NMO/22/5/2071/12

5.90

HEALTH AND HOSPITALS

Five Principles for 'Open' Hospitals

Last week government abandoned the entire apartheid health policy with a single stroke of the pen. In effect, 'own affairs' health is dead. All hospitals are open to all people regardless of race; and though health services in the non-independent homelands will remain separate and autonomous, legislation on a unitary health service is expected within a month.

For F W de Klerk, acting through National Health Minister Rina Venter, it was a long overdue step. Strange as it may seem, it's the first apartheid measure he has scrapped since becoming president last year. Other 'reforms' have eased political repression and opened up the constitutional debate, but the bulk of the discriminatory framework inherited from P W Botha is intact.

In reality, many 'general affairs' and some 'own affairs' hospitals have been open for some time. But policies have differed among the four provinces and anomalies abound — such as Baragwanath Hospital bursting beyond capacity while hundreds of beds at Johannesburg Hospital are decommissioned due to lack of funds and staff. There have also been cases of ambulances sent out to fetch patients, only to return empty because the particular service didn't cater for a person of that patient's race. A massive duplication of services to satisfy nothing more than political ends has also wasted millions of precious rands.

All that, says Venter, will now end. Plans for a rationalised unitary service will be implemented as soon as possible. But getting the message across required much more than a mere announcement in parliament. To an extent this was her own fault. The announcement was vague and at a press conference she skirted the 'own affairs' issue in a manner that seemed to suggest that the 44 white 'own affairs' hospitals under the political control of 'own affairs' Health Minister Sam de Beer would remain segregated. But this turned out to be courteous reluctance to comment on De Beer's portfolio rather than an effort to conceal the truth...

'Any effort to desegregate SA society won't be easy. We already have an under-funded and under-staffed state health service in which standards are dropping by the day. Up to now blacks have borne the brunt of the shortfalls.' A more racially equal spread of the inadequacies is not likely — and would mean an inevitable white political backlash. Venter accepts this but believes a modern 'management model', rationalisation and greater autonomy for bigger hospitals will help relieve the symptoms. The new policy is based on 5 principles:

- accessibility to available beds regardless of race;
- efficient health care programmes based on a rationalised and well-managed unitary system;
- affordability of health services through increased emphasis on community health centres;
- equity in the provision of services, including financial allocations to redress backlogs; and
- acceptability of the service by all people...

In the longer term, the health departments of the non-independent homelands could also be discouraged and disband. In the meantime, De Klerk as president has the power to determine 'own affairs' issues without the need for constitutional amendments. We suggest he does himself and SA a favour by scrapping the whole concept without delay *Financial Mail 25.5.90*

Debate Starts on Health in 'New' SA

The Constitutional Guidelines of the ANC are being seriously debated in many organisations... An important area now being drawn to the public's attention is the inclusion by the South African Health Workers' Congress (Sahwco) of a health clause in a future constitution. In a booklet called *Health and the Constitution Guidelines for a democratic South Africa*, Sahwco argues for the formulation of such a clause...

The most systematic vision of a non-racial, democratic, unitary South Africa was set out in the Freedom Charter, adopted at Kliptown 35 years ago. 'The stage is now approaching where the Freedom Charter must be converted from a vision of the future to a constitutional reality,' noted the ANC in its presentation of the *Constitutional Guidelines for a Democratic SA*...

The demands on health in the Freedom Charter and those that have been brought forward by more recent health campaigns should guide thinking in the formulation of a health clause for a new South African constitution, says Sahwco. The health clause should include the principles upon which health care in a post-apartheid South Africa would be based. A particular health policy and strategy would flow from these principles. Using the Freedom Charter and recent health campaigns as guidelines, Sahwco lists the following principles:

- Health care is a basic human right
- Provision of health care is the state's responsibility
- Health care must be comprehensive
- The health of workers must be protected
- There must be a commitment to preventive and primary health care
- There must be mass participation in and consultation on health care and health issues
- Privatisation of health services should end
- Health services should be centrally planned and democratically controlled under a National Health Service
- Health care must be free
- There must be equal and accessible health care for all.

Similar principles are likely to emerge from continuing campaigns on health issues, such as the Health Charter Campaign, adopted at the Conference for a Democratic Future (CDF) in 1989. Given the present gross imbalances in South Africa's health services, the new constitution must at least contain the principle of equal health care, argues Sahwco. This can be possible only if there is a single, non-racial department... It might also be useful, suggests Sahwco, for the new constitution to provide for the role of mass grassroots health structures in a future health system... Although the impact of reference in a constitution to health and care on the actual health system remains to be examined, Sahwco emphasises it is beyond doubt that a good constitutional clause on health can be the basis of a sound health policy.

Although health is not seen as a priority area of organisation among most mass organisations, the issue of health and health care has been receiving more attention over the past few years.

In the wake of the 1986 Kinross mining disaster which killed 177 black mineworkers, the National Union of Mineworkers (NUM) focused attention on health and safety in the workplace. Under the slogan 'Organise or Die', the union began a campaign to raise awareness of health hazards on the mines and how these could be dealt with. They drew up a safety code, and demanded the right to safety stewards and independent union investigation when accidents occurred.

Outside the workplace, longstanding grievances about the availability and quality of health care were also being voiced more consistently and determinedly. In 1988, more than 250 000 people in Natal signed a petition calling for free health care. This was in response to a decision by the Natal Provincial Administration to increase hospital fees. For the first time pensioners, disabled people and the unemployed were expected to pay for health care. The campaign against the increases also raised demands for:

- a National Health Service;
- decentralisation of health services; and
- equal health care for all.

The Defiance Campaign of 1989 began with the campaign to desegregate hospitals. Thousands of black patients presented themselves for treatment at white hospitals with a clear demand: 'Open all hospitals to all people!' On March 24 1990, Johannesburg health workers marched to the J G Strijdom Hospital, 'renamed' it Dr Yusuf Dadoo Memorial Hospital, and handed over a petition to the hospital superintendent. The petition called for, among other things:

- A unitary National Health Service, centrally planned and democratically controlled, adequate and accessible to all.
- The immediate suspension of own and general affairs legislation applying to health services, and the immediate desegregation of all health facilities.
- A rejection of privatisation as a way to end the health care crisis, as this would place it further beyond the reach of those who most needed it.
- A moratorium on all hospital tariffs until an in-depth investigation into these has been concluded.
- Proposed amendments to health legislation should be considered in consultation with democratic and progressive non-state structures.

A march by Durban health workers in April 1990 had similar demands, some of which have been nurtured by oppressed South Africans for more than 35 years. Enshrined in the Freedom Charter is the vision that the health system in South Africa will have:

- '...Sick leave for all workers and maternity leave on full pay for all working mothers.' (Clause 7...)
- 'A preventive health system shall be run by the state. Free medical care and hospitalisation shall be provided for all with special care for all mothers and young children. The aged, the orphans, the disabled and the sick shall be cared for by the state. Rest, leisure and recreation shall be the right of all.' (Clause 9...)

South 30.5.90

Manenberg was built during the mid-1960s on 21 hectares covering the sandy wastes of the Cape Flats. The first families moved in during 1968, forced by Group Areas Act removals out of their homes in District Six, Diep River and other suburbs.

At the time, housing authorities estimated that 50 percent of the population consisted of displaced families. Between 1979 and 1980, the population increased by 110 percent.

It now stands at about 41 000 people housed in 6 020 dwellings, most of them state-owned double- and triple-storey flats. Manenberg has the highest percentage of subeconomic housing of all the municipal housing schemes in the greater Cape Town area.

Almost half of Manenberg's households — the average family size is between six and seven people — live on incomes below the 1985 poverty datum level of R345 a month.

This is one of the findings of a survey carried out by the residents themselves with the help of a research collective made up of academics from the universities of Cape Town and the Western Cape and members of the Organisation for Appropriate Social Services in South Africa (OASSSA).

Based on a sample of 701 residents canvassed door-to-door, the survey established that:

- 96 percent of residents agreed that poverty, combined with unemployment and the high cost of rent and electricity comprised the main problems faced by the community.
- 29 percent of residents were unemployed, while 57 percent of people over the age of 14 (including students and pensioners) were not wage earners. (This figure is made more significant by the fact that about 30 percent of Manenberg's population is under the age of 14).
- Even among those who are employed, 46 percent of average-sized households (six and seven people) lived on incomes below the 1985 poverty datum level of R345 a month
- 10 percent of households are totally dependent on miniscule state pensions and grants.
- Only 13 percent of breadwinners earned salaries of more than R801 a month.

The survey found that, on average, 51 percent of residents had only a primary school education and only two percent a tertiary education, while nine percent were illiterate.

Another major problem identified by 88 percent of residents was the dangerous environment: high levels of crime, gansterism and violence.

Illegal sale and abuse of drugs and alcohol was rated the third biggest problem (68% of residents), followed by inadequate community facilities (27%) such as poor roads and lighting, and the lack of medical and child care facilities. Most serious problems facing families were familial and marital conflict (33%) and the housing shortage (16%).

Weekly Mail 7.7.89

HEALTH

Lack of Health Care for Blacks

Economic and socio-political growth in SA vitally depend on improved health status for the entire community, according to Dr Joe Variawa, Senior Physician at the Coronation Hospital. Speaking at a meeting of the Institute of the Marketing Management's Health Care branch in Johannesburg, Dr Variawa criticised the effects of the government's apartheid and homelands policies on health care in southern Africa. He said it had resulted in whites enjoying First World health care while blacks had to cope with Third World treatment.

Dr Variawa said the current life expectancy of a black man is 50 to 55 years compared with the 67 of his white counterpart. 'The tragedy is that almost 24 per cent of blacks die of illnesses that could have been prevented compared with only 2 per cent among whites. More than 40 000 blacks, for example, die of malnutrition every year. 'The infant mortality rate among blacks is equally disturbing. As many as 124 blacks die before their first birthday, compared with only 12 among whites,' he said. He attributed this to the fact that only 2,3 per cent of SA's total health expenditure was spent on prevention.

A lack of access to health care was another major problem — particularly in the homelands. In Kangwane, there was one general practitioner for every 3 200 people and in Lebowa and KwaZulu, one GP for every 1 400. Dr Variawa called for urgent attention to the increasing health problems and a move from privatisation of health services. *Star 5.5.90*

Conditions in Black Hospitals

Bodies were piling up in the mortuary of Soweto's Baragwanath hospital — the largest in Africa — last week. Medicines were unavailable, dirty linen left unwashed, emergency surgeries cancelled and patients discharged early, following strike action by non-medical workers. Baragwanath, a teaching hospital under the auspices of the Witwatersrand Medical School, Johannesburg, serves an estimated four million black people and is so stretched patients often have to sleep on the floor. In the nearby Johannesburg General, built in 1980 for white patients, about 50 percent of the beds are empty.

Health care in Johannesburg, as in most of SA, has been beset by labour unrest, severe staff shortages and racial discrimination. The current crisis is merely a symptom of the general malaise created by apartheid policies and the growing number of black people moving into cities needing medical care. This, coupled with inadequate government funding has precipitated a slump in morale. Frustrated doctors, nurses and other health workers are leaving the profession or moving into private practice. In white hospitals some wards are closed because of lack of staff, others due to a shortage of patients.

A changing SA is now questioning whether its increasingly crippled health service can continue with expensive First World treatment while the majority of its citizens live a Third World existence. Health care is still largely unequal and inadequate. Hospitals are legally segregated; there are serious inequalities in access to health care across urban-rural, white-black and rich-poor divides. Yet the country has more magnetic resonance imaging machines — body scanners which sell for £1-1/4 million each (R7 million) — than Britain. In Johannesburg about 500 people are currently on dialysis machines for renal kidney failure. That is higher than anywhere else in the country. But doctors in Baragwanath complain that their machines are so dated they could be dangerous to patients... The move towards improved primary care is driven by the economic and social needs of a large black underclass which has been badly served under apartheid. 'We would like to reduce the number of teaching hospitals and replace them with a combination of clinics and smaller referral hospitals.' Such a system would include a number of clinics scattered throughout townships and elsewhere. People would be encouraged to use these and the general practitioner as the first means of contact before approaching a hospital.

Local care would include preventive medicine, promotion of good health and providing basic treatment for common ailments. Most doctors working in townships like Soweto and Alexandra insist that decent housing, education, good nutrition, ante-natal care, birth control, and sanitation are also important prerequisites for better health care...

But how does one cut the cake in order to provide social care and public health on a non-racial basis? Cedric de Beer, co-director of the Centre for the Study of Health Policy, believes this can only be done by the introduction of a national health service running alongside a small private sector. Things are changing rapidly, but the government still has a fragmented system of 14 different health ministries — including three Own Affairs departments dealing with Coloured, Indians and whites.

The effects of apartheid will remain long after the installation of a democratic government. One example is the disproportionate share of health resources which have been invested in the white areas. A future health service will be faced with the problem of redistributing these resources to ensure blacks have access to equal care. The creation of a single, non-racial department of health will be faced with the problem of unifying all health workers and administrative structures. This will also mean improving conditions for all.

At Baragwanath, the predominantly black general assistant staff are demanding a living wage, recognition of their union and better conditions of labour. Many kitchen, cleaning and security staff earn a minimum salary of £56 a month (R223), which they want increased to £275 (R1 100). The National Health and Allied Workers' Union is also demanding shorter working hours and permanent employee status for its members, many of whom even after 20 years are still classified as temporary staff and liable to immediate dismissal... The authorities are reluctant to recognise the union because the resulting salary rises would stretch an already straining budget. Cutbacks have already led to plans for a new teaching hospital in Durban being frozen... In the Free State the recent closure of 170 beds at two hospitals was blamed partially on the resignation of doctors in protest at lack of funds... At a recent 'crisis meeting' in Johannesburg doctors from all over the country called on the government to implement major changes — including the official ending of apartheid in health and redistribution of funds to meet local needs.

Guardian (UK) 11.5.90

INFANT MORTALITY

Between 1975 and 1988 between 15 000 and 27 000 children under the age of five died from malnutrition in SA. *SA Barometer* estimates that one third of all black children under 14 are underweight and stunted. These children have grown less than 90 percent of the expected height for their age while underweight children are those with less than 90 percent of the expected weight for their age. Wasting children have less than 80 percent of the expected weight for their height.

Official figures for SA (excluding 'independent' homelands) for 1985 are as follows:
Stunting: rural African, 41 percent; urban Africans, 12 percent; urban 'coloured', 20 percent; urban Indian, six percent; urban white, four percent.
Underweight: rural African, 43 percent; urban African, 28 percent; urban 'coloured', 49 percent; urban Indian, 35 percent; urban white, 16 percent.
Wasting: rural African, three percent; urban African, seven percent; urban 'coloured', 11 percent; urban Indian, 15 percent; urban white, eight percent.

The overall South African infant mortality rate (number of deaths per 1 000 infants) in 1985 was 78. The 1981 to 1985 infant mortality rate was 12 for whites, 18 for Indians, 52 for 'coloureds' and 94 to 124 for Africans. In the rural and peri-rural areas the corresponding figures were 12, 20, 66 and 100 to 135. This figure excludes 'independent homelands'. *Weekly Mail 30.6.89*

HEALTH AND HOSPITALS

Soaring Incidence of Aids

Nearly 550 people in Natal tested positive to the Aids virus in January and February, according to Mr Tino Volker, MEC for hospitals, in a shock disclosure to the Extended Committee of Parliament in Maritzburg this week. 'Currently HIV positivity is grossly underestimated and the national statistics are hopelessly inadequate,' Mr Volker said.

'Heterosexual Aids is increasing rapidly in Natal and the health resources budget will consequently be put under even greater stress.' In January 267 people of all races in Natal tested positive for Aids, and 282 in February, he said. Mr Volker told horrified MPs that there were members of provincial hospital staff who had sustained 'finger prick' injuries while handling Aids patients and their blood, and were being given the drug AZT as prophylaxis treatment. He said three Aids patients were receiving AZT as treatment every month, at the cost of R1 800 per patient a month.

The other Aids patients in provincial hospitals were receiving antibiotics, anti-tuberculosis and palliative treatment. Mr Volker said the use of Rifampicin, an anti-tuberculosis drug, had increased by 180% in the last year, because of the growing number of Aids victims. HIV testing for January and February alone had cost the Natal Provincial Administration R46 884 00. 'The reality of Aids and HIV positivity are already impacting on the Health Services of the NPA'. Mr Volker said the reasons for inaccuracy in the national statistics were medico-legal, as people could not be forced to be tested for Aids, and also because of patient confidentiality... *Star 7.4.90*

Overcrowding at Baragwanath

In the week between March 29 to April 4, there was a cumulative shortage of 157 beds and a daily average of 22 patients were without beds in the medicine wards at Baragwanath Hospital. The worst night was on April 4 when there were 45 patients without beds. The worst over-crowding in one of the 11 newly-extended wards arose on April 4 when there were 87 patients in a 66-bed ward, which translated into 131% overcrowding. *Star 7.4.90*

Police Fire On Hospital Strikers

Conditions at Ga-Rankuwa Hospital, where sjambok-wielding police allegedly entered wards and operation theatres and fired teargas at everyone in sight on Monday, were way below minimum hygienic conditions and were downright disastrous, a doctor at the trouble-torn hospital said today. The doctor, who is prepared to back his claims in court if necessary, said wards at the hospital were filthy and smelly, and patients were not cared for because no nurses were on duty.

'Conditions at the hospital at the moment are disastrous' he said. 'They are well below the minimum expected conditions for hospital care. In fact, the hygienic conditions one normally expects at hospitals are completely non-existent.' The doctor said that although some of his colleagues had told him their patients were being transferred to other hospitals around Pretoria, there were still many patients left at the hospital.

The strike by nurses and the hospital's non-professional staff was still on, and doctors would continue with their 'go slow', caring for emergency patients only, because none of the doctors' demands, including the resignation of the two superintendents of the hospital, had been met. Workers were due to meet one of the superintendents early today to discuss their demands and grievances, the doctor said.

He told of a police siege where he saw police firing teargas inside wards and operating theatres and arresting nurses, patients and visitors at random. He said that because some of the police could not distinguish between nurses, visitors and patients, some patients were also dragged out of their wards and arrested. *Star 11.4.90*

HEALTH

Hospital Strike Ends With Union Rights

Thousands of black health workers last night ended their 10-day strike at a dozen hospitals on the Reef after the authorities agreed to wide-ranging union rights and an end to discriminatory labour practices in the public sector. The National Education Health and Allied Workers' Union (Nehawu) clinched the agreement, the first-ever between a black union and the government's health services, after a week of intense bargaining. The Transvaal Provincial Administration granted *de facto* recognition to the union and agreed to bargain with it over wages in future. The workers did not, however, win any immediate wage increases.

ANC Deputy President Nelson Mandela made a 30-minute telephone call to Constitutional Affairs Minister Gerrit Viljoen on the eve of his trip through Africa, union sources told the *Weekly Mail*. This helped to break the logjam in the dispute that left most townships on the Reef without effective health services for a week. 'Today's agreement is not only a victory for health workers, but also for the public making use of health services,' said Nehawu general secretary Sisa Njikelana at a press conference in Johannesburg last night. 'It is also a victory for the entire labour movement in that it is another step in the battle to win basic worker rights from the state in the public sector.'

The TPA said it would put an end to the practice of employing workers as casual labour and from the date of signing all employees were defined as permanent workers. The strike was sparked by complaints that workers received wages as low as R250 a month and that employees who had been in service for as long as 30 years were retained as casual workers. Other terms of last night's agreement include the right of women workers to keep their posts if they fall pregnant and the right to arbitration in cases where a labour dispute cannot be resolved by the union and the TPA.

The agreement says that 'the parties agree to establish acceptable channels of negotiation between them' and to 'negotiate within these channels salary, safety, security, job creation and training for 1990 and ensuing years.' The wide-ranging agreement will force the government to revise collective bargaining procedures in the public sector, said Njikelana.

The Public Services Act of 1984 does not provide for the recognition of unions or negotiation over conditions of employment. Nehawu is of the view that these are essential to prevent further protracted and damaging disputes in the health sector. The TPA also agreed to eliminate any discrimination that still exists in payment of wages and other conditions of employment. Workers will not be required to work more than 40 hours a week. Nehawu won the right to be consulted in cases where it was possible that hospitals would be privatised. This is a crucial victory for public sector unions, which have been campaigning against privatisation for the past two years... *Weekly Mail 11.5.90*

Partial Desegregation of Hospitals

SA's anti-apartheid groups hailed as a qualified victory yesterday a government statement promising to end racial segregation in 240 of its 284 white-only state hospitals. At prsent there are 11 700 surplus beds for whites and a shortage of 7 000 for blacks, Health Minister Rina Venter said.

The racist system became a focus of political resistance last September when thousands of blacks presented themselves for treatment at white hospitals as part of a defiance campaign. A recent two-week nurses' strike for more pay and union recognition has highlighted the overcrowded and inferior facilities in blacks-only wards. Progressive doctors' group NAMDA welcomed the regime's announcement and pointed out that 90 percent of whites used private medical care that was too expensive for most blacks. It noted that half of the national health budget had been spent on tax rebates and indirect promotion of private medicine to protect whites from changes in public health care. Yesterday's announcement coincided with apartheid president F W de Klerk's arrival in Brussels from Lisbon on the fourth stop in his 18-day European trip. President De Klerk was later due to urge Belgian Premier Wilfried Martens and EC Commission president Jacques Delors to lift Common Market sanctions against Pretoria. On Tuesday, Portuguese President Mario Soares told the white leader. 'On every occasion the voice of Portugal will be heard saying that the moment has come to support the reform policies of President De Klerk.'

In Los Angeles, however, Archbishop Desmond Tutu warned that economic sanctions should not be lifted until apartheid had ended. And, at their meeting in Nigeria, the foreign ministers of nine Commonwealth countries — but excluding Britain — heard strong arguments for keeping sanctions in place from ANC leader Nelson Mandela and former Commonwealth secretary-general Shridath Ramphal. Urging that pressure be maintained, Mr Mandela said he was amazed at the suggestion that sanctions should be eased when Pretoria's police and vigilantes were killing anti-apartheid activists. *Morning Star (UK) 17.5.90*

NURSES: RACIST RESTRICTIONS

Black nurses working at the 'white' Johannesburg Hospital are forced to work under degrading, racist restrictions, the Dean of the Medical Faculty at the University of the Witwatersrand, Professor Clive Rosendorff, said. Speaking at the BC Alexander Nursing College's graduation ceremony, Professor Rosendorff said that while black nurses had at last been allowed to work at the Johannesburg Hospital, they had been subjected to unequal conditions of service.

These included:

- Ineligibility for crèche facilities available to white nurses;
- Ineligibility for medical care at the hospital;
- A quota restriction on entry to post-basic courses;
- Ineligibility for accommodation at the nurses' home; and
- Problems with transport to work on the racially-segregated Johannesburg buses...

Sowetan 17.3.89

AGENT ORANGE

The devastation of Natal's plant life by high levels of Agent Orange-type pollutants in the atmosphere has been documented for the first time in a Supreme Court bid to have the chemicals banned. Confidential results of tests conducted by government officials have been submitted to support farmers' claims that uncontrolled use of herbicides containing the ingredients of Agent Orange had caused untold damage to crops and plantlife of Natal. The evidence also points to a shroud of secrecy surrounding the manufacture of herbicides in SA and suggests that a powerful lobby of chemical producers has tried to prevent restrictions being imposed on the multi-million rand industry.

The application, in which a small group of vegetable farmers is taking on 20 of the world's most powerful chemical companies could become one of the biggest cases of civil litigation in SA. The farmers are asking for a blanket ban on the use and manufacture of all hormonal herbicides in the country ...
Weekly Mail 23.3.89

CHILDHOOD UNDER APARTHEID

There are five good reasons why South Africa should have signed the UN Declaration of Children's Rights, which marked its 30th birthday yesterday...

- A scrawny boy is taken out of school to spray poisonous weedkiller on a Natal Midlands farm. He has no shoes or warm clothes, let alone a mask to filter out the poison.
- A badly-retarded and handicapped girl in Inanda Newtown is placed in an empty petrol drum during the day while her mother goes to work. The mother says she cannot afford to pay for a baby-sitter and the authorities deny responsibility.
- A Khayelitsha teenager grows up on the streets because his parents are dead and nobody can give him the money for school. He joins a gang and is shot dead in a house-breaking incident.
- A group of children in Pietersburg play games with corpses after a weekend of violence.
- A Transvaal father takes his small boy to Afrikaner Weerstandsbeweging meetings. The boy grows up to smile as he shoots eight black people dead and injures 16 others.

None of these tragedies would be permissible if children's rights ... were enforced... Revd Frank Chikane, the secretary general of the South African Council of Churches, once summed it up well: 'The children of South Africa, particularly black children, are denied their rights to be children. Children are violently forced by the conditions in the country to be adults before their time. They are put in a situation where they have to make decisions which are normally made by adults. They are forced to make choices which they should not make at their age. They are made to fight battles they should not be fighting as children.'

...Kubashini Rama, of the South African Health Workers' Congress, said: 'While 14 out of every 1 000 white children die before the age of one year, up to 240 out of every 1 000 rural blacks never reach that age. Statistics show that these children are dying of highly-preventable diseases, diseases of want. Measles claims the lives of 10 children every day. One child dies of malnutrition every 10 minutes. Tuberculosis claimed 38 802 black lives in 1988.' Linda Zama of the National Association of Democratic Lawyers said that the law does not protect black children. *New Nation 3.6.89*

TB ENDEMIC

An estimated 12 million people in this country have 'dormant' tuberculosis, and an estimated 15% of those people will contract full-blown TB, with between 10 and 20 dying every day. Dormant TB means they are infected by the TB bacillus, which with proper nutrition and lifestyle, will not usually affect people.

Figures for the disease in the Western Cape are among the 'highest in the world', according to acting Medical Officer of Health for Regional Services Councils, Dr Stewart Fisher. Referring to conditions on the Cape Flats, he described the disease as a 'socio-economic disease with medical complications'... The prime causes for the disease in the Peninsula were malnutrition and 'atrocious' living conditions on the Cape Flats... *Citizen 8.6.89*

PRETORIA SEEKS IMMIGRANTS

A huge net capital outflow in recent years has seriously damaged SA's capacity to grow. Perhaps more debilitating, in the long term, has been the loss of people — largely the best qualified to contribute to growth in GDP. Central Statistical Service (CSS) figures which show emigration of about 327 000 between 1958 and 1987, seriously underestimate the drain, says Wits professor of actuarial science Anthony Asher.

He told the 1989 convention of the Actuarial Society this week: 'Formal emigration procedures are only necessary if one wishes to take money out. There is no incentive for younger people to go through them; they can leave as students or tourists and just don't return.' Return of immigrants to SA, to the land of their birth, may also not be recorded.

Asher's estimate of 'hidden unofficial emigration' is based largely on discrepancies between CSS migration and tourism data on the one hand and census figures on the other. 'These indicate unrecorded departures between 1958 and 1987 could be as high as 360 000 which means total departures in the 30 years of about 700 000. The figures for 1988 show a loss of 24 000 unofficial emigrants against less than 8 000 who officially cut their ties with SA. As a percentage of the white population, the total is not very different from the numbers leaving East Germany in 1989'.

HSRC reseach into the undercount in the 1985 census, as a result of unreturned questionnaires, shows an excessive undercount of white males, ages 30-50. About 30 000 are 'lost', which could indicate that about 30 000 more men have emigrated than women. A comparison of SA residents in 1970 and 1985, taking into account births and likely deaths, reveal unoffical departures of about 144 000 in that period. Given an undercount, this figure could be as high as 189 000.

CSS statistics: Asher's research into CSS graduate statistics reveals a disproportionate number of emigrants are graduates — 23 000 of 100 000 who left between 1980 and 1985. 'This implies a loss of perhaps 4 500 graduates from our universities, about half of whom are replaced by immigrants.'

Cost of emigration to the economy, says Asher, amounts to:

- 9% of GNP annually, and
- A loss to those remaining of 5.5% of national income. *Financial Mail 10.11.89*

SA is seeking new immigrants among the tens of thousands of East Germans fleeing to the West. A series of advertisements appeared in the West German press at the weekend offering the East Germans a new life in a 'fascinating land in Africa with a Western standard of living'.

SA diplomats in Bonn and Munich concede that the advertisements are intended to catch the attention of job-seeking East Germans. 'If an East German refugee has the skills we are looking for, he or she is very welcome to apply for immigration,' said Mr Jan van Zyl, the Munich consulate-general's consul reponsible for employment ...

Mr Van Zyl said East German immigrants could qualify for resettlement aid amounting to 80% of the airfare to SA. Mr van Zyl has been hunting prospective German immigrants on the West German labour market for the past six months. In that time, six East Germans have applied for information about opportunities in SA. A few more have applied at the SA Embassy in Bonn. *Star 6.11.89*

STATISTICS OF CHANGE

Beyond the centre stage of political talks-about-talks, society is undergoing change so profound that the future will be multiracial whichever government comes to power. Indeed, preparing for 'the new SA' seemed to be the central message at the annual convention of the Institute of Personnel Management, attended by more than 1 000 delegates at Sun City.

The clearest illustration of this silent revolution, being forged on the ground by millions of ordinary people, was set out by John Kane-Berman, director of the SA Institute of Race Relations.

Firstly, urbanisation. SA is reaching the stage where the urban population is overtaking the rural population in size for the first time, he said. Durban, for example, was now one of the fastest growing cities in the world, increasing by about 8% per year.

Secondly, a silent revolution is taking place in education. 'Between 1955 and the year 2000 the increase in the number of Africans taking matric will have been, on present trends, no less than 40 000%'. Blacks currently account for about half the number of matric candidates; within a decade, 70% will be black.

This is changing the racial composition in higher education, Kane-Berman adds. In 1966, 11% of university students were black; in 1986 the figure was 40%. This is already having important consequences for the country's manpower profile. Middle-level manpower, for instance, was 20% black in 1965; in 1985 it was 40% black. Following from this, 'the changing composition of our intellectual-capital is the third component of the silent revolution'.

The fourth is the change in patterns of consumer spending. For example, blacks are responsible for 80% of all liquor consumption. In downtown Johannesburg, R7 out of every R10 is today spent by blacks, compared to R5 in 1979.

In 1974, whites accounted for 75% of all vehicle registrations; by 1994 that that proportion will have dropped to about half. The car hire company Avis recently opened its 101st depot in SA and its first in a black area, Soweto.

Related to consumer spending is the pattern of income distribution — Kane-Berman's fifth component of the silent revolution. In 1960, whites accounted for 63% of all disposable income but by the year 2000 the white share will be down to 43%. Blacks' 32% share of disposable income in 1970 is expected to rise to 57% at the turn of the century.

Housing is the sixth component. In 1982, 13% of building plans passed by local authorities were for black housing; last year the figure was 57%. One building society recently said that only a quarter of all its home lending was not to blacks, Kane-Berman notes. *Financial Mail 10.11.89*

HEALTH STATISTICS IN SOUTH AFRICA