where demoralised staff work under the pressures of high expectations from patients and heavy workloads.

Many staff feel they have been unfairly targeted by media reports, politicians, the public and and health department. The task team found there was "a deeply held sense of frustration and grievance" among staff that their best efforts were often unappreciated and that they were lumped together with the few who are uncaring. The task team heard on several occasions that "no one shows us appreciation when we do well 99 percent of the time, but everyone criticises us when things go wrong".

There are huge pressures on primary level health care, says John Frankish, Head of Health in the Metropole and a member of the task team. An additional 200 000 patients a year attended community health centres over the last two years and there will be an estimated 200 000 extra this year. At the same time, staff numbers at these centres have gone up only one percent.

The introduction of free primary health care services, the downscaling of tertiary hospital services and population increases due to migrancy and natural increases have increased demand for health services at primary level.

Voluntary severance packages, freezing of posts, delays in filling unfrozen posts and difficulties in attracting staff to work in areas seen as dangerous or unattractive have left health centres often without adequate staff and supervision.

Added to this are increasing and sometimes unrealistic expectations and demands from members of the public. Many people do not know how to use the services and staff have complained of people who bring in minor complaints which could be treated at home.

The task team found there were also increasing and sometimes unrealistic expectations from hospital staff and the health department of the capacity of community health services to take up responsibilities being shed by tertiary hospitals.

All these factors put added pressure on staff, which has a debilitating effect on morale and sets up a vicious cycle. The team found absence of work due to stress and illness is relatively high and there are continuous applications from staff for severance packages which then increases pressure on remaining staff. Stress is the major reason given by applicants for the severance package.

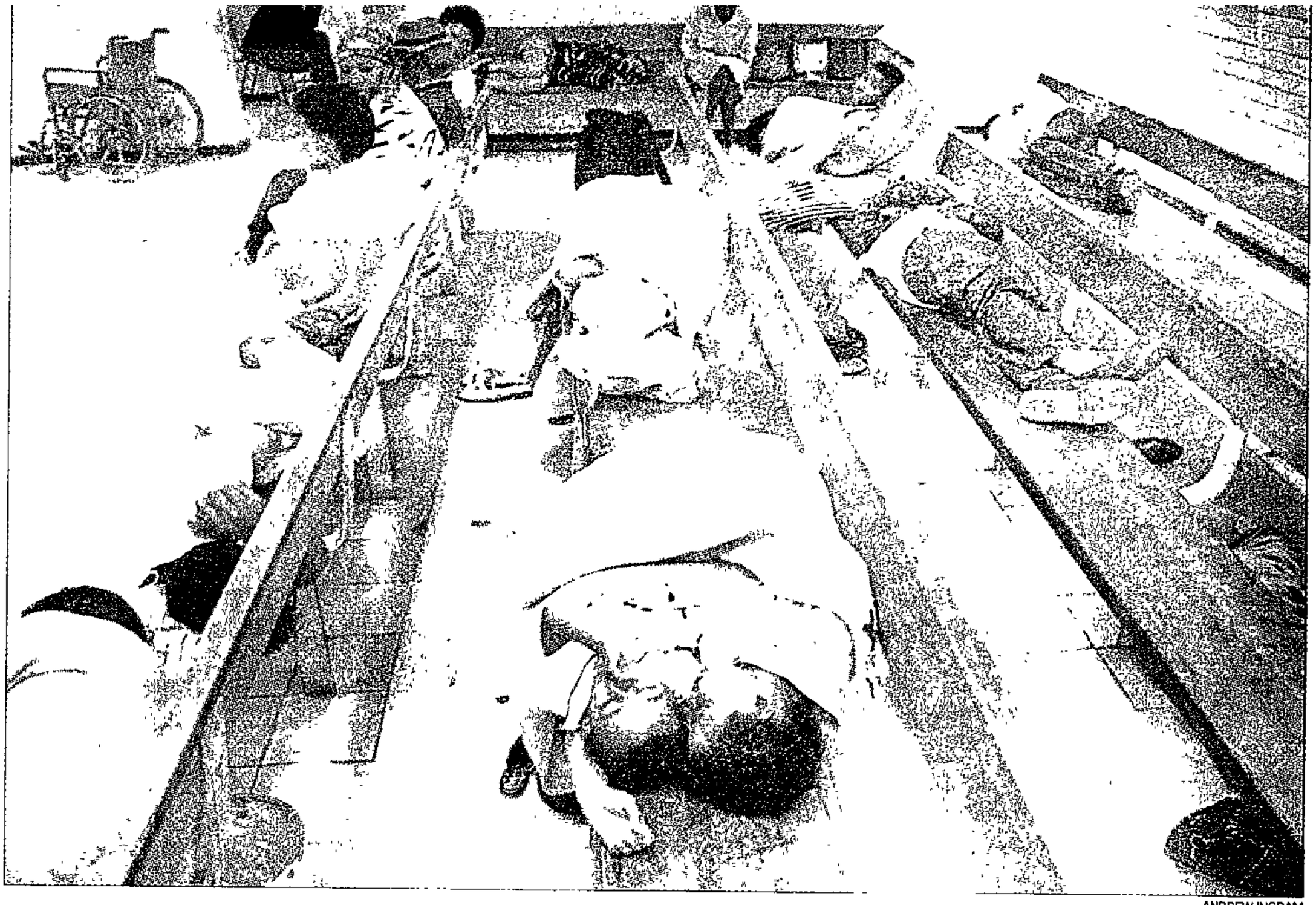
"The irony," says Dr Frankish, "is that the better the service, the more patients come and the more pressure there is. There's an in-built mechanism to make the service unfriendly."

Dr Frankish points out that during 1996, with two million patient visits at the province's community health centres (formerly known as day hospitals), fewer than 20 formal complaints about the services were lodged. The task team found that in spite of all the pressures on staff, the majority of those working in community health centres were trying to provide a caring health service.

During its investigations, the task team received no complaints about the standard of clinical care but rather about the process of admission and an underlying unhelpful attitude.

"It is not possible to quantify the extent of the problem and the task team does not wish to label all staff as uncaring as this is certainly not the case.

"We believe incidents such as these are relatively isolated ones and the vast majority of community health care personnel give of their best to provide acceptable services to the community under conditions which are often demanding, stress-



ANDREW INGRAM

Admission agonies: patients await medical attention at the Elsie's River Day Hospital. A recent Health Department report cites a clinic system where demoralised staff work under the pressures of high expectations from patients and heavy workloads

ful, dangerous and relatively thankless. For this they deserve our recognition and appreciation."

The task team found most staff have chosen to work with the community health services because of a fundamental commitment to improve the wellbeing of people within communities.

However, there is no doubt that a culture of caring needs to be fostered and this will require action from the health department, communities who use health services and health committees and the general public.

'The irony is that the better the service, the more patients come and the more pressure there is'

"Putting the heart and soul into the health services is no small task," says Mampe Ramotsamai, who headed the task team. "We took a long look at what was going on."

The task team identified a public education campaign as an urgent priority so that people use the health system in a responsible way and know what to expect from it. In the change of emphasis to primary health care, many people are confused as to where to go.

A public education campaign will be put out to tender as a matter of urgency, said Mr Rasool. The task team also recommended starting a process to develop and popularise a charter of patient rights which takes into account the reasonable rights and responsibilities of both consumers and providers of the health service.

Then there's the community. Community involvement in health is one of the cornerstones of a successful health system, says Gabriel Urgoiti, from the National Progressive Primary Healthcare Network. Health committees are a formal link between health service providers and the community.

"Health committees must be given real teeth so that they can work together with staff," he says.

They should serve a function similar to that performed by hospital boards in the case of large hospitals. The task team recommended that the role and functions of health committees be clarified and formalised through legislation.

The health department has a major role to play to ensure a caring health service, and the task team's recommendations will be discussed by Mr Rasool with top management this week. Recommendations include written protocols for staff as to when to send patients elsewhere, an admissions policy which takes into account which cases are emergencies, a bookings system, an improved ambulance service and a more disciplined staff.

The task team recommended that the Nolungile Community Health Centre be razed and rebuilt as no amount of renovation would make it adequate.

The clinic is a prefabricated building built in the late 1980s. Waiting rooms at the clinic are crowded, the extremely narrow passages cannot take a wheelchair or a patient trolley and the waiting area at the pharmacy can at the most seat 10 patients.

"We don't have the capital for this," said Mr Rasool, "but we are exploring the possibility of donors who can contribute to building the clinic," said Mr Rasool.

The team also recommended that there be enough staff at clinics to reduce the pressure on existing staff. Mr Rasool said voluntary severance packages would not be given to those needed at primary health care centres. There needed to be participative management at health centres with real delegation of responsibility and accountability, the task team said.

The comprehensive report is a useful evaluation of where and what the tensions are in the Western Cape's transforming health system. It also shows the need to focus on the problems experienced by those expected to care for sick people.

Big shake-up for medical institutions

(98)

Star 27/6/94

Hillbrow Hospital will be converted into community health centre

By Priscilla Singh
Health Reporter

Hillbrow Hospital has been downgraded from a 740-bed hospital to a community health centre which is expected to be up and running by December, superintendent-general Ralph Mgijima of the Gauteng health department said yesterday.

The conversion of Hillbrow Hospital formed part of the long-awaited announcement by the department on the fate of major institutions that would undergo changes.

Other institutions that would be converted into community health centres are Nigel, Lenasia, Discoverers, Laudium and Johan Heyns hospitals.

Westfort Hospital and Andrew McColm hospitals in Pretoria and Kempton Park Hospital, which were marked for closure in the original plan, will be shut down from July 1 and the few remaining patients will be transferred to neighbouring institutions.

Mgijima said Hillbrow would be the unique centre out of the six because it would have a number of specialist outpatient services such as oncology.

"At Hillbrow the relocation of specialist services will proceed in phases and be negotiated with the various 'patient recipient' hospitals. Up to six other hospitals will absorb Hillbrow's in-patients and some of their outpatients".

The structural transformation plan, when announced by the department in October, evoked widespread criticism from unions, staff members and the community, who were all angry that they were not consulted during the process, and the department was forced to backtrack and revise its plan.

The department set out to restructure hospitals because of the inequalities of resources and staff-to-patient ratios inherited from the apartheid government. It also found that certain hospitals were underutilised and poorly located and in poor physical condition.

Row looming over state's freeze on new private clinics

(98)

Government says a moratorium on new private hospitals is justified by staffing problems, writes DON ROBERTSON

ST (BT) 29/6/97

MEMBERS of the medical profession are preparing to take legal action to stop government from implementing a moratorium on the granting of new licences for private hospitals.

It is estimated that more than 50 licence applications have been put on hold in at least three provinces, as the Department of Welfare and Health insists on a 12- to 18-month moratorium.

Angered by the move, doctors are preparing interdicts which will call on provinces to justify their stand against granting new licences or allowing existing facilities to be extended.

Provincial health departments say private hospitals are not accessible to the majority, and more hospitals will only exacerbate the shortage of nursing staff.

Doctors, however, say that standards in public hospitals — particularly in Northern Province, Mpumalanga and Gauteng — have declined dramatically.

"Government health care has deteriorated to the extent that you take your life in your hands when you enter a public hospital," said one doctor.

Others said standards at General de la Rey Hospital in Lichtenburg had declined to such an extent, the facility was to be closed. As a result, Lichtenburg farmers raised R2-million to buy an old nursing home which they converted into a scaled-down facility, but because it was not licensed it could not accept medical aid patients.

It is alleged that in many cases doctors are unable to carry out surgical procedures because of the lack of qualified theatre staff.

An application for a private hospital in White River states that the area it is intended to serve has only 2.3 hospital beds per 1 000 people, compared with the national average of 4.4 beds per 1 000.

Brian Davidson, strategic planning manager for health care at Afrox, said the large number of outstanding applications for beds could result from property developers believing that private hospitals would yield greater returns than, for instance, retail outlets.

Senior manager of provider networks at Momentum Health, Johan van Rooyen, said there was probably an oversupply of private hospital beds catering to the self-insured or those on medical aid, but insufficient beds for the general population as a whole.

"The problem is the poor distribution of private hospitals, for instance the large number in the northern suburbs of Johannesburg. Rather than let market forces resolve this, the Department of Health decided to regulate construction of new hospitals."

Dr Gulam Karim, Mpumalanga's chief director, health services, said that a few years ago there were about three hospital beds per 1000 people in the province, but this had fallen to between 1.8 and 2.5.

A problem in granting licences for new hospitals was the strain they would place on the availability of nursing staff.

"Private hospitals were recently built in Ermelo and Barberton, and they attracted nursing staff from public hospitals. To overcome this we increased salaries by between 15% and 30% last year, and there will be a further increase in July."

'What we hope is that we become the purchaser of health services rather than the provider'

Karim is adamant that the public and private health sectors should interact more closely in service provision.

"My philosophy is that the public sector should interact with the private to provide services. What we hope is that we become the purchaser of health services rather than the provider," he said. There were probably nine to 12 hospital or clinic applications awaiting approval in Mpumalanga.

In a recent letter refusing an application for a private hospital, however, Karim said there was spare capacity in existing hospitals, and any additional facility would threaten human resources.

He conceded that public sector hospitals were not as well maintained as they should be.

Dr Thanyani Mariba, Northern Province deputy director-general of health and welfare, said there were three to four applications outstanding in the area, but the moratorium was a national issue.

Mariba also encourages closer co-operation between public and private health care groups, but reaffirms the fear that additional private hospitals will absorb staff.

"What is needed is for private hospitals to assist with training," he said. Northern Province spent R170-million in the 1996/97 financial year, and will spend R190-million in the current one upgrading public hospitals.

"This is a strong move to improve hospitals in the hope that we can attract even private patients," Mariba said.

The Association of SA Quantity Surveyors said because public sector spending remained low, construction companies had to turn increasingly to private sector work such as in health care.

"We see signs of state intervention to prevent developments, which is a sure way to a serious slump," said association president Prof Basie Verster.

Ambulance racism furore

Legal action taken after operator calls caller a 'dom darkie'

ST (CM) 29/6/97 (98)

YVETTE VAN BREDA

THE Human Rights Commission has issued an order forcing the Cape Ambulance Service to reveal the name of an operator who allegedly made racist remarks to a caller.

This week HRC commissioner Rhoda Kadalie personally served an order on ambulance chief Greg Pillay, forcing him to identify the emergency service phone operator.

When Themba Mbane, called the ambulance service emergency number, 10777, after his brother had drunk battery acid earlier this month, he expected help.

Instead he got a response which left him shocked.

A transcript of the conversation which the commission has in its possession — Cape Metro has a copy — reveals that the operator called Mbane a "dom darkie" and said it appeared his brother wanted to die "so why disturb him?".

The operator — now facing a departmental disciplinary action — will hear this week whether action will be taken against him.

This is the first time the commission has had to resort to serving an order of compliance since coming into existence.

Pillay complied with the order and revealed the identity of the operator.

Mbane said he called 10777 shortly before midnight on June 3 requesting an ambulance for his brother, Mbulelo, 31, who had drunk battery acid in a suicide attempt hours earlier.

After Temba Mbane was told: "... maybe he don't want to live anymore, so why do you still disturb him?" he swore at the operator, who then called him a "rubbish" and a "dom darkie" and hung up.

Mbane called back four times but each time the phone was allegedly put down.

By this time his brother was vomiting blood. He was taken to the G F Jooste hospital in Manenberg before being transferred to the Groote Schuur intensive care unit the next day.

He was discharged a week later and is now at home on a liquid diet.

Mbane said: "We were told at hospital that if he had not been brought in then he would have died the next day."

Human Rights Commission lawyer Ron Paschke said the ambulance service authorities had agreed to provide the commission with a transcript of the recorded conversation, but refused to identify the staff member involved. The commission then consulted the attorney-general and issued the order, which was delivered to the ambulance service's Pinelands headquarters on Wednesday morning.

Paschke said the operator would get a chance to give his side of the story before a finding was made on the matter.

It was everyone's constitutional right to receive emergency medical treatment and the incident was one of several under investigation in the health sector, Paschke said.

Paschke said the commission "is investigating whether all these complaints constitute a trend and point to systemic problem in the health system".

The Western Cape office of the HRC has received 420 complaints, of which 114 are currently under investigation.

"We investigate individual complaints and try to prioritise the most shocking ones and deal with those," said Paschke.

He said the case load meant only the "most shocking cases" were investigated by the commission and the rest were referred to other organisations.

The incident at the ambulance headquarters comes just weeks after staff at the police radio control who answer emergency calls were accused of practising "radical" racism internally.

Head of the police equity component, Zelda Holtzman, said this week that management would get tough to stamp out racism at the control centre, and staff may be sent on rehabilitation courses.

"Something has to be done. We have to eradicate racism and that (control centre staff behaviour) was a vulgar display of racism."

She said proactive action, "some kind of remedial or rehabilitation steps", needed to be taken, and as equity manager she had a very strong commitment to that.

The matter was also being investigated by provincial commissioner Leon Wessels' office.

Meanwhile, Internal Complaints Directorate head, Director Riaz Saloojee, said the ICD was still investigating the death of a Manenberg resident who was allegedly beaten up after he swore at an emergency operator last month.

Michael Wagenstroom died in Groote Schuur 's intensive care unit, and his family claimed his death was a result of a police beating which came after Wagenstroom called the 10111 number to report a domestic problem. After a row over the matter, police allegedly took him to the Pinelands control room where he was beaten.

Dying patients abandoned

Chaos as emergency hospital overwhelmed

(98) ARG 30/6/97

JERMAINE CRAIG
STAFF REPORTER

Overworked doctors at the embattled G F Jooste Hospital in Manenberg are forced to leave dying patients untreated while they help those they think they can save.

These are among shocking realities at the emergency hospital, where a handful of doctors and surgeons have to cope with a tidal wave of patients.

The staff at G F Jooste came in for heavy criticism last week when the Cape Argus reported that a 24-year-old accident victim, Igshaan Lodewyk of Kewtown, died of head injuries soon after being discharged.

Medical superintendent Norman Maharaj said his staff worked under tremendous pressure and the hospital simply did not have the capacity to cope with the workload.

He painted a grim picture of the realities – of people dying because there simply were not enough staff and resources to attend to the many emergency cases arriving at the hospital daily.

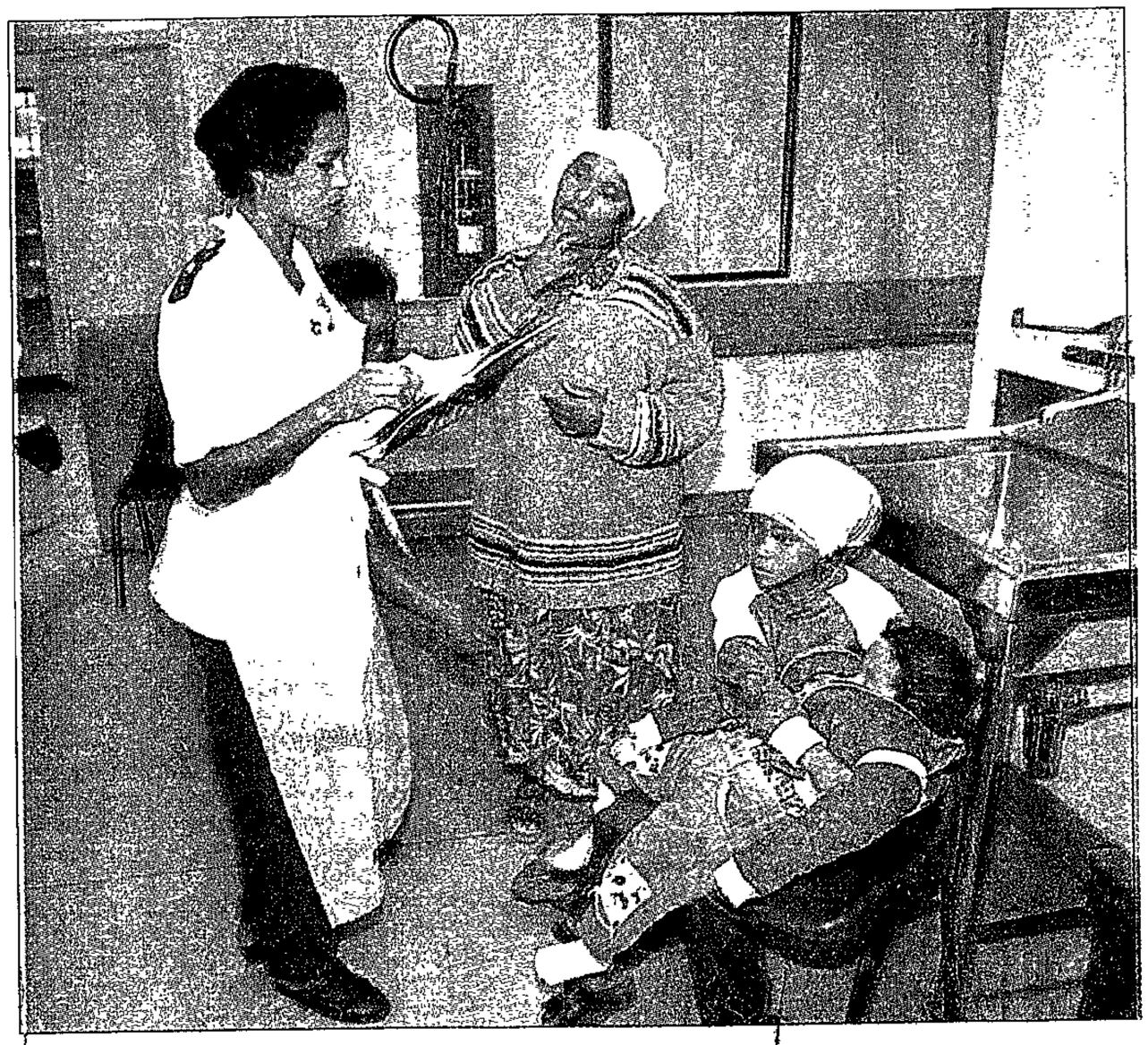
He said the most urgent cases were given priority and doctors had to make critical decisions on the spur of the moment.

"You have to sort out the dying from the not dying, and if you look at a person you have to say: this person is going to die anyway. That is the nature of an emergency hospital," said Dr Maharaj.

Responding to allegations that his staff were "cold and uncaring", Dr Maharaj said they were doing their best to save lives under very trying circumstances.

"Our staff are confronted with blood, gore and death daily and many of the valiant and heroic attempts to save lives often go unnoticed. It is psychologically and emotionally traumatic when patients die, especially the young, and every effort is made to console and provide support."

He felt his staff were dedicated on the whole and "extremely proud" of what they achieved at GF Jooste.



Looking for comfort: a family seeks help from a nurse at the G F Jooste Hospital in Manenberg

LEON MULLER

In the queue: a stabbing victim waits patiently for attention

Situated in the heart of the Cape Flats, the hospital serves a population of almost a million in Khayelitsha, Mitchell's Plain, Strandfontein, Nyanga, Manenberg, Philippi, Crossroads, Surrey Estate and many other areas.

Last month alone, 3 206 patients were seen in the hospital's trauma emergency unit and 232 operations were performed.

G F Jooste is the smallest secondary-level hospital in the Peninsula and has a staff complement of 423, about 25 of them doctors, who provide a 24-hour service in the wards, theatres, emergency unit, x-ray, physiotherapy, social work, kitchen, sterilising unit and maintenance departments.

The hospital has 184 beds (of which only 132 are in use), but the number treated is huge.

When the Cape Argus team visited the hospital on Friday, we were immediately confronted by relatives of patients, incensed that their loved ones had to wait for hours to be admitted. But behind the scenes it was easy to see why people sometimes waited 12 hours for treatment – there are simply not enough staff, space or beds for people to be attended to immediately.

Just about every bed was occupied by midday, with the busy weekend still ahead.

To page

Crisis as patients left to die

ARG 30/6/97 (98)

From page 1

"This place is chaos today. There are people who have been waiting for 12 hours. We have had about four emergencies today," said Dr Maharaj.

In a tiny room used as a "makeshift clinic", at the entrance to the hospital, incoming patients are "sorted" according to how serious their injuries are.

Dr Maharaj said doctors normally did the screening of patients in this room, but when called to an emergency, they had to leave this to the nurses.

Senior nurses were normally required to assist with emergencies and inexperienced juniors left to screen patients.

Two people at the centre of the siege are Julie Moses and Hawa Abbas, who manage the nursing staff.

They say staff are committed to serving people in the most impoverished communities, but usually all they get in return is verbal abuse.

"People do not know what we have to deal with. The workload we must handle is tremendous. We are doing it for the community and they do not appreciate us. People abuse us every day. Staff morale is very low," said Sister Abbas.

Sister Moses blames the lack of back-up facilities at primary health care institutions for the chaos G F Jooste Hospital finds itself in.

Nationalise SA health system – hospital chief

(98)

'Only way to aid poor'

ARG 30/6/97

JERMAINE CRAIG
STAFF REPORTER

There are enough facilities to provide proper health care for all Capetonians, but poor people are being discriminated against in the allocation of resources, says the head of a Cape Flats hospital.

Norman Maharaj, medical superintendent of the G F Jooste trauma-emergency hospital in Manenberg, the smallest secondary hospital in the Peninsula, said only a fifth of the country's health resources was spent on public hospitals.

Most money spent on health came from private sources and was pumped into private hospitals, resulting in poor people having to make do with Government-funded hospitals which could not cope with the tremendous workload.

Dr Maharaj said there were enough health facilities in the Western Cape, but many of them catered for the well-off rather than the poor. "The difference is so vast it is unreal," he said.

"Eighty percent of all money spent on health in this country goes to 20 percent of the people. Poor people are the ones who suffer because they make use of public hospitals."

Chief: Norman Maharaj

He felt the answer was to nationalise the health system and scrap private hospitals.

"We cannot afford the luxury of private health care while the poor are suffering. We need to use all the resources in this town so that poor people can be helped," said Dr Maharaj.

His hospital serves an estimated million people from areas such as Khayelitsha, Mitchell's Plain, Strandfontein, Guguletu, Heideveld, Nyanga, Manenberg, Philippi, Crossroads and Surrey Estate.

Dr Maharaj said his hospital did not have the capacity to cope with the thousands of patients who streamed through its doors every month. People sometimes waited up to 12 hours for treatment.

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ARG 30/6/97 (98)

From page 1

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HEALTH SERVICE VICTIMISATION ALLEGED

Rescue workers fired

CT 1/7/97 (98)

THE HEALTH AND Public Service Workers Union, which is not recognised by the Cape Ambulance Rescue Services, claims members are being fired for political reasons. **ROGER FRIEDMAN** reports.

NINE Khayelitsha-based members of the Cape Ambulance Rescue Service who say they booked off sick after eating a cow's head have lost their jobs after being charged for leaving the work-place without permission.

Health services in Khayelitsha appear to be in a state of disarray. About a month ago Mrs Thobeka Madayi died tragically in a wheelbarrow, during a futile attempt by her husband to obtain medical attention.

And last week — in a case that was not publicised — the ambulance service's control room haggled over whether to transport a critically wounded man from a primary health centre to a hospital, and the man died. Now nine ambulancemen have been fired, about a third of the Khayelitsha staff.

A spokesman for the nine, who asked not to be identified, yesterday accused management of abusing disciplinary procedures to get rid of workers it did not want for political reasons. The nine are all members of the SA Health and Public Service Workers Union (Sahpswu), which is not recognised by the ambulance service.

While the union continued its quest for recognition, its members were being squeezed out of their jobs, he said.

The head of the service, Mr G Pillay, who chaired the disciplinary committee which found the nine guilty, did not return the Cape Times' call yesterday.

Sahpswu rose to prominence two years ago when its members occupied the service's control room in Pinelands, demanding the service be restructured.

Since then, the spokesman said — and in spite of Pillay being brought in to replace Mr Rod Douglas — management had been out to get rid of union members.

The case against the nine goes back to the night of January 22. They claim they followed the correct procedures to book off sick after eating the cow's head, and although other ambulance service members booked off sick from Mitchells Plain and Ndabeni on the same night none of them had been dismissed.

"It boils down to a case of dismissing our Xhosa comrades, while another ethnic group in Mitchells Plain who were found guilty on the same charges were spared after appealing," the spokesman said.

"It goes back to 1995 when Sahpswu took action here demanding our rights, a change in the attitude of management and other things.

"We were particularly concerned for our people in the townships who were and are still dying. We needed more people there. We still need more people there."

He said: "The wheelbarrow case was not the first and it will not be the last."

DISMISSED: Themba Nyama, Thembile Masito and Monde Jamela believe their belonging to the unrecognised South African Health and Public Service Workers Union was the real reason for their dismissal from the ambulance service. *PICTURE: BENNY GOOL*

Health workers to strike for more pay

CT 2/7/97. (98)

CAROL CAMPBELL
HEALTH WRITER

PUBLIC hospitals and clinics, already crippled by budget cuts, are to be dealt a blow when health workers across the country down tools for two days next month to pressure the government into granting bigger wage increases.

The strike, set for August 7 and 8, will be by members of the 158 000-member National Education, Health and Allied Workers' Union (Nehawu). School caretakers and administrators are also to take part.

Ahead of the strike, hospital, clinic and education staff are to march in protest on July 10. They are to march again on July 25, when they are to be joined by other Cosatu-aligned public service unions, says Ms Pam Harris, Nehawu's vice-chair in the Western Cape.

TOO LITTLE SPARE: Zola Skweyiya

The state's offer of a 7,5% increase and a minimum wage of R19 002 a year has been accepted by several staff associations and trade unions.

Nehawu, the South African Democratic Teachers Union (Sadtu), Police and Prisons' Civil Rights Union (Popcru), and the Institute of Public Servants are demanding a minimum increase of 9% and a minimum wage of R21 000 a year.

The four Cosatu-aligned unions have threatened, if the state continues to refuse to bow to their demands, to cripple the public service with a national strike, on a date yet to be set.

"The government is listening to a small group of privileged staff associations and not the people who put them in power," Harris said.

"Strike action is on the cards. We are preparing for it right now."

The problem arose last year in the central bargaining chamber responsible for setting civil servants salaries when unions were asked to sign a three-year plan to improve the salaries of all civil servants.

They were promised salary increases above the inflation rate, provided the civil service was dramatically reduced in size.

They agreed to a three-year restructuring plan whereby 100 000 jobs would be cut each year. So far, 30 459 civil servants have been granted packages, which have cost the state R1,7 billion.

Public Service Minister Mr Zola Skweyiya told Parliament in May that 20% of the vacancies created by voluntary severance packages had been or were being filled again.

Because so little has been saved by cutting back, less money than expected is available for salary increases.

Mr Casper van Rensburg, general manager of the Public Servants' Association, said the wrong people had taken packages, leaving the service "bloated" at inappropriate levels.

"The state is not abolishing the posts that have become vacant and this is part of the problem. They are being filled by different people."

The opening up of posts had paved the way for more affirmative action appointments, but too little effort was being made to cut jobs, Van Rensburg said.

He supported most of the current wage agreement with the government as it enabled 200 "occupation classes" in the service to apply for "rank" increases, which were better than the average raises.

"By delaying the process you are hurting people who really need money. Remember, 83% of public servants earn less than R45 000 a year. These are people who deserve their increases on July 1."

The state says R4,8 billion is available for increases from July 1. Added to this is R3,23 million saved through the voluntary severance packages.

"We are not happy with the savings," Van Rensburg said. "We believe there is more money, but we will fight for it in the bargaining structure, possibly through arbitration. We won't hold up the July 1 increases while we wait for this money."

Health Department strikes back

Chief reacts to news reports of poor patient care

ARGS 2/7/97 (98)

JERMAINE CRAIG
STAFF REPORTER

The Western Cape Health Department is doing everything in its power to maintain standards and to be compassionate towards patients, in spite of drastic budget cuts and major staff shortages, .

This is the message from Tom Sutcliffe, provincial health department head, speaking at a meeting of the senior provincial health management committee in Cape Town yesterday.

He was reacting to reports in the Cape Argus highlighting problems at day clinics and hospitals.

The Cape Argus was invited to attend the meeting, at which Dr Sutcliffe voiced concern at the "demoralising" impact the negative publicity had had on staff at hospitals and clinics.

"We understand that we have shortcomings, but we feel that over the past few weeks there has been almost a concerted effort to make the plight of the patients quite a sensational issue.

"We accept that there are shortcomings journalists would want to expand upon and make headlines from. But at the same time we are concerned that a situation would have developed in the public's mind of a system that is almost collapsing and offering no care at all.

"That is worrying us and is simply not the case."

ROY WIGLEY

Negative publicity 'demoralising': provincial health department head Tom Sutcliffe yesterday

He said that at a recent "bosberaad" members of the health department had presented a list of goals for the year, one of the most important of which was to provide a "caring" health service."

John Frankish, provincial health director for the metropolitan region, said there were problems that resulted in people not receiving the medical attention required.

But staff at the city's hospitals were under tremendous pressure and doing their best to provide care to patients in very trying circumstances.

"Our hospitals are under huge pressure. There are problems; we do not have the time to give patients the care they need and should be getting. People are under pressure, but the great majority of our staff do their utmost at times, and this kind of reporting does become very demoralising," Dr Frankish said.

Last week staff at the G F Jooste trauma-emergency hospital in Manenberg came under fire when a patient who had been in a traffic accident died of head injuries soon after being discharged.

Dr Sutcliffe said secondary hospitals such as G F Jooste played an important role in easing the patient loads at tertiary hospitals like Groote Schuur and, in spite of staff shortages, they maintained a high standard of health service.

Secondary hospitals were hamstrung by the lack of back-up services at clinics and day hospitals, but plans were in the pipeline to build an out-patients department at G F Jooste with specialists on duty to help ease the problems.

There was also a need to tell people about problems such as alcohol abuse leading to many patients ending up at trauma centres.

He said it was felt that the media could play a role in helping to keep the public informed.

Census finding: call to review R230-m budget cut

ASHLEY SMITH
STAFF REPORTER

The Western Cape's 1996 population figure should be used to review the R230-million cut in the region's health budget, says provincial health department chief Tom Sutcliffe.

He was commenting on the preliminary finding of Census '96 that the Western Cape had more than 4,1 million citizens compared with the 3,6 million shown in the 1991 census.

Dr Sutcliffe said the results could have positive implications for the beleaguered health service if the national government reviewed the budgets granted to the nine provinces to bring them in line with the census findings.

Although the results showed there were 37,9 million people in South Africa – about four million fewer than expected, the Western Cape had shown a dramatic growth of 600 000 since the 1991 census.

The province's health budget has been cut by R230-million, leading to the closure of hundreds of beds at Tygerberg and Groote Schuur hospitals.

Dr Sutcliffe said government grants to the provinces for health care needed to be reviewed if the population explosion in the Western Cape was the result of a "population shift" from other areas.

"We will need to study the population changes in the other provinces and establish whether the increase in the Western Cape's population was caused by people migrating from these regions," Dr Sutcliffe said.

The Western Cape Health Department would also have to study the census results to ensure provincial resources were reaching areas of high population density.

Hospital satisfies health department

BD 3/7/97 (98)

BLOEMFONTEIN —The Free State health department was satisfied that problems and shortages of medical consumables at the Botshabelo Hospital east of Bloemfontein were being effectively handled by hospital management, it said yesterday.

There were reports in recent weeks of part-time doctors working with blood without surgical gloves, of doctors having to bring their own soap and towels and of soluble thread not being available for operations.

There had also been reports in the media that certain anaesthetic preparations and absorbent linen protectors were not available at the Free State hospital.

Health department head Prof Craig Household said yesterday that media reports created the impression the hospital was being negatively affected by the alleged shortage of medical consumables and supplies.

He said that at certain stages there had been shortages of supplies such as surgical gloves, but these had immediately been dealt with by the hospital management.

Hospitals and medical facilities were dependent on the availability of supplies and preparations from suppliers.

Household said mechanisms had been instituted to prevent similar problems.

He said his department supported the staff and management of Botshabelo Hospital.

The department had full confidence in the manner in which the management handled problems at the hospital, he said. —Sapa.

NEWS

Province unveils strategy to tackle hospitals crisis

(98) ARG 3/7/97

Resources to be shifted to primary care

JERMAINE CRAIG
STAFF REPORTER

The Department of Health in the Western Cape is to strengthen embattled primary and secondary hospitals serving poorer communities.

These clinics and hospitals have been under fire as overworked doctors and nurses battle to treat the tide of patients.

Provincial Health Department head Tom Sutcliffe said resources would be shifted from bigger tertiary hospitals – Groote Schuur, Tygerberg and Red Cross Children's Hospital – to the primary sector.

The department was doing its utmost to provide a caring service, in spite of increasing problems, he said.

Huge budget cuts and staff shortages had strained the service.

A lack of back-up facilities, such as clinics and day hospitals, had been identified as a problem area and it was hoped to establish more 24-hour facilities in all regions of the province.

The department also wanted to encourage community participation and help people develop a sense of ownership of the services in their areas.

The establishment of health committees and campaigns to promote a healthier lifestyle would also be encouraged.

A volunteer programme would be developed to encourage people to help at health facilities, and in community health projects.

Allegations that staff at hospitals sometimes had a "cold and uncaring" attitude towards patients would be answered with training programmes to improve interpersonal skills, and better attitudes towards patients would be developed and implemented.

The department would also continue to strive for additional funding at provincial and national level, and encourage fundraising by hospital boards and by communities.

The latest census figures indicated that the Western Cape was entitled to more funding.

Specific challenges to the health service such as tuberculosis, the high number of trauma patients, AIDS, nutrition and improving the accessibility to abortion services would also be addressed.

"The challenge for the department is to implement these objectives and others, to continually develop and deliver an efficient, effective, caring and good quality health service in a climate of diminishing resources and expanding demands and expectations in a period of transition, where rationalisation, restructuring and transformation are the order of the day," said Dr Sutcliffe..

(98)

Catch-22 for kidney hospitals

ST 6/7/97

Overextended units turn away new patients

CHARIS PERKINS

A DURBAN hospital facing legal action for kicking a pensioner off its kidney programme was forced to close its doors this week to new dialysis patients.

Addington Hospital turned away two Maritzburg teenagers and a 32-year-old Durban woman because staff and facilities in its kidney unit are stretched beyond breaking point.

As of this week, it will take no new admissions for haemodialysis.

Last week a Durban High Court judge ordered that retired headmaster Leon Ndlovu, 63, be put back on the programme until his case can be argued fully in two weeks' time.

Ndlovu had claimed the hospital had violated his constitutional right to live because he would suffer "an agonising death within a few days" if the treatment was stopped.

This week he told of his fear of losing the case.

Looking tired and rheumy-eyed, he said a doctor had told him his age and a heart condition disqualified him from the programme.

"I want to live but I have no money for a private hospital, nothing," he said. "If this case goes against me, I will be waiting for death."

But if the court rules in his favour, someone more deserving of treatment will die, say doctors.

The head of Addington's renal unit, Dr Sarala Naicker, said she was forced to turn away new patients every week because of a desperate shortage of resources.

Each week the unit also considered whether to carry on treating up to six patients provisionally on the programme.

"This was a good week because we kept everyone on. Last week, we turned away four people."

She said the hospital applied strict criteria set down in a national protocol to decide who should be on the programme. "The bottom line is that the patient has to qualify for a transplant. We have even turned down immediate family of staff working in the unit."

There are only 60 places on Addington's kidney programme and it is already treating 85 patients, said Dr Edoo Barker, chairman of the hospital's clinical consultative committee.

"To fit them all in, some patients are only being dialysed once or twice a week, even though the normal treatment is three times."

He said the hospital's 20 dialysis machines were not serviced properly because they were too busy, while the staff were stretched to breaking point. "It is a nightmare."

Naicker said her nursing staff were supposed to work from 7am to 4pm but came in an hour early, took shorter lunch breaks and sometimes worked until 10pm or later at night.

Addington Hospital is not alone in its dilemma.

Professor Tony Meyers, the head of Johannesburg Hospital's renal unit, said it turned away 90 percent of potential patients.

"Most of them fit the criteria. They are young and otherwise okay. But we cannot put them on dialysis because we are full.

"Last Friday, one of our consultants sent five patients home. They won't live long if they don't start dialysis soon — so they will die."

He said staff in renal units countrywide were under incredible stress. "We are trained to save lives, but we are made to be gatekeepers."

Addington's renal unit hit the headlines earlier this year when Stephen Bock, 31, died just days before his lawyers were to seek a High Court injunction to force the hospital to treat him more often.

He was thrown off the dialysis programme after he cut back on his medication and missed visits to the clinic. Although he won a temporary reprieve in January when the High Court in Durban ordered the hospital to put him back on the programme, his mother, Cavell, said they had refused to treat him more than twice weekly.

"Addington virtually let him die," she said and sent a message of support to Ndlovu. "My heart goes out to him and his family."

But Meyers had one answer: "If everyone who could benefit from renal dialysis was treated, in 10 years' time it would cost the state between 50 and 80 percent of the national health budget."

BID TO CLEAR UP PATIENTS' CONFUSION

Map guides locals to correct hospitals

(98)

CT 16/7/97

IN AN EMERGENCY, a patient will be taken to the nearest hospital, regardless of the hospital's status or where the patient lives. Health Writer **CAROL CAMPBELL** reports.

A MAP showing Western Cape residents which state hospital serves their area has been released by the Provincial Health Department to try to stem the flood of patients who have minor ailments yet go to the large academic hospitals.

It shows how the new hospital referral system works in the Western Cape.

The map divides the province into four regions, each of which has its own hospital or hospitals, and eight districts.

The four regions are:

● The Metropole — served by a number of regional specialist hospitals.

● The West Coast and Winelands — served by Paarl Hospital.

● The Boland and Overberg — served by the Eben Dönges Hospital.

● The Southern Cape and Karoo — served by George Hospital.

The provincial ambulance service is to use the map as a reference to ensure patients are taken to the correct hospitals.

The district health system, which places greater emphasis on primary health care, is part of the new health plan that is being implemented around the country.

"We are trying to encourage people to go to primary health care clinics for common ailments, like a cold, instead of looking to major hospitals like Groote Schuur for treatment," said the regional director of the health department, Dr John Frankish, who has been instrumental in setting up the district health system in the Western Cape.

However, in an emergency, a patient would be taken to the nearest hospital — irrespective of where the patient lived and whether the hospital was academic or secondary, Frankish said.

The academic hospitals were severely strained because of budget cuts and no longer had the resources to attend to all complaints.

Common problems could be dealt with in a more cost-effective manner by primary- or secondary-level services.

"This way hospitals and their staffs can support each other," Frankish said.

"Specialists working in secondary hospitals will be available to help staff with difficult problems in district hospitals and clinics, while the staff in the academic hospitals will concentrate on more complex problems."

This meant that a patient who went to a clinic with a serious problem would be referred immediately to the relevant "secondary" hospital, in the region where they lived, for treatment.

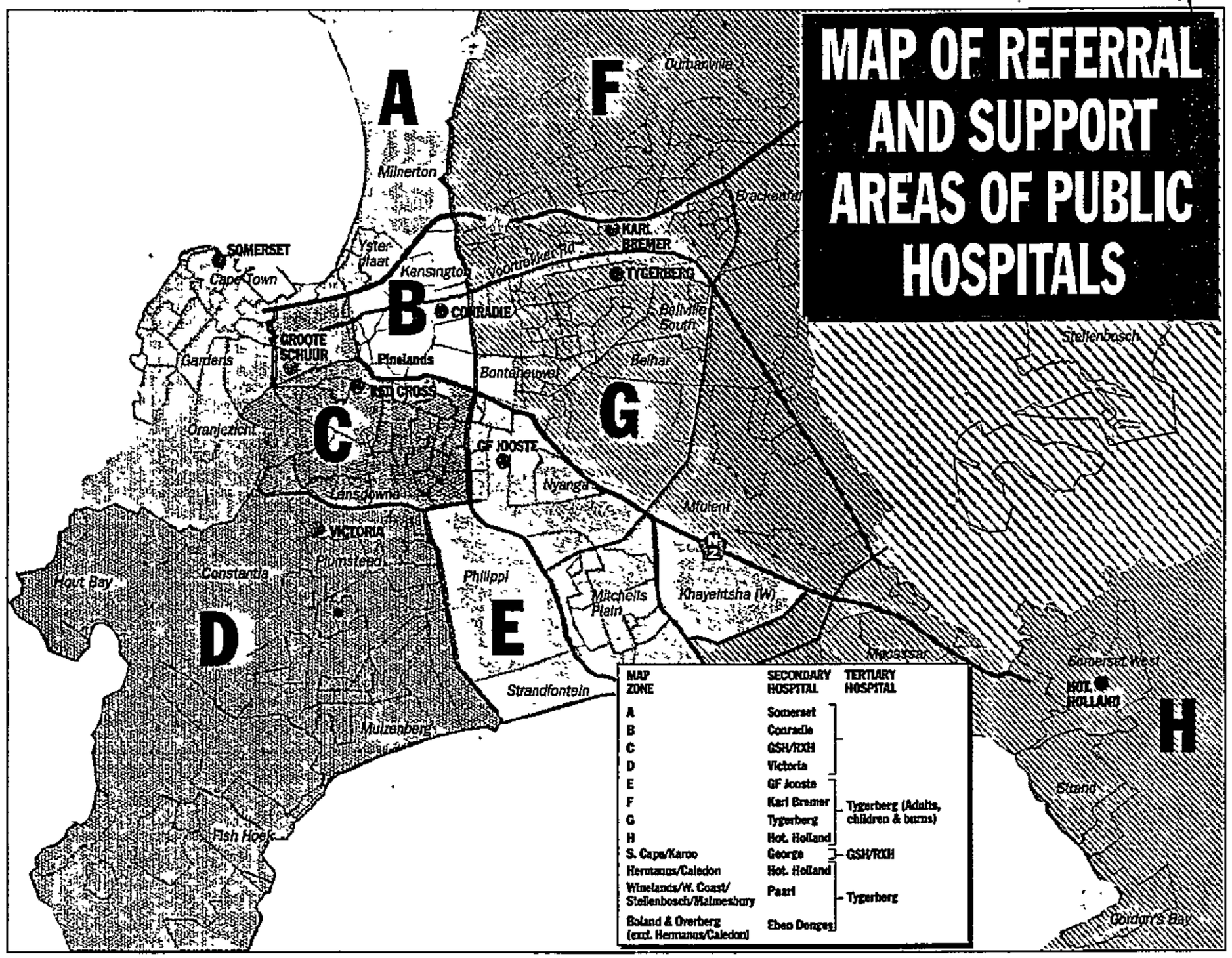
"If their problem is so severe that it cannot be treated at this hospital, then they will be referred to Groote Schuur, Tygerberg or the Red Cross Children's Hospital."

However, hundreds of patients, many of them from outside the Western Cape, were still making their way to hospitals like Groote Schuur and Tygerberg for treatment.

Also, the recent census found that the Western Cape's population was about 600 000 greater than had been thought.

Combined with the constraints of a dwindling budget, this placed "enormous" strain on the health service.

"We hope that this means there will soon be some reallocation of the national budget," Frankish said.



INSTANT REMEDY: This map, drawn up by Dr Revere Thomson, senior medical supenntendent of Tygerberg Hospital, shows which public hospitals serve different areas of the Cape Town Metropole. For example, if you live in Constantia, you will have to go to Victoria Hospital. If you live in Mitchells Plain, you will be sent to the G F Jooste Hospital.

CAPE TIMES
THURSDAY, JULY 17, 1997

Hospitals seek paying (98) patients

CT 17/7/97

PUBLIC hospitals are to make a greater play for medical aid patients in a bid to improve their profitability.

The Western Cape's director of health, Dr Tom Sutcliffe, said the number of "private" patients using public hospitals had dropped dramatically because of severe budget cuts for state hospitals. Only six percent of Groote Schuur patients are private.

"We are not doing enough maintenance on our buildings, staff levels are falling (this led to the perception that care was not good), in some instances there has been overcrowding and many more private hospitals are available.

"But if I had an unusual or complicated problem I would still go to Groote Schuur because of the variety and high level of expertise of the staff, and I think many private patients would do the same," said Sutcliffe.

The down side of a stay at Groote Schuur was its overworked support services. The nurses worked longer hours than private nurses, often for less money, and had to look after more patients, he said.

Sutcliffe plans to win back private patients and the guaranteed revenue they bring with them as members of medical aid schemes.

The Western Cape health department is working on a plan, which will eventually be presented to the provincial cabinet, to attract private patients to public hospitals — not to make a profit but at least to help the hospitals earn their keep.

Nehawu protests hamper smooth running of hospitals, magistrates' courts

(98)

By Gasant Abarder

Several Gauteng hospitals are being hampered by labour action as the National Education Health and Allied Workers Union steps up its campaign to pressure the Government into increasing wages.

Protests at various hospitals, magistrates' courts and home affairs offices started from July 1 in the form of sit-in's, go-slows and demonstrations.

Court workers at the Johannesburg Magistrates' Court building yesterday toyi-toyied through the complex in protest against the Government's 7,5% wage offer.

The actions have left health officials in the province concerned for the safety of patients. Spokesman for the Gauteng Ministry of Health, Popo Maja, said: "We appeal to everyone involved to take care that their actions do not inconvenience patients and the provision of health care."

Nehawu action, which is being supported by similar action from the South African Democratic Teachers Union and the Police and Prisons Civil Rights Union in an attempt to disrupt the public service, stems from a dispute over wages.

Their demands for a 9% increase, bringing the minimum wage for public service workers to R1 750, have been met by the government's offer of a 7,5% increase. The action will culminate in a national march on July 25. The unions have warned that if the Government does not respond to their demands, national strike action will be considered that could cause the "total collapse" of the public service.

In response to the wage dispute, Maja said: "Nehawu was part of the bargaining chamber for wages. Wages were fixed across the board so Nehawu should have protested there. If there's a dispute, they should take it up with the members who attended this chamber."

The national spokesman of Nehawu, Joe Lekola, said that Nehawu had, in fact, made it clear at the bargaining chamber that they were dissatisfied with the agreement.

At one of the affected sites this week, Nehawu's shop steward at the TPA Medical Supplies Store, Motlatsi Lecheko, said workers had protested since that morning and would embark on a go-slow after tea.

The danger at this particular institution, according to Lecheko, involved working with poisonous medicines containing alcohol.

A Nehawu representative at the South Rand Hospital in Rosettenville, said groups of protesters were trying to put pressure on management. Their main grievance, he said, was the lack of armed security, because at weekends anyone could enter the casualty section.

Star 17/7/97

Hospersa claims clinic group overcharged patients

(98) BD 18/7/97

eneé Grawitzky

HE Hospital Personnel Trade Union of SA (Hospersa) has accused Clinic Holdings of ercharging patients at the group's St Au-ustine's Hospital in Durban.

But Clinic Holdings said the allegations ere "cooked up" by Hospersa to discredit e company. It said an independent audit ad been launched into the matter.

Hospersa general secretary Rod McFar-uhar said union representatives had con-ulted with lawyers and would meet rep-esentatives of the KwaZulu-Natal attor-ey-general today to discuss the allegations and hand over affidavits on the matter. He said the union would ask the attorney-general to begin an investigation into Clinic Holdings' practices "in the public interest."

The allegations coincide with merger talks between Clinic Holdings and Network Healthcare Holdings (Netcare), which is attempting to buy a controlling stake in the hospital company.

Reuter reports that Netcare shares were firm in brisk trade yesterday amid rumours of the merger deal. Shares hit a day's high of 194c before closing 14c up at 188c with 6,27-million shares valued at R11,7m changing hands.

The issue of inflated charges came to light when workers at St Augustine's Hospital were told earlier this year of retrenchment plans. A Hospersa shop steward reportedly told his union that he had been receiving merit payments for inflating patient accounts.

The union said documents at its disposal showed that in some instances patient accounts had been inflated from R200 to R1 800. Patients were being overcharged in a number of areas, including the time spent in theatre, theatre gas and theatre drugs.

Clinic Holdings spokesman Graham Anderson said information obtained by the union was allegedly divulged by a staff member who was also a Hospersa member.

The company did not believe there was any substance to the union's claims, but had appointed an independent auditor to "clear our own minds about St Augustine". Although the investigation had not been completed, initial evidence showed the only irregularities found were the responsibility of the Hospersa shop steward, he said.

Clinic Holdings is embroiled in a wage dispute with Hospersa. The union is demanding an across the board increase of 12% and a minimum wage of R1 500 for workers in administration.

The union said negotiations over nurses wages would start next month. Anderson said the company's offer of a 7,5% increase had to be considered in the light of losses in the six months to March.

Hospersa said the company's situation was not due to an excessive wage bill. Instead, the union said losses had been incurred because of an increase in debt through the company's acquisition of new hospitals last year.

Debt had also increased because the company had paid out R11m in debentures, which was R8m up from the corresponding period in 1996.

Fears that Groote Schuur's heart unit may close

M+G 18-24/7/97 (98)

Gustav Thiel

GROOTE SCHUUR Hospital's famed heart transplant unit could close down within months if government and private funding continue to dry up.

Its existence is endangered because the cardio-thoracic unit, of which it forms a part, is under the financial whip. The government is concentrating on primary health care, and discussions about wider funding have thus far proved fruitless.

Apart from heart transplants, the unit performs about 1 000 major operations a year. It is already drastically reduced from the glory days of 1967 when Dr Chris Barnard performed the world's first heart transplant. The tally since then is 418 transplants, mainly on South Africans and Namibians.

Groote Schuur's budget of R519-million in 1996/97 is down to R375-million for 1997/98. No figures are available for the cardio-thoracic unit because it does not have specific funding. But since 1995 the unit has lost nearly 50% of its staff because of budget cuts. The annual 50 transplants dropped for the first time last year to only 31.

Despite this, Groote Schuur is still providing internationally accepted standards of service and facilities, insists Dr Mike Worthington, a surgeon in the unit.

"We are able to do this mainly due to extraordinary commitment from our staff who work long hours often way beyond the call of duty," he says. "It would thus be unfair to say the situation at Groote Schuur is chaotic. We are, however, stretched to the limit and I cannot envisage maintaining the level of service for much longer."

Two years ago the unit's head, Dr Johan Brink, started consultations with Minister of Health Dr Nkosazana Zuma, with the aim of creating supra-regional facilities which would concentrate on the treatment of specific medical problems.

He proposed Groote Schuur become the national focal point for heart treatment, with patients referred from provincial hospitals in the rest of the country. According to Worthington, this is being done — but without the government's full support it cannot be properly realised.

He adds that private funding is also drying up, "because of a perception that the kind of tertiary health care we provide is less important than looking after primary health care".

A major fundraising drive in 1995 proved "fruitless", he says. Neither he nor Brink nor hospital representative Phillipa Johnson could supply figures of the hospital's private or government budget.

The chief financial director of the Western Cape Health and Social Services, Dr Gilbert Lourens, told the *Mail & Guardian* through a representative he would not respond to queries about Groote Schuur's budget.

Hospital in death certficate bungle

(98)

By JACKIE CAMERON

A Greenside family could not bury grandmother Iris Lloyd Green because Johannesburg Hospital issued a death certificate in another name this week. The woman they certified as dead is fighting for her life in another hospital.

A seriously ill Iris Lloyd Green arrived at Johannesburg Hospital on Tuesday and waited for more than six hours to see a doctor, her distraught daughter Barbara van Wyk told the *Saturday Star* yesterday.

"The hospital was very crowded. You had to get a number from a booth and wait for it to be called out. Eventually, a doctor called five of us in at once.

"I begged him to see my mother. She was very ill. She had heart problems, high blood pressure and a bad cough. She was in terrible pain. The doctor said he had to get a file, and then gave me a piece of paper and told me to stand in another queue.

"My mother was very uncomfortable in a wheel chair and we asked the nursing staff if she could lie down, but they were no stretchers and nowhere for them to put her."

Van Wyk's brother, Douglas Green, had a heated argument with the nursing staff during the delay and was removed from the hospital, she said.

"The argument had some light at the end of the tunnel because they placed my mother on a stretcher, but it had other people's fresh blood on it. It was very dirty."

Green was finally admitted to a hospital ward where a doctor allegedly inserted a drip incorrectly and a "huge, weeping swelling" emerged.

"The same doctor, who seemed to be a student, later repositioned the drip. They only put her into a bed at about 1am. The bed had no blanket or pillow so I telephoned my husband to bring some from home. There were also cockroaches running around inside the locker."

Van Wyk left the hospital around 3am on Wednesday and received a telephone call from a nurse "who told me that my mother had taken a turn for the worse".

"To crown it all, my 27-year-old son had gone there to visit my mom, not knowing she was dead. When he got there, they told him to go to bed number 14.

Star 19/7/97

They didn't tell him she was dead, and he got a shock when he saw the body. The nurse said 'oh dear' and walked off without apologising for her lack of sensitivity."

"They handed over a packet with false teeth in it. The first names were not my mother's names and we initially thought it was a clerical error.

"Then the undertaker contacted us yesterday and said the name on the death certificate was not my mother's so he could not go ahead with the funeral plans.

"He said the hospital would have to sort out the problem. The doctor said he felt bad about it and told my husband that the doctors were overworked and wrote out another certificate.

"This has caused us a lot of unnecessary heartbreak. My good innings, she was 87 and had 17 grandchildren, but the treatment at the hospital and afterwards has been terrible. I feel so sad that she could not die with dignity," Van Wyk said, struggling to contain tears.

IRIS GREEN: Funeral delayed

Johannesburg Hospital certified dead elderly Kathleen Green of Parkhurst but she is in "stable" condition in Rosebank Clinic, her daughter Sally Gorton said last night.

"This whole matter is totally horrendous. My mother wasn't even admitted to Johannesburg Hospital, but we did go there on Tuesday.

"My mother was very ill. We were shoved into a corner and had to wait for hours before seeing a doctor. The doctor told us that Johannesburg Hospital was no place to bring my mother and said we should go to another hospital because my mother was seriously ill.

"She does not have medical aid so we will have to take a loan to pay for the bill. She was admitted to Rosebank Clinic where the doctor said she was having heart failure.

'The bed had no pillows or blankets and there were cockroaches running around inside the locker'

"Thank God we didn't leave her at Johannesburg Hospital. The place is in an absolutely appalling state. There were no beds and people were lying in the corridors," she said.

A Johannesburg Hospital spokesperson said there would have to be a "thorough internal investigation" before any comment was made about the "serious" problem and that this would not happen until next week.

Medicine thefts of R1-bn rebound on taxpayers

(98) Star 22/7/97

By Derek Rodney
Crime Reporter

More than R1-billion of taxpayers' money is lost annually to crime syndicates which specialise in the theft of medicines from state health institutions.

The South African Health Review has estimated that up to R1,6-billion of the country's R4,7-billion pharmaceutical industry's products did not reach their intended users last year.

The review blamed poor control and management of resources for the large-scale pilfering of prescription drugs.

The real cost of medicines lost through theft cannot be determined as health officials categorise medicines in unit values and not by price. Those figures that are released are calculated at their tender prices, a fraction of their market price.

The thefts have resulted in an upsurge in "grey" (renamed and packaged) medicines, which indirectly resulted in the closure of two major wholesale pharmaceutical companies and at least 50 pharmacies this year.

In a rare success against syndicates, one kingpin appeared in the Pretoria Regional Court yesterday and was fined R45 000 and received a suspended six-year jail term for possessing and dealing in stolen pharmaceuticals.

Private industry investigators are looking into the activities of several associated syndicates.

Sipho Kanyile (34), a former salesman for pharmaceutical company Smith & Nephew, was arrested in April last year in possession of medicines with a tender value of R160 000 stolen from state institutions around Gauteng.

Industry sources said gauging the exact cost of thefts was virtually impossible.

Japanese boost for Baragwanath baby facilities (98)

Star 22/7/97

By Priscilla Singh
Health Reporter

The Chris Hani Baragwanath Hospital received a second grant aid from the Japanese government yesterday to support the improvement of its ante-natal care clinic, which delivers about 70 babies a day.

The first donation was made in February for the purchase of a mobile endoscopy unit, which was utilised for gastro-intestinal tract examinations. The grants by the Japanese government are part of its Grant Assistance for Grassroots Projects scheme.

The handover was attended by Japanese ambassador Yoshizo Konishi, and Health Minister Dr Nkosazana Zuma, who was picketed by off-duty medical interns at the hospital following her announcement last week of a one-year community service clause to be imposed on the interns from January.

Hospital spokesman Hester Vorster said the picket had nothing to do with the hospital. She said the interns had forewarned them about their actions.

The interns' picket did not mar the purpose of the meeting at the hospital and Superintendent Chris van den Heever said the R333 784 will go towards buying ultrasound diagnostic systems to be used by the hospital's department of obstetrics and gynaecology.

Clinic staff 'fed up' with assaults

(98)

DOMINIQUE HERMAN
STAFF REPORTER

ARG 23/7/97

Constant assaults on staff, combined with short-staffing and low wages, were the main problems being experienced in community health-care clinics in the Western Cape, a spokesman for the National Education Health and Allied Workers' Union said.

In the latest incident, an assistant nurse at Lotus River Day Hospital was last Friday physically assaulted and threatened with a knife by the husband of one of his patients.

Now nursing staff at the hospital say they are fed up with working in such dangerous conditions and are demanding the Government do something to remedy the situation.

"I feel afraid working here, because my life has been threatened and I've been physically abused on many occasions," said Patrick Brink, a nurse at the hospital.

A meeting was held to discuss security measures for the hospital at which it was decided that two security guards would immediately begin patrolling inside the building until three permanent security posts were filled.

Issues such as the misuse of staff, lack of resources for providing efficient services and inadequate wages also needed to be addressed, union spokesman Wilfred Alcock said.

M+G 25-31/7/97 (SB) (98)

Mental health patient dies after isolation in Sterkfontein room

Mukoni T Ratshitanga

A WEST RAND mental patient died after being held overnight in a seclusion room during a recent cold snap. Frank de Kock, a long-term patient at Sterkfontein Hospital, was found next morning suffering from exposure and died hours later of pneumonia.

Staff at the hospital are dissatisfied and angry about the lack of official action over the death.

De Kock was admitted to Sterkfontein in 1993 with a diagnosis, according to health authorities, of "mental retardation and epilepsy". After a spell at Rand West Sanatorium he was returned to Sterkfontein.

Quite how he died remains a mystery. Gauteng's provincial health department refuses even to disclose De Kock's age, though it is thought he was in his forties. And details of the death might never have emerged if concerned employees at Sterkfontein had not spoken out.

What is known is that De Kock was put into a seclusion room at the hospital on the night of May 31. Apparently, other patients had been assaulting him and nursing staff put him in there for his own good.

Though nursing staff say they checked on him every half-hour through the night, De Kock was found to be suffering from hypothermia the next morning. He died early on June 1 from pneumonia in nearby Leratong Hospital.

"The cause of death was deemed to be natural," said provincial mental health director Ruth Zwi this week. "No post-mortem was required."

Zwi added that De Kock had been a "profoundly handicapped man, always physically frail".

She said that a full inquiry had been conducted by management at Sterkfontein — the largest state-run mental institution in the province.

But several staff members said that they find it difficult to understand how a patient in the state's care 24 hours a day could contract pneumonia, and be left untreated to the point where intravenous antibiotics — which he was given at Leratong — could not save him.

They say it is also difficult to understand how, if De Kock was provided with blankets and constantly checked, he was found suffering from exposure. The seclusion room where he was kept, they note, is normally cool. The night of his seclusion was at the height of the cold snap that claimed at least six lives in Gauteng — although these victims were living on the streets.

No one at Sterkfontein, the staff members say, has been called to account for what looks like a preventable tragedy. "Society has an obligation to protect these people," says one senior staff member.

Other staff members believe many of Sterkfontein's nurses are not interested in working with mental patients: "They would rather work at an ordinary hospital where they wouldn't have as many problems."

OBED ZILWA

The desperate hours: patients at Guguletu day hospital are having to wait for long periods at the dispensary for medication because of a staff shortage

Patients go without drugs in hospital pharmacy crisis

90 a day turned away due to staff shortage

ARG 30/7/97 (98)

JENNY VIALL
HEALTH REPORTER

Guguletu day hospital is sending about 90 patients a day home without their medication because of a shortage of pharmacists in its dispensary.

The hospital had enough doctors and nurses, but the recent death of one of its pharmacists had resulted in a crisis, said a spokesman for the Guguletu Health Committee.

Patients have to wait for hours to get their medication and those not served are told to return the next day. This is causing a backlog which is worsening every day.

Health staff see about 400 patients a day and medication is prescribed for most of these. Even with two pharmacists patients have to wait a long time.

John Frankish, director of health care in the metropole, said his department knew about the crisis and would meet Guguletu health workers.

He said there was a shortage of pharmacists at community health centres, with eight out of 50 posts vacant. It was difficult to fill these because salaries were not competitive with those of the private sector.

Dr Frankish appealed to pharmacists who were retired or not working to help out. Part-time sessional workers were urgently needed.

The Guguletu Health Committee decided last week to approach provincial Health Minister Ebrahim Rasool.

"But that's a long-term solution," said Dr Frankish. "We need someone now to alleviate the stress. At Langa, where 60 to 70 patients are seen a day, the pharmacist goes home at 1pm. Surely he could help out?"

Dr Frankish said that staff from other centres would be brought in to help, but several pharmacists were sick or on leave. Within a week, however, there would be someone to help.

Last month the Ocean View community health centre had to operate without a pharmacist. The clinic's only doctor, Barbara Strauss, dispensed the medicine as well as consulting patients.

She said 50 to 60 patients were seen every day and people came for repeat prescriptions, which had led to a "chaotic" situation.

One solution was to allow pharmacy assistants doing in-service training to work under indirect rather than direct supervision, said Dr Frankish.

"We have no problem getting people to fill pharmacy assistant posts.

"We have approached the Pharmacy Council to change the regulations to allow for this in the public sector. This is under consideration," he said.