

RESOLUTION OF THE CITY COUNCIL

No. 338

Approved June 12, 1986

WHEREAS, The Citizens Commission on Human Rights has presented documents indicating that beginning in the mid-1960's, private, for-profit "mental institutions" were set up in South Africa to house "excess" black "mental patients", and

WHEREAS, Beginning in 1976, it was exposed that more than 11,000 blacks were being warehoused in South Africa in at least nine of these private institutions in conditions which were equivalent to those of concentration camps, and

WHEREAS, The prisoner blacks in these camps were forced to sleep on floors, and were forced to go without such items as toilet paper, sheets, blankets, and adequate cleaning and toilet facilities, and

WHEREAS, These blacks were rented out as slave labor to local industries with the profits from their work going to the parent companies, and

WHEREAS, There were little to no properly equipped medical facilities and few, if any, doctors to care for the "patients", and

WHEREAS, It was found that there was an excessively high death rate among patients at these slave labor camps, and

WHEREAS, The World Health Organization found that these camps consisted of "custodial institutions with very few discharges per year, and with poor standards of patient care", and

WHEREAS, The World Health Organization found that "the type and quality of mental health care are determined by the color of the patient's skin, and

WHEREAS, Documents indicate that these camps were owned, and the profits from them therefore accrued, to corporations owned and operated by citizens of the United States including members of the Rockefeller family, and

WHEREAS, The conditions and practices which exist in these slave labor camps are inimicable to all of the freedoms, liberties, rights and beliefs for which this country stands, and

WHEREAS, Recent information indicates that these camps still exist, despite investigations and national exposes beginning in 1976 and that conditions have improved little if at all, and

WHEREAS, Mental health camps and psychiatry is often used in oppressive regimes and countries as a political tool to silence opposition and, through the use of barbaric "treatments" such as shock, and use of heavy drugs to quiet opposition, and

WHEREAS, We cannot tolerate these gross violations of human rights being perpetuated at the hands of psychiatry in South Africa,

NOW, THEREFORE, BE IT RESOLVED, That we hereby memorialize the House of Representatives of the Congress of the United States as the appointed elective body which represents all of the people of the United States to initiate an investigation of these conditions, practices and in particular American support, involvement, or profiting which is resulting because of the existence of these institutions.

Council President Easton

IN CITY COUNCIL

JUN 5TH 1986
READ AND PASSED

Michael W. Easton PRES.

Robert Manderson CLERK

APPROVED
JUN 12 1986
[Signature]
MAYOR

DRAFT RESOLUTION

REGARDING PSYCHIATRIC DEATH CAMPS IN SOUTH AFRICA

WHEREAS, The Citizens Commission on Human Rights has presented documents indicating that beginning in the mid-1960s, private, for-profit "mental institutions" were set up in South Africa to house "excess" black "mental patients" and,

WHEREAS, beginning in 1976, it was exposed that more than 11,000 blacks were being warehoused in South Africa in at least nine of these private institutions in conditions which were equivalent to those of concentration camps and,

WHEREAS, the prisoner blacks in these camps were forced to sleep on floors, and were forced to go without such items as toilet paper, sheets, blankets, and adequate cleaning and toilet facilities and,

WHEREAS, these blacks were rented out as slave labor to local industries with the profits from their work going to the parent companies and,

WHEREAS, there were little to no properly equipped medical facilities and few, if any, doctors to care for the "patients" and,

WHEREAS, it was found that there was an excessively high death rate among patients at these slave labor camps and,

WHEREAS, the World Health Organization found that these camps consisted of "custodial institutions with very few discharges per year, and with poor standards of patient care" and,

WHEREAS, the World Health Organization found that "the type and quality of mental health care are determined by the color of the patient's skin, and

WHEREAS, documents indicate that these camps were owned, and the profits from them therefore accrued, to corporations owned and operated by citizens of the United States including members of the Rockefeller family and,

WHEREAS, the conditions and practices which exist in these slave labor camps are inimicable to all of the freedoms, liberties, rights and beliefs for which this country stands and,

WHEREAS, recent information indicates that these camps still exist, despite investigations and national exposes beginning in 1976 and that conditions have improved little if at all and,

WHEREAS, mental health camps and psychiatry is often used in oppressive regimes and countries as a political tool to silence opposition and, through the use of barbaric "treatments" such as shock, and use of heavy drugs to quiet opposition and,

WHEREAS, we cannot tolerate these gross violations of human rights being perpetuated at the hands of psychiatry in South Africa,

Re memorializing
NOW THEREFORE, we hereby memorialize the House of Representatives of the Congress of the United States as the appointed elective body which represents all of the people of the United States to initiate an investigation of these conditions, practices and in particular American support, involvement, or profiting which is resulting because of the existence of these institutions.

Signed.

RESOLUTION OF COUNCILLOR BOLLING CONCERNING
SOUTH AFRICAN SLAVE LABOR CAMPS

- Whereas: The Citizen's Commission on Human Rights, the American Psychiatric Association, and the World Health Organization have established that approximately 11,000 black South Africans suffering from mental disorders are detained against their will in privately owned institutions or camps in the Republic of South Africa; and
- Whereas: Blacks in these camps are forced to sleep on floors, forced to go without medication, blankets, toilet paper, sheets, adequate cleaning and toilet facilities; and
- Whereas: The extent and adequacy of the mental health care they receive is determined by the color of the patient's skin; and
- Whereas: These blacks are forced to work for local industries with the profits from their work going to parent companies, some owned and operated by citizens of the United States; and
- Whereas: The conditions and practices which exist under the guise of psychiatric treatment are tantamount to the operation of slave labor camps which is contrary to the American ideals of freedom, human rights, and equal treatment for all; and
- Whereas: It is fitting that on this date, officially declared "Free South Africa Day" in the City of Boston, we should take special note of the intolerable and inhumane treatment of blacks in these "mental health" camps in addition to condemning the apartheid system as a whole; Therefore, Be It
- Resolved: That the Boston City Council, in meeting assembled urge the House of Representatives of the Congress of the United States to initiate an investigation of these conditions and practices, and in particular, American support, involvement, or profitting which is resulting from their existence.

passed 4/24/86

Briefing: Apartheid and the South African Slave Camps

[The following information is excerpted from an upcoming article in the April issue of FREEDOM Magazine, published by North Star Publishing, Inc.]

The gears were set in motion to establish a slave operation in South Africa at least as early as 1948. Whites who came into power in that country that year under the National Party banner declared an official national policy of apartheid, which means "apartness" or "separate development."

While the essence of apartheid had already been in existence for years under the British rule of the country, the inauguration of the formal policy meant the enforced separation of the races and the removal and control of indigenous South African blacks by isolating them into 10 prescribed tribal areas termed "homelands." This policy has been referred to as "Bantustanization," from the root Bantu, referring to any of several large tribes native to southern and central Africa.

The Bantu Consolidation Act (known as the "Urban Areas Act") of 1945 was one major law which implemented this policy of geographical separation by establishing boundaries, rules and guidelines for the black population isolated in the "urban areas" or "homelands."

In a section of that law, it was provided that any African convicted of remaining in a "prescribed area" without permission could "be removed together with his dependents, under a warrant issued by the court convicting him ... or by any Bantu Affairs Commissioner ... to his home or his last place of residence or to a rural village, settlement, [*italic*] rehabilitation scheme, institutions, or other place [*end italic*]." (Emphasis added)

Section 29 provided that any authorized officer might, without warrant, arrest an African outside the homelands if he had reason to believe that the African was an "idle or undesirable person."

The "Bantustanization" policy accelerated over the next 30 years, and an ever-increasing number of blacks were held to be in violation of the "pass laws." According to these laws, there were only certain parts of the country in which they could live or even travel; they could not go outside of these prescribed areas without a "pass." There

was also, apparently, a coincidental rapid rise in the number of "idle or undesirable" blacks suitable for commitment to mental institutions.

In 1963, the South African government entered into a contractual agreement with a private individual by the name of David Tabatznik for the establishment of private institutions to take over a large "excess" of black "mental patients" from state institutions. The solution was to be "temporary." However, the number of Tabatznik-run private institutions increased, and within two years, the new system under Tabatznik had become indispensable to the South African government.

Between 1960 and 1965, the number of African patients in private institutions jumped from roughly 500 to approximately 2900 -- an increase of nearly 500 per cent. The largest part of this increase came in the years following the Tabatznik contract.

By 1976, the number of African patients in the private mental institutions had soared to more than 11,000 -- an increase of nearly 400 per cent over a 10-year period.

In January 1976, a South African edition of FREEDOM revealed that more than 11,000 blacks were being warehoused in at least nine private institutions, the conditions of which were equivalent to those of concentration camps. (Additional facilities, it turned out, were also in the process of being converted to institutions to warehouse more blacks.)

All of the institutions were controlled by Tabatznik, through an accounting firm known as Smith Mitchell and Company, of which Tabatznik was the controlling director.

Smith Mitchell, acting as either accountant or secretary for more than 89 companies -- mostly medical suppliers, hospital suppliers, drug suppliers and the sanitoriums themselves -- operates as an administrative and operational convenience for the South African Department of Health. It can hire, fire, obtain appropriations, contract, and buy medical equipment and drugs -- all in circumvention of the regulations required by any government operations.

The Smith Mitchell institutions, billed as "sanitoriums," are abandoned former mining compounds and camps which have been "converted" to house the black "mentally ill." Crude and hastily erected barracks are also used.

A former South African commissioner of mental health aptly referred to the institutions as "human

warehouses, rendering only custodial care."

The camps were generally barren, bleak concrete buildings with plain cement or dirt floors. Barbed wire encircled the compounds. Most patients slept on the floors, and most were forced to go without such items as toilet paper, sheets, blankets, and adequate cleaning and toilet facilities.

Most patients wove their own floor mats (euphemistically called "beds") and cooked their own food, at a large savings to Smith Mitchell.

With no properly equipped medical facilities in the institutions, and few, if any, doctors to care for the patients when they needed help, no real treatments were given to the patients. Powerful psychiatric drugs, however, mostly tranquilizers, were dispensed in large volume and administered daily to the "patients" to keep them under control.

In some cases, patients were taken to an outside psychiatric facility and subjected to electroconvulsive therapy (ECT) without anesthetics -- a brutal experience which can cause broken bones, shattered vertebrae, and even death.

As one doctor at a psychiatric facility which engaged in this practice explained, "We don't use anesthesia for non-whites. It's simply too expensive, too slow and too risky. Africans appear to be more susceptible to the effects of anesthetics and because we treat more Africans than whites, we would have to double our staff if we used anesthetics."

Not surprisingly, there was a high death rate among patients at the Smith Mitchell slave camps; in one nine-month period, there were 20 deaths at one of the institutions.

These institutions were not listed in annual health reports or on official lists of Health Department hospitals.

Those admitted to the hospitals were found to come through government hospitals, primarily after having been apprehended by the police and arrested, mainly for offenses against the pass laws.

In at least one government hospital, transfers of black patients to the private institutions were listed as "discharges" from the government institution, keeping the fact of this "out-the-back-door" procedure a secret.

Fifteen to 20 Africans were sent out every day, on

an average, to the Smith Mitchell network from the government hospitals.

Discharge statistics from the Smith Mitchell slave camps were virtually non-existent. According to a nurse at one of the institutions, there were less than two discharges per month. For every "patient" discharged, at least 12 died and were buried. In at least one Smith Mitchell institution, dead patients were counted on the "discharge" roster.

The great secrecy surrounding these institutions, however, was not maintained merely because of the conditions in the institutions themselves. It was, more importantly, to protect the business concerns which owned and operated the camps.

The thousands of uniformed black "patients" in the camps were, in fact, being exploited as a large, cheap labor force for the benefit of numerous individuals and companies that had holdings in the institutions.

Contracted out to local companies by Smith Mitchell, the labor force made coat hangers, wire brushes, rubber leg guards for miners, mats, sheets, clothes and aprons -- a range of products for other Smith Mitchell institutions -- as well as other items under the guise of "industrial therapy."

These private businesses reaped substantial profits from their enforced labor pool. The patients received token rewards in the form of candy and tobacco; the patients themselves grew the tobacco.

Moreover, in addition to a bountiful supply of certified black "mental patients" and some personnel to control them, Smith Mitchell was being provided by the government with plenty of money. As of the late 1970s, Smith Mitchell was being paid, on a per-patient, per-day basis, the equivalent of approximately \$2.50 to \$3.00 in U.S. currency.

According to hospital personnel at the time, the camps spent less than half that amount to care for one patient for one day. By these figures, Smith Mitchell received a profit [italic] of approximately \$40 million in a 10-year period from its government funding -- on top of the profits from the enforced labor supply.

Furthermore, a great portion of the government-provided capital spent on daily patient care went back into the Smith Mitchell network of hospital supply and drug companies.

"We know we're far from perfect," David Tabatznik

was quoted as saying, "but we provide a reasonable service.... And of course we make a profit, or we wouldn't be doing it."

Who was profiting?

Tabatznik and Smith Mitchell, acting as chartered accountants for more than 89 firms, had laboriously woven an intricate web over the previous 15 years in an attempt to keep the answer to this question known only to a few.

Tabatznik, aside from being the major shareholder in Smith Mitchell and a director on the boards of many of the private institutions, was also chairman of the board of Protea Holdings, the company which controlled the entire Smith Mitchell network through two holding companies -- on the boards of which Tabatznik also served.

In 1976, at the time of FREEDOM's expose, the largest shareholder in Protea Holdings -- and thus the Smith Mitchell institutions -- was the Standard Bank of South Africa, owned by the Rockefeller-controlled Chase Manhattan Bank in the United States.

After the atrocities of the slave camps were exposed, Protea quickly -- in an apparent attempt to avoid the storm of adverse publicity -- got rid of the holding company which directly controlled the Smith Mitchell institutions. The camps were sold to another company, Settled Investments, principally owned by none other than David Tabatznik.

As a result of the 1976 international expose, the South African government was repeatedly accused of abusing blacks in psychiatric facilities and of placing blacks in such facilities for political reasons. These charges came from FREEDOM, among others, and they were substantiated by the World Health Organization (WHO), members of the foreign press, and various sources in South Africa.

In the final analysis, thousands of desperate, victimized black "mental patients" in South Africa have been the pawns of a private business monopoly, approved and partly financed by the South African government, to line the pockets of local, national and international industry -- prominently including the Rockefellers.

In the early 1970s, the acceleration of the homelands development became the most urgent and vital government priority. As the cornerstone of the apartheid system, it was necessary to rapidly develop some of the homelands to a point where they could be declared "independent" -- and thus show the world the "positive aspect" of apartheid.

International pressure on South Africa was mounting.

As there was no time or money to plan and build hospitals that conformed to the myriad of regulations and laws, Smith Mitchell gave the government an offer it could not refuse: Smith Mitchell would provide mental hospitals in the homelands, in exchange for receiving sole rights.

Once established, the string of homeland institutions would have the appearance of falling under the respective health departments of the now "independent" homeland governments.

As of the end of 1979, there were six institutions in the homelands, with two more planned in other homelands.

Recent statistics from the South African Department of Health show that the highest percentage of black patients being transferred out of government institutions for the 1980 to 1983 period were those being transferred to "private institutions." However, according to the same statistics, the number of beds for blacks in South African private institutions decreased. The only answer to these statistics lies in the institutions in what are now the "independent" homelands.

The profits, likewise, have artfully been returned into the Smith Mitchell system, subject to even further deceit.

The fate of the blacks at these facilities is much the same as the fate of anyone sent to a concentration camp in Nazi Germany: tenuous at best. Despite international exposure of barbaric conditions, the camps continue, an ongoing tribute to the ability of these vested interests to cling to their positions of revenue.

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Documents showing the Rockefeller involvement in the Black "mental health" camps in South Africa at the time the camps were exposed:

Document One:

World Health Organization (WHO) Report of 22 March, 1977 which states on page 19:

"The role of the private companies. At least seven private institutions for African mental patients are owned by private companies and administered by Smith, Mitchell & Co., Johannesburg.

"Smith-Mitchell, registered as an accounting firm in Johannesburg ... of which Protea (chaired until 1976 by Mr D. Tabatznik) has been implicated as most directly involved in the management of the mental institutions."

Document Two:

A listing of the shareholders in Protea Holdings Limited shows that Standard Bank of Johannesburg was the major shareholder in Protea.

Document Three:

Section of a document listing the principals of Standard and Chartered Banking Group Limited, which shows that Chase Manhattan Overseas Banking Corporation is a major shareholder in the Standard Banking Group.



WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

Geneva, 22 March 1977

APARTHEID AND MENTAL HEALTH CARE

A preliminary review by WHO Secretariat
of the available information on mental health services in the
Republic of South Africa, prepared for the
United Nations Special Committee Against Apartheid

Abstract

Between 8000 and 9000 Africans suffering from mental disorders are detained against their will in privately owned institutions in the Republic of South Africa. These Africans are the object of a business deal between the State and profit-making White-owned companies which receive Government subsidy on a per capita basis against the provision of custodial care for mental patients referred to in a Government publication as the "sediment of mentally maladjusted persons and deviates". There is not a single Black psychiatrist in South Africa, and vital decisions about thousands of African mental patients are made by part-time physicians who do not even speak the language of the patients. While the majority of the White mental patients are receiving care in services provided by the State (the provision of psychiatric beds per 1000 of the White population is 3.3 times greater than for Africans), the majority of the African mental patients are certified as mentally ill by the State and transferred involuntarily to profit-making private "sanatoria". About one third of the whole mental health budget of the Republic of South Africa subsidizes this operation.

The rapidly rising "demand" for institutional care of the mentally ill Africans, which is given as an explanation of these anomalous and discriminatory practices is understandable in the context of overall apartheid policies which have resulted in the uprooting of over 3 million people; in the disintegration on a mass scale of the African family, and in the breakdown of community support for the mentally ill.

Recent legislative measures of the Government concerning the "rehabilitation" of African pass offenders equate in a dangerous way the non-observance of the apartheid laws with mental disorder. The Mental Health Amendment Act of 1976 virtually imposes a ban on information and free discussion of the prevailing conditions and policies in the mental health services. These conditions and policies, being a direct effect of apartheid in the health field, are inimical to the letter and spirit of the WHO Constitution which proclaims that the "enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

Therapy included mainly neuroleptic drugs. It has been alleged that on ground of expenses and shortage of trained staff, electroconvulsive treatment is applied without anaesthesia or muscle relaxation, but this has been denied by D. Tabatznik. Psychosurgery (leukotomy) is permissible by law under special regulations but it is not known how often and in what types of cases it is practiced.

The occupational therapy apparently includes farm work, renovating the buildings, mat-weaving, production of rubber knee-guards for miners, wire coat hangers, etc., arranged by contract with other firms. To what degree coercion is used to make patients work, as alleged in the press reports, is impossible to evaluate on the basis of the available information.

The limited evidence available on the conditions within the private mental institutions suggests that the "sanatoria" are in fact custodial institutions with very few discharges per year, and with poor standards of patient care. It is possible that some improvements in the physical environment of the patients have been introduced after the exposure in the press and the questions raised in Parliament. This, however, cannot change the fact that in a country which is among the richest in the world, the type and quality of mental health care are determined by the colour of the patient's skin.

The role of the private companies. At least seven private institutions for African mental patients are owned by private companies and administered by Smith, Mitchell & Co., Johannesburg.

Smith-Mitchell, registered as an accounting firm in Johannesburg, is alleged to function as an agent for 89 different companies, of which Protea (chaired until 1976 by Mr D. Tabatznik) has been implicated as most directly involved in the management of the mental institutions.

¹ Former director of the Protea company (letter to the Editor, Atlas Press Review, 10 October 1976).

NO	AMOUNT	DEBIT	CREDIT	BALANCE	NAME	ADDRESS
2197	900	60.75	0.00	60.75	CBALLANCE	UNITED BUILDING SOCIETY/56 MAIN ST/HERMANUS/CAPE PROVINCE/SAV ACC MRS WINIFRED T G BALLANCE
2203	5000	337.50	0.00	337.50	CBALLINGER	BARCLAYS BANK OCC/MAIN RD/CLAREMONT/CAPE PROVINCE/ACC W BALLINGER
2215	5000	337.50	0.00	337.50	CBALLINGER	BARCLAYS BANK OCC/ADDERLEY ST/CAPE TOWN/ACC W G BALLINGER
2227	200	13.50	0.00	13.50	CBALMER	UNITED BUILDING SOCIETY/ADDERLEY ST/CAPE TOWN/ACC 1706753 C T H BALME
2239	1700	119.75	0.00	119.75	CBANFORD	MRS EDNA VIOLET BANFORD/POSTE RESTANTE/PLETTENBERG BAY/CAPE PROVINCE
2248	4500	478.75	0.00	478.75	CBANK VAN J	BANK VAN JOHANNESBURG BOX 20585/JOHANNESBURG
2252	1500	101.25	0.00	101.25	CBANKES	CONY ERIC KENNEDY BANKES/THE ARK/THE BOULDERS/SIMONSTOWN/CAPE PROVINCE
2264	152700	10107.25	0.00	10307.25	CBANKER ACM	BANKER NOMINEES PTY LTD/P O BOX 933/JOHANNESBURG
2276	236300	15950.25	0.00	15950.25	CBANKER ACM	BANKER NOMINEES PTY LTD/P O BOX 933/JOHANNESBURG
2288	236300	15950.25	0.00	15950.25	CBANKER ACM	BANKER NOMINEES PTY LTD/P O BOX 933/JOHANNESBURG
2290	236300	15950.25	0.00	15950.25	CBANKER ACM	BANKER NOMINEES PTY LTD/P O BOX 933/JOHANNESBURG
2306	234400	16097.00	0.00	16097.00	CBANKER ACM	BANKER NOMINEES PTY LTD/P O BOX 933/JOHANNESBURG
2318	300	20.25	0.00	20.25	CBANNING	MRS MARY HANNAH BANNING/FLAT NO 15/CONNACK PARK/FISH HOEK/CAPE PROVINCE
2320	100	6.75	0.00	6.75	CBANSA PTY	BANSA PTY LTD/P O BOX 41010/MARSHALLTOWN
2331	300	20.25	0.00	20.25	CBANSELL	MR JOSEPH ALFRED BANSELL/CONSTRAL/MONTROSE AVE/CLOVELLY/CAPE PROVINCE
2343	234	15.00	0.00	15.00	CBARCLAY	BARCLAYS BANK OCC/THE MANAGER/P O BOX 5064/JOHANNESBURG/ACC N J BARCLAY
2355	290	13.50	0.00	13.50	CBARCLAYS B	BARCLAYS BANK OCC NOMINEES PTY LTD/EST LATE ADM THE HON GEORGE FRASER/P O BOX 7717/JOHANNESBURG
2367	637700	43050.50	0.00	43050.50	CBARCLAYS N	BARCLAYS NATIONAL NOMINEES PTY LTD/P O BOX 7713/JOHANNESBURG
2379	500	33.75	0.00	33.75	CBARCEA	MRS LILIAN ADA MINNIE BARCEA/21 DOUGLAS AVE/CRAIGHALL/JOHANNESBURG
2390	5000	337.50	0.00	337.50	CBARFAN INV	BARFAN INVESTMENTS PTY LTD/CO MR E W PERKS/P O BOX 94/JOHANNESBURG
2392	5000	337.50	0.00	337.50	CBARKER	SYFRETTS TRUST & EXEC TRANSVAAL LTD/P O BOX 61056/MARSHALLTOWN/ACC MRS E K J BARKER
2409	100	6.75	0.00	6.75	CBARKER	MISS FAYE BARKER/1401 UNITED BLDGS/291 SMITH ST/DURBAN
2410	100	6.75	0.00	6.75	CBARKER	GUY WALWYN BARKER/1401 UNITED BLDGS/291 SMITH ST/DURBAN
2422	2500	168.75	0.00	168.75	CBARKER	MR HARRY JAMES BARKER/P O BOX 6434/JOHANNESBURG
2434	800	54.00	0.00	54.00	CBARKER	MARGARET MADDOX BARKER/23 DAVETON RD/PARKTOWN/JOHANNESBURG
2446	300	20.25	0.00	20.25	CBARKER	MR WILLIAM DOYLE BARKER/111 VICTORIA RD/CAMPSBAY/CAPE PROVINCE
2458	250	16.88	0.00	16.88	CBARLETTA	MRS ELGA MARIA BARLETTA/178 MAIN RD/SEA POINT/CAPE PROVINCE
2460	300	20.25	0.00	20.25	CBARLOW	MISS ANNABEL BARLOW/P O BOX 138/CAPE TOWN
2471	500	33.75	0.00	33.75	CBARLOW	MR ROBERT WIGNOPE BARLOW/P O BOX 1957/PRETORIA
2493	45000	3037.50	0.00	3037.50	CBARLONS PE	BARLONS PENSION FUND/P O BOX 4862/JOHANNESBURG
2495	675	45.56	0.00	45.56	CBARMENT NO	BARMENT NOMINEES PTY LTD/P O BOX 5011/JOHANNESBURG
2501	600	40.50	0.00	40.50	CBARNARD	MR ALFRED BARNARD/P O BOX 16/VILLIERSBURG/CAPE PROVINCE
2513	900	33.75	0.00	33.75	CBARNARD	MISS CATHARINE FRANCIS BARNARD/25 INNESMEAD/INNES RD/DURBAN
2525	700	47.25	0.00	47.25	CBARNARD	MRS FRANCIS JACOBUS VESSELS BARNARD/PUSBUS 2671/JOHANNESBURG
2537	500	33.75	0.00	33.75	CBARNES	UNITED BUILDING SOCIETY/P O BOX 356/JOHANNESBURG/ACC 10042097/MR ALEC R E BARNES
2549	500	33.75	0.00	33.75	CBARNES	MR CHARLES ARTHUR BARNES/9 PASSINGDOURNE CLOSE/BRIXBURNE/HERTS
2550	3500	236.25	0.00	236.25	CBARNES	STANDARD BANK OF SA LTD/P O BOX 1025/JOHANNESBURG/ACC MR C P BARNES
2542	3000	202.50	0.00	202.50	CBARNES	UNITED BUILDING SOCIETY/P O BOX 356/JOHANNESBURG/ACC 1246874/MR REGINALD R H BARNES
2574	1000	67.50	0.00	67.50	CBARNETT	NECBANK LTD/P O BOX 1529/DURBAN/ACC DR A W BARNETT NO 0521140
2576	500	33.75	0.00	33.75	CBARNSTAPLE	MRS RACHEL BARNSTAPLE/12 SURVEY CRT/ODENIAAL ST/GERMISTON
2578	310	22.27	0.00	22.27	CBARNON	MRS FREDA ROSIE BARNON/32 SUNFIELD/DE KOCK ST/SUNNYSIDE/PRETORIA
2594	2000	135.00	0.00	135.00	CBARR	SYFRETTS EXEC & TRUST CO LTD/P O BOX 61058/MARSHALLTOWN/ACC W A BARR
2616	1500	101.25	0.00	101.25	CBARRARLE	MR JOHN DANSEY BARRARLE/P O BOX 232/RENONI/TRANSVAAL
2628	400	27.00	0.00	27.00	CBARRATT	MR GRAHAM JOHN BARRATT/PHEENIX HOUSE/42 BURG ST/CAPE TOWN
2630	200	13.50	0.00	13.50	CBARRETT	MR JAMES ANTHONY BARRETT/CO P O BOX 4105/JOHANNESBURG
2641	150	10.50	0.00	10.50	CBARRETT	MR JOHN HENRY BARRETT/26 5TH AVE/LAMBTON/GERMISTON 7 SAHA?
2653	1000	67.50	0.00	67.50	CBARRETT	MRS HARRIET CECILIA BARRETT/CO P K RODICK ESQ/P O BOX 704/PIETERMARITZBURG
2665	1000	67.50	0.00	67.50	CBARRETT	MRS SALLY BARRETT/CO A R WHERLY/P O SEA PARK/SOUTH COAST/NATAL
2677	75	5.27	0.00	5.27	CBARRIS	MRS EVE ADA BARRIS/P O BOX 100/PORT ELIZABETH
2689	600	40.50	0.00	40.50	CBARROW	MRS KATHLEEN ALICE BARROW/29 RALDOR/217 CHAPL ST/PIETERMARITZBURG
2690	1000	67.50	0.00	67.50	CBARROW	MRS RITA MARY BARROW/CO BARCLAYS BANK OCC/P O BOX 103/WYNBERG/CAPE PROVINCE
2707	75	5.27	0.00	5.27	CBARRY	MR CHARLES ALFRED BARRY/P O BOX 89/ISANDO/TRANSVAAL
2719	800	54.00	0.00	54.00	CBARRY	MRS MARGARET ANNE BARRY/SILVERHOLME/PRIMROSE AVE/WYNBERG/CAPE PROVINCE
2720	1500	101.25	0.00	101.25	CBARRY	MR REGINALD LEON BARRY/P O BOX 6968/JOHANNESBURG
2732	1000	67.50	0.00	67.50	CBARRY	MRS RICHARD VAN REEFEN BARRY

Share No	Quantity	Price	Value	Share No	Quantity	Price	Value	Name	Address
51640	500	33.75	0.00	33.75	SPANGNEEF	MR DAVID FEDERICK SPANGNEEF/P O BOX 1732/PIETERMARITZBURG			
51652	200	13.50	0.00	13.50	SPANNER	MR BERNARD EDWARD THOMAS SPANNER/P O BOX 25167/FEDERASTON/TRANSVAAL			
51644	1500	101.25	0.00	101.25	SPARHAM	MR FEDERICK PHUISS SPARHAM/P O BOX 7473/JOHANNESBURG			
51676	500	33.75	0.00	33.75	SPARKE	MR DARRELL JAMES JEROLD SPARKS/P O BOX 742/RICHMOND/NATAL			
51688	2000	175.00	0.00	175.00	SPEYER	MR MARCEL JOHN SPEYER/P O BOX 41566/MARSHALLTOWN/TRANSVAAL			
51690	2500	168.75	0.00	168.75	SPIEGEL	MR LEOPOLD SPIEGEL/HILOAL/P SECOND AVE/HIGHLANDS NORTH/JOHANNESBURG			
51706	1500	101.25	0.00	101.25	SPIEGEL	MR ROLF RICHARD SPIEGEL/P O BOX 5798/JOHANNESBURG			
51710	1000	67.50	0.00	67.50	SPINDLER	MR CHARLES GEORGE SPINDLER/110 SPRINGFIELD RD/DURBAN			
51720	13000	677.50	0.00	677.50	SPIRA	MR SAUL RACHAEL SPIRA/CO COURTLEIGH HOTEL/HARROW RD/BEREA/JOHANNESBURG			
51731	500	33.75	0.00	33.75	SPOELSTRA	DR BOUKE STEELSTRA/DELPHINIUSSTR 94/WATERKLOOFRAND/PRETORIA			
51743	78	5.26	0.00	5.26	SPOON	MRS EVA CHARLOTTE SPOON/10 WOLMUNSTER RD/ROSEBANK/CAPE PROVINCE			
51755	500	33.75	0.00	33.75	SPRACKLEN	MR LELWELLYN SPRACKLEN/LONTANO/MARION RD/GRANJEZICHT/CAPE PROVINCE			
51767	3000	202.50	0.00	202.50	SPRADGUY	MR MELAN KNIGHT SPRADGUY/2 HIGH WYCOMBE/MARINE PRADE/DURBAN			
51779	250	15.79	0.00	15.79	SPRINGETT	MR JOHN HERBERT SPRINGETT/P O BOX 9038/JOHANNESBURG			
51790	1000	67.50	0.00	67.50	SRATT	MR ERIC DRINKWATER SRATT/FOURWINDS/P O ST LUCIA ESTUARY/ZULULAND			
51792	600	40.50	0.00	40.50	ST CLAIR-G	MRS ELIZABETH A ST CLAIR-GIBSON/SHOTLAND/2 YORK TERRACE/WESTVILLE/NATAL			
51809	280	18.90	0.00	18.90	ST CLAIR-G	MR JOHN WILLIAM ST CLAIR-GIBSON/P O BOX 607/DURBAN			
51810	1500	101.25	0.00	101.25	STARLES	MR FRED STABLES/234 ST ANANT ST/MALVERN/JOHANNESBURG			
51822	274	15.79	0.00	15.79	STACKHOUSE	MRS MARY STACKHOUSE/7 TAY ST/NORTHMEAD EXT 3/RENONI			
51834	20000	1350.00	0.00	1350.00	STAFF PENS	THE STAFF PENSION FUND OF THE SOUTH AFRICAN PERMANENT BUILDING SOCIETY/P O BOX 767/KIMBERLEY			
51946	20000	1350.00	0.00	1350.00	STAFREYAN	STAFREYAN INVESTMENTS PTY LTD/P O BOX 1391/DURBAN			
51950	300	20.25	0.00	20.25	STAHL	MRS MIRIAM STAHL/FLAT 4/12 FRANCIS ST/VEENVILLE/JOHANNESBURG			
51960	200	13.50	0.00	13.50	STANCL	MR GEORGE STANCL/601 ASHBOURNE/MAIN RD/KENILWORTH/CAPE PROVINCE			
51971	500	33.75	0.00	33.75	STAINTON	STANDARD BANK OF SA LTD/DOPT SHEPSTONE/NATAL/ACC BISHOP T W STAINTON			
51993	2100	141.75	0.00	141.75	STALS	MRS PHILIPUS PETRUS STALS/HAYSTRAAT 383/BROOKLYN/PRETORIA			
51995	1000	67.50	0.00	67.50	STAMM	VOLKSKAS LTD/MARKET ST/JOHANNESBURG/ACC MRS H STAMM			
51901	7500	506.25	0.00	506.25	STALKER	MR ALBERT WILLIAM STALKER/P O BOX 232/SOMERSET WEST/CAPE PROVINCE			
51913	300	20.25	0.00	20.25	STALLEBRAS	MR JOSEPH LESLIE STALLEBRASS/CO DEPT OF WATER AFFAIRS/P O BOX 23/CAPE TOWN			
51925	661503	59151.45	0.00	59151.45	STANDARD B	STANDARD BANK NOMINEES TRANSVAAL/PTY LTD/P O BOX 2453/JOHANNESBURG			
51917	74450	5027.40	0.00	5027.40	STANDARD B	STANDARD BANK NOMINEES TRANSVAAL/PTY LTD/P O BOX 2453/JOHANNESBURG			
51949	492000	33492.50	0.00	33492.50	STANDARD B	STANDARD BANK NOMINEES TRANSVAAL/PTY LTD/P O BOX 2453/JOHANNESBURG			
51950	492500	33714.25	0.00	33714.25	STANDARD B	STANDARD BANK NOMINEES TRANSVAAL/PTY LTD/P O BOX 2453/JOHANNESBURG			
51962	12417	638.29	0.00	638.29	STANDARD B	STANDARD BANK NOMINEES TRANSVAAL/PTY LTD/P O ACCOUNT/P O BOX 2453/JOHANNESBURG			
51974	98211	6633.96	0.00	6633.96	STANDARD B	STANDARD BANK NOMINEES TRANSVAAL/PTY LTD/P F ACCOUNT/P O BOX 2453/JOHANNESBURG			
51986	7000	472.50	0.00	472.50	STANDARD G	THE STANDARD PRESS PENSION FUND/P O BOX 229/RENNIE/TRANSVAAL			
51998	6000	405.00	0.00	405.00	STANDARD G	THE STANDARD GENERAL INSURANCE CO LTD/P O BOX 4377/JOHANNESBURG			
52000	100	6.75	0.00	6.75	STANDING	MR KEITH HARRY STANDING/58 PRINCE AVENUE/FYNELANDS/DURBAN			
52012	500	33.75	0.00	33.75	STANLEY	MR ARTHUR CHRISTOPHER PATRICK STANLEY/61 BOWEN RD/CLAREMONT/CAPE PROVINCE			
52024	500	33.75	0.00	33.75	STANTON	MR JOSEPH EDWARD LOW STANTON/INNISFREE/PARKRYNIE/SOUTH COAST/NATAL			
52036	500	33.75	0.00	33.75	STANTON	MR LACON DE BARR STANTON/FOOD CORP PTY LTD/P O BOX 1321/JOHANNESBURG			
52048	200	13.50	0.00	13.50	STAPLES	MR PHILIP ARTHUR STAPLES/374 DELOMME RD/MONDEOR/TRANSVAAL			
52050	100	6.75	0.00	6.75	STAPLES	MR SYDNEY WALLACE STAPLES/P O BOX 5471/JOHANNESBURG			
52068	10000	675.00	0.00	675.00	STAYLTON	MRS ELIZABETH STAYLTON-SMITH/UPPER EASTWILDS/PRIVATE BAG 640/DONNYBROOK/NATAL			
52073	2500	169.75	0.00	169.75	STARK	MRS VERA NAISMITH STARK/10 CARDIGAN RD/PARKWOOD/JOHANNESBURG			
52085	4000	270.00	0.00	270.00	STARKEY	MRS PATRICIA VVYAN STARKEY/P O BOX 135/DURBAN			
52097	400	27.00	0.00	27.00	STARLING	MRS KATHLEEN MARGARET STARLING/CO W K PALMER E SW/P O BOX 287/DURBAN			
52103	200	13.50	0.00	13.50	STARTUP	MR JOHN HUBERT COLLINGWOOD STARTUP/1 GARDEN WANS/ST JAMES RD/EAST LONDON			
52115	700	47.25	0.00	47.25	STASSEN	MRS PIETER JACOBUS STASSEN/ROOFSTRAAT/MOORREESHURP/KAAPROVINSIE			
52127	300	20.25	0.00	20.25	STECK	MRS MILARY MARGARET STECK/CO P O BOX 77/WLOEMFONTEIN			
52139	154	10.53	0.00	10.53	STEDMAN	MR BRIAN ALFRED STEDMAN/87 JUDGES AVE/CRESTA/ANDRURG			
52140	1450	97.88	0.00	97.88	STEEL	S A PERMANENT BLDG SOC/P O BOX 819/JOHANNESBURG/ACC E STEEL			
52152	4000	270.00	0.00	270.00	STEELE	MR FREDERICK MACAULAY STEELE/21 MOUNTAIN RD/CLAREMONT/CAPE PROVINCE			
52164	1000	67.50	0.00	67.50	STEELE	MR MINGO JAMES STEELE/15 CALEDON ST/GEORGE/CAPE PROVINCE			
52176	250	16.87	0.00	16.87	STEFKAMP	MR GERHARDUS PETRUS STEFNKAMP/CO P O BOX 5966/JOHANNESBURG			
52188	500	33.75	0.00	33.75	STEFKAMP	NICOLAAS SALOMO LTUW STEFNKAMP/SANTAM BANK BPK/BURGSTR/KAAPSTAD			
52190	300	20.25	0.00	20.25	STEENKAMP	DS WILLIAM MARTIN STEENKAMP/P K WOODHOEK			

STANDARD AND CHARTERED BANKING GROUP LIMITED

10 Clements Lane, Lombard Street, London, EC4N 7AH, England
 Telephone: STANDARD 01-623 7500, CHARTERED 01-688 3688 Telex: STANDARD 084221/Z,
 884372 & 884364 (Foreign Exchange); CHARTERED 885983 & 807954
 Telegrams and Cable: STANDARD Alneorum; CHARTERED Charabank

Directors: Sir Cyril Hawker (Chairman); W. G. Patten (Deputy Chairman); C. H. P. Hamilton, C.M.G. (Vice-Chairman);
 S. Giles, C.D.E.; E. J. W. Hellmuth; The Rt. Hon. The Earl of Inchequin; Sir Hugh Mackay-Talbot; L. T. G. Preston;
 W. M. Rubson; V. E. Riehill; Sir Eric Tansey, C.M.G.; Sir Robert Taylor, C.B.E.; Sir Denis Wright, C.C.M.G.
 Secretary: H. D. M. Turner.

General Managers: H. A. S. Lane, M.C.; H. R. Row.

Constitution: The Group was formed in 1970 as the result of a merger between the Standard Bank, founded in 1862,
 and the Chartered Bank, incorporated by Royal Charter in 1853.

Principal Subsidiaries (Wholly owned unless otherwise stated): The Standard Bank Ltd., England; The Chartered
 Bank, England; Standard Bank Investment Corporation Ltd., South Africa (45.9%); The Standard Bank of South
 Africa Ltd., South Africa (85.9%); Standard Bank of West Africa Ltd., England; Standard Merchant Bank Ltd., South
 Africa (85.9%); Standard Bank Nigeria Ltd., Nigeria (47.1%); Standard Bank Ghana Ltd., Ghana (87.9%); The Chartered
 Bank of London, U.S.A.; Mellon Credit Pty Ltd., Australia; Standard Bank Finance and Development Corporation Ltd.,
 England; Standard Bank Uganda Ltd., Uganda (51%); National Industrial Credit Corporation Ltd., South Africa
 (89.9%); Standard Bank Zambia Ltd., Zambia; Chartered Finance Hong Kong Ltd., The C.D.I. Development Corpora-
 tion Ltd., England; Standard Bank Sierra Leone Ltd., Sierra Leone (92.1%); Standard Finance Ltd., Indonesia
 (43.9%); Chartered Merchant Bankers Ltd., Singapore (51%); Harmer Finance Ltd., Hong Kong (51%); Standard Bank
 Financial Services Ltd., South Africa (49.9%); Diners Club Africa Ltd., England (75%); The Chartered Finance
 Company Ltd., Singapore; Chartered Unit Trust Management Ltd., Singapore (51%); Diners Club S.A. (Pty) Ltd.,
 South Africa (48.31%); Chartered Merchant Bankers Malaysia Berhad, Malaysia (51%); The Chartered Bank Hong
 Kong Trustee Ltd. (51%); Eastern Bank Trustee and Executor Company (India) Private Ltd., The Chartered Bank
 (Malaya) Trustee Ltd., Singapore; Chartered Finance Company (Thailand) Ltd.

Principal Associated Companies: Midland and International Banks Ltd., England (19%); Mutual Acceptance Ltd.,
 Australia (24.26%); Standard Bank of Angola S.A. (S.A.), Angola (35%); The Royal British Bank, Iran (49%);
 Banco Standard Totta de S. Paulo S.A. (S.A.), Brazil (35%); Anglo-Siam Bank Ltd., Bangkok (46.7%); Credit Corpora-
 tion (Malaysia) Berhad, Malaysia (41%); European and Overseas Trusting Bank N.V., Netherlands (30%); New Zealand
 Insurance Company (S.A.) Ltd., South Africa (33%); Malta International Banking Corporation Ltd., Malta (40%);
 Equipment Leasing Co. Ltd., England (28.97%); Commercial Bank of Ceylon Ltd., Sri Lanka (40%); National Bank of
 Malawi, Malawi (25.3%); Stanfinancem Placements de Placements S.A., Switzerland (24%); Credit Corporation
 (Singapore) Singapore (41%); National Industrial Credit (E.A.) Ltd., Kenya (23.3%); Industrial Credit Company Ltd.,
 Zambia (40%); East African Acceptances Ltd., Kenya (50%); National Industrial Credit (Uganda) Ltd., Uganda (40%);
 Standard and Chase Bank C.F. Ltd., Jersey (43%); Chartered Investment and Finance Co. Inc., Philippines (35%);
 Schroders and Chartered Ltd., Hong Kong (40%); N.I.C. Holdings (Pvt) Ltd., Rhodesia (36%); Union Zairoise de
 Banques S.A. (S.A.), Zaire (25.9%); Martin Corporation Group Ltd., Australia (20.25%).

Activities: The Company links and co-ordinates the activities of its subsidiary companies which are engaged in
 the business of banking in its widest aspects and in the provision of related services in Europe, Africa, Asia and
 North America.

Recent Developments: The Corporate Development Department of the Standard Bank was earlier this year estab-
 lished as a direct department of Standard and Chartered Banking Group Limited. The Department will evaluate
 proposals for new corporate investments and banking services. Standard and Chartered Insurance Brokers Limited
 extended its activities to Hong Kong and Singapore. With the imminent enlargement of SEC the Group has recog-
 nised the need for strengthening existing links with Europe. The Group is reorganised in Hamburg, Paris, Milan,
 Zurich and Rotterdam and plans are advanced to develop the potential of these connections.

Number of Employees (Average, 1971/72): 1,904; Aggregate remuneration £4.1 million.

Ordinary Capital Issued: Total £68,064,690; Number of shares 32,064,690; Nominal Value per share £1.

Major Shareholders: Leading Banks closely associated with Standard and Chartered Banking Group Ltd. hold the
 following shares: Chase Manhattan Overseas Banking Corp. 1,167,646 shares; Midland Bank Ltd. 2,388,215
 shares; National Westminster Bank Ltd. 1,110,431 shares.

Principal Trade Investments: The Hedge Group Ltd., England (21.6%); Arbutnot Latham Holdings Ltd., England
 (19%); Diners Club Asia Inc., Panama (25%); Bahamas International Trust Co. Ltd., Bahamas (10%); Computer
 Leasing Services Ltd., South Africa (18.75%); City Oil Exploration Ltd., England (14%); The Chartered Trust Co. Ltd.,
 Bermuda (40%); Cayman International Trust Co. Ltd., Cayman Islands (4%); Export Credit Insurance Corporation
 of Rhodesia Ltd., Rhodesia (12.8%); International Banking Services Ltd., England (14.3%); Merchant Credit Ltd.,
 Cyprus (17%); Diners Club (Thailand) Ltd., Thailand (10%); The Diners Club (Hong Kong) Ltd. (10%).

Company Calendar: Financial Year ends March 31; Report and Accounts published July; Annual Meeting August;
 Dividends Paid January and July.

Consolidated Results: March 31, 1972, £000 Profit before tax, 35,614 (30,790); Net profit after tax 18,051 (16,311)

Dividends: Total 7,289; Per share 14p. The annual profits dealt with in the accounts of the Group comprise the
 profits of The Standard Bank Limited and its subsidiaries for the year ended March 31, 1972, and the profits of
 The Chartered Bank and its subsidiaries for the 12 months ended December 31, 1971.

Share Prices (High-low, calendar year): 1970 237½-197½; 1971 332-300; 1972 350-328p up to July 31.

Consolidated Assets Employed: March 31, 1972, £000,000 Cash, investments and Government Treasury Bills
 988,211,027.3; Advances to customers 1,430,811,389.3; Remittances in transit 109,71105.3; Fixed assets or
 investments 86,31102.3; Total assets employed 2,623,212,324.3.

Financed By: Ordinary capital 52,1192.1; Reserves 109,81103.1; Security interests 8,418.1; Deposits and
 other current liabilities 2,432,712,361.3; Total funds invested 2,623,212,324.3.

PEACE AND FREEDOM

Commissioner for Mental Health says: THESE ARE

HUMAN WAREHOUSES

BENEATH RUSTY, disused mine shafts and surrounding mine dumps sprawl a number of privately owned 'mental institutions'. Evacuated mine compounds have been transformed to house thousands of the country's mentally ill.

The institutions, controlled by a private business, Smith Mitchell and Company, have been described as 'human warehouses providing only custodial care'. Some of the Black institutions, built in unplastered brick, are from the outside, reminiscent of concentration camps.

There are nine company institutions for Blacks and four for Whites. There are nearly 11 500 Black inmates and 760 Whites. There are a further 12 hospitals mainly for tuberculosis treatment. Many of them are being converted to house mental patients.

These are characteristics common to most of the private asylums.

● They are maintained by the patients who perform most of the labour.

● They are guarded, have high fences and wire mesh windows welded open a few inches.

● The majority of patients sleep on mats on concrete floors. Even the mats, in at least one institution, are made by the patients themselves.

● Dormitories are crowded, bare, and in winter, cold. Windows are curtainless.

● Patients wear a drab grey or denim blue company uniform.

● During working hours, patients work for outside companies who are contracted to Smith Mitchell and Company.

● The institutions are not listed in annual health reports or other official lists of Health Department hospitals. There is little information publicly available about them.

● There are no equipped medical facilities in the asylums and no full time psychiatrists. No real treatment is given them as they are considered long term chronic cases. Few of the superintendents are doctors.

● Every aspect of the asylums is run from the point of economy with a view to profit. At best food is indifferent.

Waverley Sanatorium

near Germiston in the Transvaal is one such asylum. It is built in the grounds of Knights Chest Hospital and houses 800 Black mental patients — men and women.

Superintendent Mr. Cronje said Waverley opened in 1972 "because TB has fallen off and mental illness is on the increase".

Occupational therapy is done in a large factory. A hospital spokesman said "The therapy is simply labour paid for by local business enterprise." The patients make steel wool pot scourers, put together mechanisms for aerosol bottles, thread cotton to tie-on labels for bagging and cut and punch holes into labels.

Profit from this 'Industrial therapy' was R4 000 in 1973. The projected profit for 1974 was between R10 000 and R13 000.

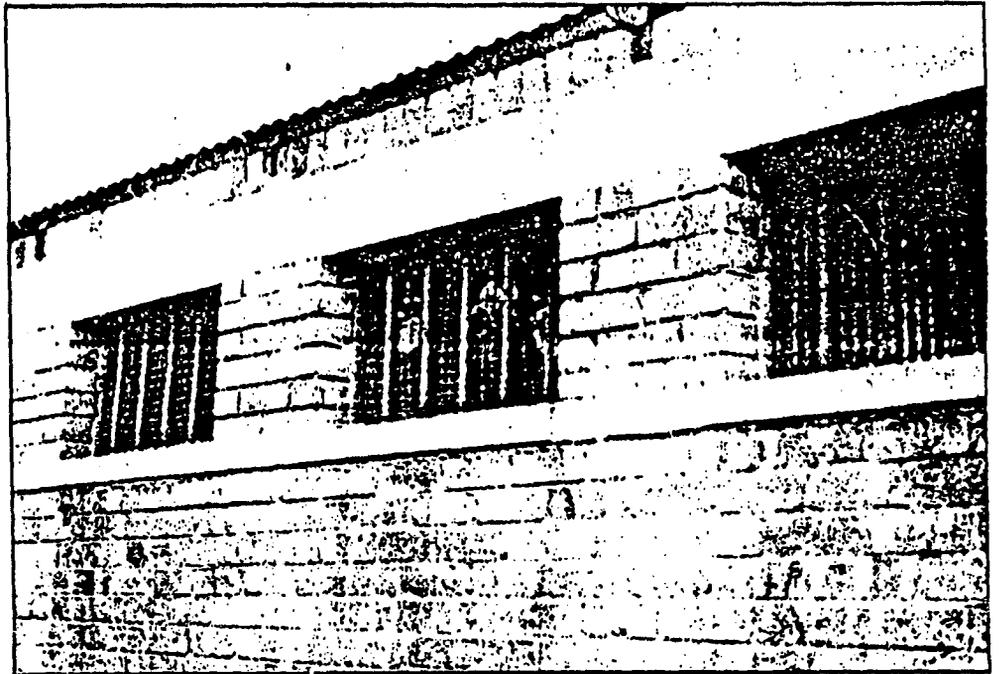
The patients receive positive incentives for their work such as tobacco, matches and sweets.

The White superintendent, matron and one male nurse are appointed by the State. In addition there are three qualified Bantu psychiatric nurses and three auxiliary nurses. A psychiatrist in private practice in Johannesburg makes visits from time to time.

In a nine month period there were 20 deaths at Waverley. Two of them were listed as accidental. There is no evidence of any investigation into the cause of these deaths.

The Poloko asylum near Thaba Nchu in the Tswana homeland is one of the three newer company institutions built in the Homelands by the Smith Mitchell group. According to MP Lawrence

© Continued on Page 3



This patient sees a towering mine dump. The outside world is far away. Her chances of dying in this 'mental hospital' are high.

Asylums turned into big business

A DOCTOR in the S A Medical Corps, Dr Meyer Kuper, contracted tuberculosis soon after World War II. He decided to establish a centre to treat TB, a disease prevalent among Black miners.

The Government saw the success that Dr Kuper had and urged him to set up more TB hospitals. Over the years capital was poured in by astute businessmen who saw these hospitals as a business venture.

It was also recognised that a private company could save the Health Department millions by taking charge of patients crowding State

mental asylums. And so the chain of compound-institutions came into being.

Today the old TB hospitals are being reconverted to keep still more mental patients. This is due to effective treatment for TB that no longer requires isolation and lengthy confinement.

Handed over

State patients are handed over as fast as the company can provide beds. This is because facilities for the mentally ill have been at a standstill for over a decade. The Department's critical overcrowding problem is resolved by 'discharging' patients through the backdoors of State hospitals

into the privately owned compounds. The extent of this shuttle service has remained a guarded secret.

Most of the Black patients are first committed to a State asylum such as Weskoppies in Pretoria, Sterkfontein in Krugersdorp, Oranje in the Free State or Fort Napier in Natal. Many of them are temporarily detained at police stations. They are held in police cells for various reasons such as drunkenness, wandering at large, acting abnormally, displaying violence or potential violence or because of a 'complaint.'

They are then examined by District Surgeons. If thought mentally ill, or possibly insane, they are sent to the nearest asylum.

As soon as conditions there become too crowded, patients are selected and 'discharged' or 'transferred' to a compound-institution.

Burnt out

They are described as the 'burnt out cases' or the 'wet and dirties' by Health spokesmen. 1600 Blacks were certified in this manner in Johannesburg in 1972.

The Smith Mitchell company is paid a per-patient-per-day fee. It receives approximately R2.50 per White patient and about R1 per day per Black patient. This is about half the cost to run State asylums.

MAN DISCOVERS THE GRUESOME TRUTH

ONE DAY a middle aged man selling window panes got lost on the Transvaal Reef. He eventually found a desolate mine compound and asked his way back to the main road. A naked native woman ran shouting from the administrative office chased by uniformed staff, and so news of the first compound-institution was brought to this newspaper. The name - Randfontein Sanatorium for 1 500 female non-White patients.

Founded in January 1963, it has eight staff nurses, two Bantu sisters, two White sisters and a superintendent. A doctor from Krugersdorp and a state psychiatrist from Sterkfontein mental hospital visit once a week.

Patients' beds are cane mats, one and a half inches thick, and covered with plastic. They are placed in rows on concrete floors about four inches apart. Each patient is given up to six blankets. There are no pillows or cushions.

There are communal showers. In a number of institutions, patients are sent in to shower up to 30 at a time. There is a shortage of the squat toilets in some of the larger sleeping quarters.

A patient's work day begins at 5.30 am and ends at 5.30 pm. Dinner is given

treatment are sent to the nearby State hospital in Krugersdorp where 'shock' is administered under supervision of the superintendent. This treatment considered 'a form of torture' and harmful to the brain by some medical authorities, is given without anaesthetics. This causes extreme pain. It can break bones and the violent convulsions can break a back.

Chief State psychiatrist Dr Henning said the use of anaesthesia and relaxing drugs was standard



in the late afternoon. Coffee is served in large bins, similar to dustbins. Patients dip in their plastic cups.

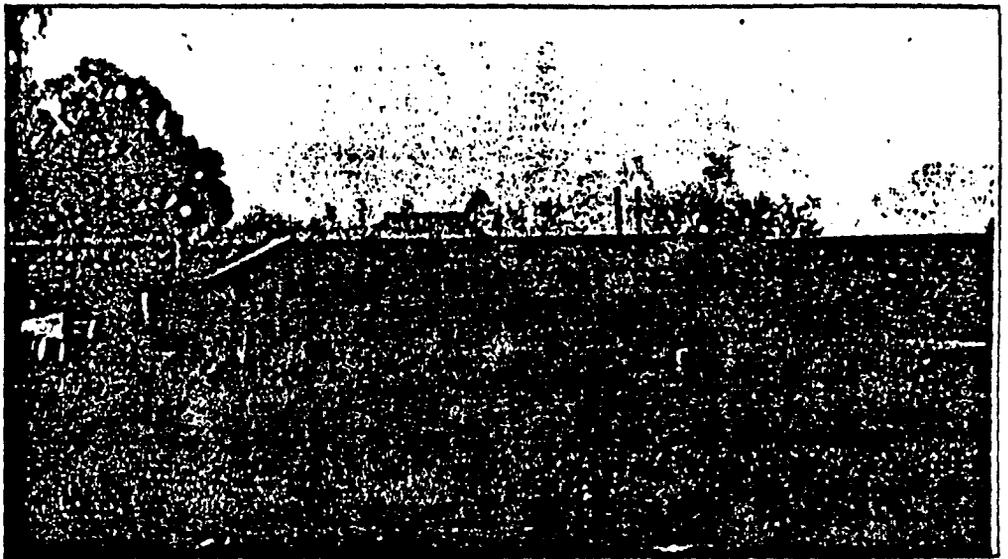
Food is cooked by the patients. They also wash their own dishes and make their own hospital uniforms. Fish and fruit are given twice weekly. Tobacco and cigarettes are distributed daily.

The patients work for a number of outside businesses, making mats, clothes, sheets and packing merchandise into boxes.

Those requiring shock

procedure among White patients, but not for non-Whites. He said, "It's simply too expensive, too slow and too risky. Africans appear to be more susceptible to the effects of anaesthetics, and because we treat more Africans than Whites, we would have to double our staff if we used anaesthetics".

All discharges must be authorised by a State psychiatrist. There are few of them. Perhaps two a month.



In here patients sleep on mats on the floor. Squat toilets. Communal showers. And the patients virtually maintain the institution themselves. They also work for outside business.

We make a profit or we wouldn't be doing it

A LEADING spokesman for the Smith Mitchell group, Mr David Tabatznik has admitted: "We know we're far from perfect, but we provide a reasonable service at no capital expenditure to the State. And of course we make a profit, or we wouldn't be doing it".

Who are the men behind the mental health industry? After a close look, what surfaces is a consortium of companies, specialising in medical supplies, that are able to inter-trade and are owned by a handful of men.

Smith Mitchell itself is a firm of chartered accountants who administer an impressive list of businesses. Three directors appear on nearly every company: David Tabatznik, Richard Lurie and T P

Smith. All the Smith Mitchell 'mental institutions' are controlled by a single company, Intrinsic Investments. This company is also the largest stockholder in some of the group's other hospitals and is the sole shareholder in the rest of them.

The power behind Intrinsic is a public company called Protea Holdings, whose directors include David Tabatznik and Richard Lurie.

Protea, specialising in chemicals, drugs, hospital and medical supplies, is one of the fastest growing groups of its kind in the country. Profit has increased 16 times over the past ten years. Profits before tax, have risen from R616 000 in 1964 to R10 million in 1973. Exactly what profits accrue from the chain of mental institutions is not known.

Director, David Tabatznik, told a journalist: "Of course we show a profit, otherwise we wouldn't be doing it".

The Smith Mitchell group pays R50 a licence to run each institution. One medical authority was recently quoted as saying: "This group can virtually dictate mental health care in the country".

Money is made from patient labour in all the institutions except Struisburg and New Kings for Whites. Mr Tabatznik has said none of it goes to the pockets of the private companies. Some filters back to the patients as extra facilities.

It is reported that the State pays the business group about R3 million a year. This is not an enormous amount when looked at in terms of keeping 12 000 people fed, clothed and housed for one

year. The Department of

Health does not have the resources or finance to set up similar institutions. As a director for the private company said: "We can hire and fire more quickly". By working through interlinking businesses the Smith Mitchell group bypasses bureaucratic slowdowns, regulations, red tape and the system of tenders and complicated contracts. It can easily obtain medicines, use the patients as a labour force, and rapidly put up buildings below acceptable standards.

That an economic conscious group makes profits while maintaining a string of asylums, and is still able to keep pace with an accelerating expansion programme, is one explanation for the conditions in the institutions.

Prof. slams health industry

THE CHAIN of privately owned institutions has come under heavy fire from the South African National Council for Mental Health.

A Pretoria professor claims that the relationship between the State Health department and the Smith Mitchell group has outgrown the legislation that allows for private licenced homes. Provisions are made in South Africa's mental health laws to issue licences to welfare organisations to care for mental patients.

Prof. J. Robbertze, said it

is doubtful whether the laws ever intended licenced homes to develop into huge residential complexes. He said "a situation has been reached that psychiatric patients are accommodated in large numbers with a minimum of psychiatric care for an indefinite period of time at the cost of the taxpayer."

Mental health in South Africa is State controlled. For over sixty years State Health has been in charge of the country's certified mental patients. The Department has clung to this responsibility and has

refused to hand over mental institutions to the provinces.

But the public has generally been kept in the dark about mental health services. The Commissioner for Mental Health was compelled by law to provide an annual report on State mental patients. This happened until 1970, when annual reports backlogged.

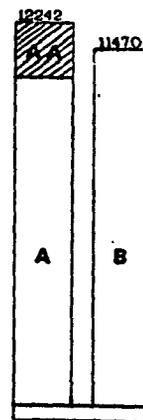
The position of commissioner fell away and was assumed by the Secretary of Health, Dr J. de Beer. No detailed statistics on the country's mental health position have been published by the new

Secretary.

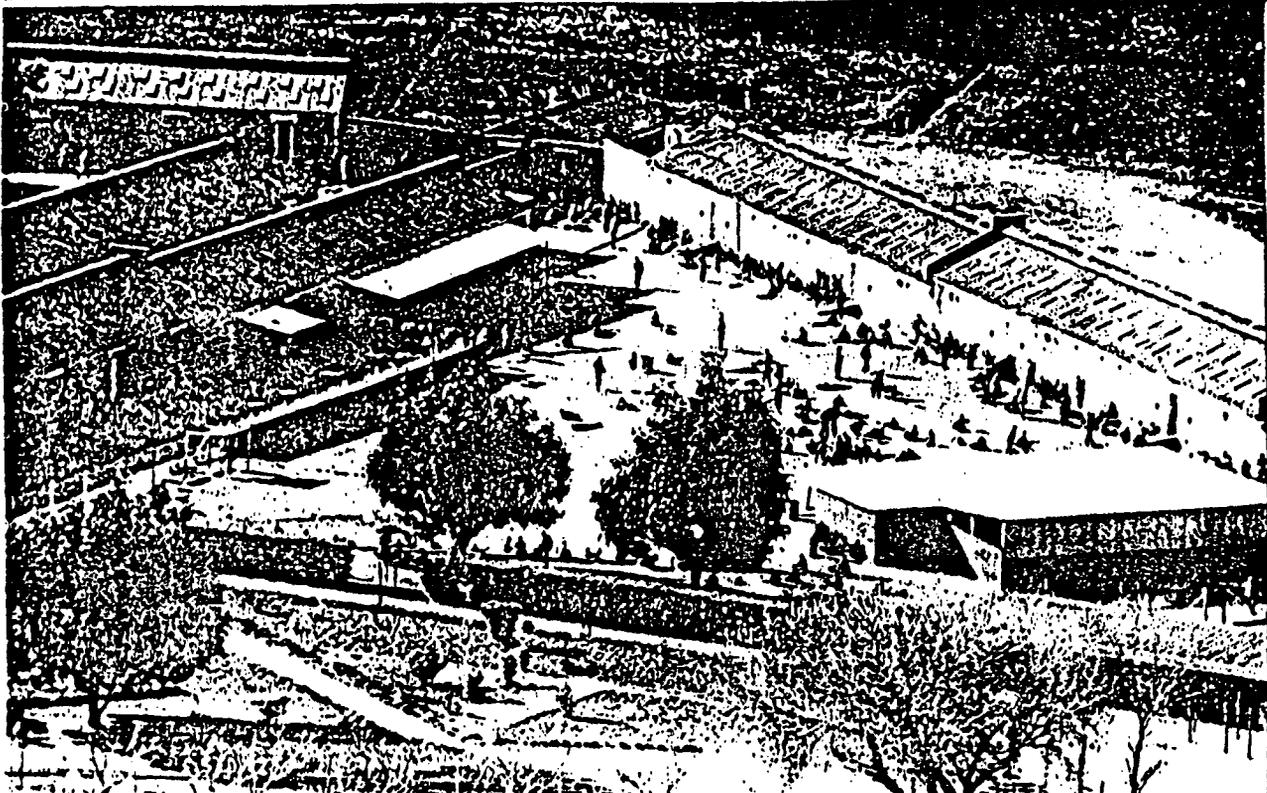
None of the departmental reports have ever published details of the Smith Mitchell Group institutions. It was only after some facts and figures were made known in the press, that Dr de Beer openly discussed future plans for expanding the company's operations.

Our mental health laws require mental hospitals to have a watchdog Hospital Board made up of ordinary professional people. The Board must make inspections, hear complaints and recommend reforms. There

Continued on Page 3



A: Non Whites in State Hospitals
 AA: Overcrowded by 3 000 persons
 B: Non Whites in Private Company Institutions including those to be accommodated in immediate future!



6
The staff would need scooters standing ready, or horses, at Millsite if riots broke out. Otherwise they'd only arrive in time for the funeral.
9

THOUSANDS WORK AND WILL DIE HERE

"IT IS THE largest sanatorium of its kind in the world". That is how Randwest superintendent Mr Honeywell described Randwest Sanatorium. It is completely walled-in on five sides. The outside walls are the backs of sleeping quarters. There are small windows fixed slightly open. Some are broken. All are dirty. The sanatorium covers approximately 30 acres.

There is a huge open courtyard in the centre of the larger compounds. Sleeping quarters are big open halls with lavatories in the centre. The rooms are hosed down each morning. The various sections are wired off with a few hundred patients in each section.

At times there is one nurse on duty for 300 patients. One male nurse said that on occasions there are less than nine staff on duty. This male nurse has been in charge of between 400 and over 1 000 patients at one time.

The Randwest mine compounds were converted into an asylum in 1964. It is one of the larger of the company institutions.

Two years ago the 3 200 black patients were moved to a nearby, even larger compound, called Randwest Millsite. The old institution was been closed down.

When the day came to move Randwest many alterations had to be made to the new compound. Early each morning work parties of patients were driven byorry for the day's work. It is reported that these patients were given porridge, cigarettes, sweets and a warty once a month as a reward.

The patients are productive. In a ten year period up to 1974 the total number of therapy items produced (paper bags, belts, rubber leg guards for liners, coathangers and rucksack straps), was 1 500 000 with a total revenue of R80,357.00.

Over six million items were produced in 1973 with a turnover of R15 458.00. Head office was given R9 962.26. It is intended to increase the size of the hospital 'therapy factory' from 7 200 sq. ft. to 14 000 sq. ft., with an additional 800 workers.

Repairs and hospital maintenance is done by the patients. They also helped with the alterations to Robinson Hospital, another Smith Mitchell institution. A few years ago a notice was posted on the staff notice board. It read: "Patients are not to be used for personal use of the staff outside the sanatorium. Order that this practice must not happen again."

Despite the liberal use of drugs, patients do get up and escape. There have been up to 10 escapes in a year. A male nurse said, "Of course the patients run away. I have three escapes at present. The patients hate the place." This contradicts what a Randwest spokesman told the press. He said, "A lot of people seem to think we are prison warders. Let me tell you, they like it here."

The death rate is high — up to 80 a year. Pauper burials are provided for the

dead at a cost of R29.10 for Coloureds and Indians and R26.50 for Bantus. Post mortems have recently been authorised for schizophrenics and seniles who have no relatives. According to reports the company has erected a suitable concrete slab with drainage in our mortuary for this purpose.

A member of staff said the inmates are long term patients. He said, "The Government regards them as being here permanently". Some of the patients have been institutionalised for as

long as 40 years. A couple of patients seen were nearly 100 years old. One shouted: "I am not mad".

Food is enough. Mince-meat, soya beans, potato mashed with cabbage. Fish and fruit is also provided. Some patients complain that the food is sometimes raw, that the tea is cold and sometimes without milk and sugar.

Inspections are made. Staff tell what apparently happens. Inspectors spend most of their time in the superintendent's office. "The chief inspector from

the company comes regularly from Johannesburg. He does the rounds. He tells us to put as much Jeyes Fluid as possible into the toilets. Then he leaves. Before he arrives we are always told to put the torn blankets underneath and have the good blankets on top when folding."

Millsite is nearly twice the size of Randwest. It could keep 8 000 patients. A nurse said, "The staff would need scooters standing ready, or horses, at Millsite if riots broke out. Otherwise they'd only arrive in time for the funeral."

Continued from page 2

are no such Boards for Smith Mitchell institutions. A recent National Mental Health report said that 'urgent attention' must be given to the accommodation and care of mental patients.

Prof Robbertze said, "The patients' virtually maintain these institutions themselves. The time has surely arrived that the soundness of this practice be re-considered."

Human Warehouses

Continued from Page 1

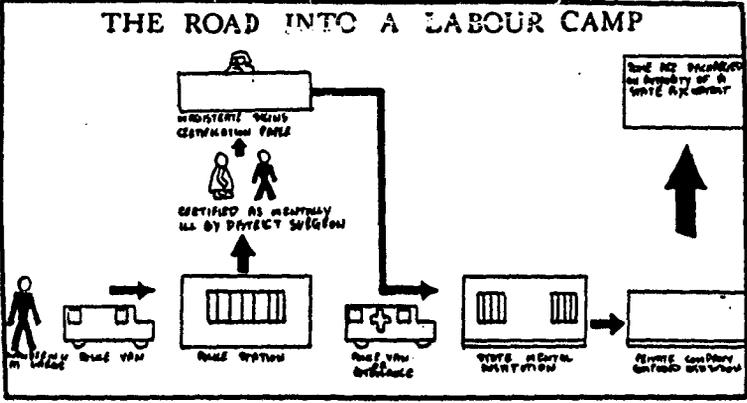
Wood, it was set up in six months. It is isolated from any industrial complex or centre. It was opened in 1972 and already has nearly 1 500 Black patients, male and female, plus 200 children.

Patients come from the State hospital in Bloemfontein. The staff are still desperately struggling to regain some form of order after the crash establishment programme. When asked about conditions, a sister said, "They are terrible".

Mentally defective children, and even epileptics, are being shipped in along with generic patients. The institution is short staffed and overcrowded. The sewerage system is in urgent need of repair. Wards need painting and there are only mats on the floor in the sleeping quarters. Industrial therapy takes place in a corrugated iron building shed.

Last year Kwamakuta, was opened near Amanzimtoti, just outside of Durban for 1 200 Black inmates. Also in Natal is an institution for 250 Indians, male and female. Springfield covers about two and one third acres and is surrounded by a high security fence. Shock treatment was given on the premises but this has recently been discontinued.

There will soon be company asylums in East London, In Benoni for 500 Coloureds, in Welkom for 400 Bantus and according to the recent annual report, the Secretary for Health has planned more in the homelands.



Patients being transported from Randwest to construct their new home at Millsite. Work 'gangs' prepared the camp for Smith-Mitchell.

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State Health is guilty

AMERICAN SLANG HAS its uses. When somebody pretends to do a job but isn't doing it, he is 'camouflaging a hole'. State Health is camouflaging a crater. If the Smith Mitchell group decided to stop operating tomorrow there would be over 10 000 patients on the loose. A catastrophe. Add to this the fact that State mental hospitals are already overcrowded by 3 000 people and we have a national crisis on hand.

The Health Department is at the mercy of a private business group. Smith Mitchell is certainly in a position to dictate the direction of mental health services in this country.

Knowing that new compound-institutions can always be found for State patients, Health officials have been lulled into a false sense of security.

The 1963 agreement with Mr Tabatzalk to house a few mental patients was thought a temporary one. It has not turned out that way. The resultant complacency has caused remarkable neglect of State hospitals.

There have certainly been enough warnings. Once a year since 1926. Twenty years ago a Minister of Health set up an enquiry into the accommodation crisis. The present Minister admits it will take up to 15 years to "clear the backlog". At the rate of progress over the last decade, we will be well into the next century before new State hospitals are built on any large scale.

Until then the Health Department is dependent on private enterprise to stop a complete breakdown of our mental health services.

Health Secretary Dr de Beer said in his recent report that there are now 340 additional hospital beds. In the same period the private company provided over 1 000 additional beds and arrangements have been made to erect two more private hospitals to accommodate another 2 400 Bantu patients. Company profits will increase substantially. The State will be saved tens of millions. The backlog of our psychiatric service will worsen. And the plight of thousands of patients will hopefully not deteriorate further.

A few State hospitals are already considered health hazards. Conditions in the Black wards are sometimes worse than those in private institutions. The physical appearance of the compound-institutions resemble the labour camps to be found in the Soviet Union or those psychiatric asylums on the outskirts of large Russian cities, where thousands of dissidents or 'enemies of the people' are detained.

Who is to blame for this state of affairs? The private company and wealthy directors are accused of profiteering in an industry built on the backs of certified mental patients. This is certainly cause for condemnation. But they are businessmen whose avowed purpose is to make money. And there are dedicated staff doing their best in the institutions. And there have been improvements; some smokeless stoves were placed in Raadwest Millsite, a few more beds have been put up. There is talk of improving the squat toilets.

The principle of a mental health industry is the objection. Doubt of pain and toilet seats can do nothing to make such an industry more acceptable. The intrusion of private enterprise is what is wrong. And here the Department of Health must shoulder the blame.

Health officials set up a temporary measure which has become a runaway monolithic, money-motivated enterprise. The Health Department is responsible for heading over what will soon amount to two thirds of the country's Black mental population. The low per-patient-per-day fee prescribes the poor living conditions.

The announcement by Dr de Beer of still more Smith Mitchell camps is awe-inspiring.

It has been argued in mitigation that the State also hands over licences for private nursing homes. Regulations to set up nursing homes are stringent. More important, the patients are voluntary, confined briefly with the choice to move elsewhere and to effectively complain if they so wish. In short they are protected.

It must not be forgotten that certified patients are State patients. They are minors under the law. A certified mental patient's protector is State Health. This protection is denied company patients. Responsibility has been abrogated.



In one of the Randfontein wards this patient was found wandering about late at night.

MINISTER TRIES TO SILENCE NEWSPAPER

DEALINGS BETWEEN the Department of Health and the Smith Mitchell group have come close to public exposure on a few occasions. This has resulted in a heated controversy.

Journalists began asking Health officials about private institutions operating under State control in mid 1970. A few months later a Natal paper praised the mental health system in South Africa, including the Smith Mitchell hospitals. One Smith Mitchell official was quoted as saying "None of the patients are forced to work... but they all welcome it".

A Sunday paper made investigations in 1974, but the story was never published. It is reported that pressures were brought to bear from high places. Smith Mitchell also sent a memo to their institutions notifying them to beware of journalists.

A SUNDAY TIMES columnist wrote an article, "Millions out of Madness" in April last year that sowed the seed for further probing on the one hand and whitewashing and mud slinging on the other. She described in general the activities of the company, "A South African version of the Dickensian workhouse, an uncomfortable reminder of the bad days in Bedlam at an age when psychiatrists maintain that no patient could be regarded as a 'chronic case' unless he has suffered brain damage, when, to quote from a medical journal 'hospitalised mentally ill individuals must be returned as rapidly as possible to a normal society'".

Two months later the London Observer followed up with a more detailed article. Minister of Health, Dr. Schalk van der Merwe, was asked for statistics in both the Senate and the House of Assembly. The Secretary of Health, Dr. J. de Beer, immediately disclosed plans to improve mental health services for Black people. He said, "We shall make use of available accommodation until we can spend the money allocated to us for capital works." He

explained that there is a shortage of accommodation, "which is why we have to use private enterprise." Dr. De Beer said that reports on the Smith Mitchell group were untrue and that the factual position was provided in his annual report. The report simply outlines the company's expansion over the next few years.

A spokesman for the chain of institutions denied that they make millions. He said "The millions referred to are outlay... turnover... but hardly reflect profits."

The S.A. National Council for Mental Health would not comment. A member said: "There has been a bit of trouble about that."

After further Parliamentary questions Dr. De Beer alleged that members of a Church organisation entered mental institutions without authority to collect information. He indicated that this was a more important issue.

Dr. van der Merwe asked Members of Parliament not to ask suggestive questions about psychiatry. He said MP's asking questions about

this profession were being 'used'. He said there is not a cent of State capital in the private institutions and denied that excessive profits are made.

Meanwhile representatives of the Smith Mitchell group including their psychiatric advisor, Dr. H. Moross, made various representations to correct alleged inaccuracies in press reports. A series of articles whitewashing the institutions appeared toward the middle of last year.

During the heat of denials, moves were taken to clamp down on PEACE & FREEDOM. Early issues reporting on the conditions of two large State mental hospitals were put before the Censor Board. It is believed that even earlier issues of PEACE & FREEDOM are before the Attorney General for prosecution under the old Publications Control Act.

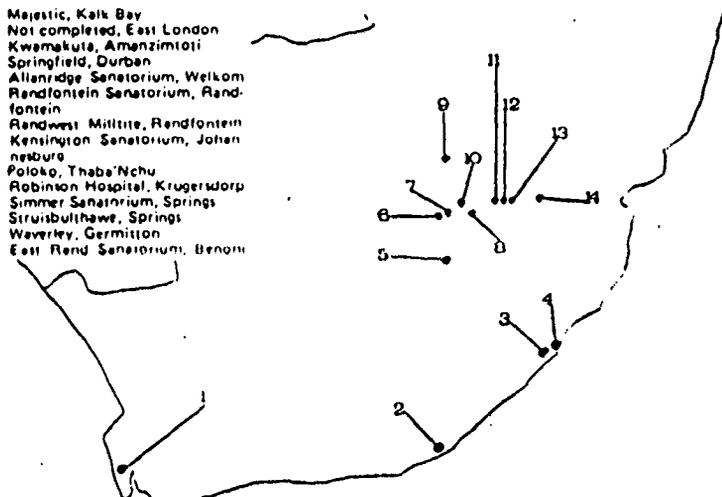
The Kotze commission of inquiry recommended that there be legislation to protect mental health services from criticism. It is believed that attempts to enforce this recommendation could well be made in Parliament this year.



Patients lie waiting in a yard.

MENTAL HEALTH INDUSTRY IS UNCOVERED

1. Maestric, Kalk Bay
2. Not completed, East London
3. Kwamekhulu, Amenzimtoti
4. Springfield, Durban
5. Allandridge Sanatorium, Welkom
6. Randfontein Sanatorium, Randfontein
7. Randwest Mittite, Randfontein
8. Kensington Sanatorium, Johannesburg
9. Poloko, Thaba'Nchu
10. Robinson Hospital, Krugersdorp
11. Simmer Sanatorium, Springs
12. Struisbulthawe, Springs
13. Waverley, Germiston
14. East Rand Sanatorium, Benoni

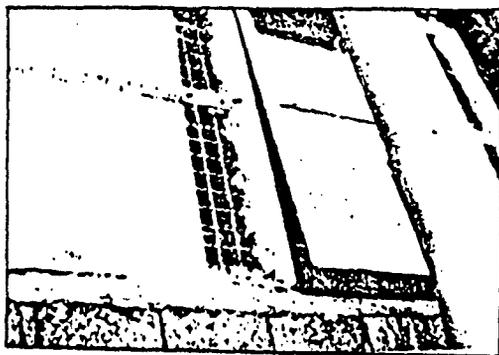


This patient cried out: "I'm not mad".

Privately owned Mental Institutions



A side view of Waverley.



Windows are fixed in this position. Mine dust still clings to the glass.



Springfield inmates wait for treatment, wait for help, the wait is endless.

“ We know we're far from perfect, but we provide a reasonable service at no capital expenditure to the State. ”

Millions out of madness

SUNDAY TIMES

Johannesburg

27 April, 1975

THERE ARE people in South Africa who are making millions out of madness.

Now I know that insanity does not usually go down well with Sunday breakfast; but when you discover, as I have, that mental illness among our Black citizens is providing healthy profits for White private enterprise, then perhaps the time has come to put aside that slice of toast and consider this aspect of the sick society.

Between 5 000 and 8 000 Black mental patients are today housed not in State hospitals, but in institutions run by a private company for profit.

Since 1963, when this company was first appointed by the Department of Health to provide accommodation for 700 Black patients, its stake in insanity has grown until now, with something like eight institutions under its control, it enjoys a virtual monopoly on madness among South Africa's Black people.

And the profits? Its income — derived from a per-patient per-day subsidy from the Department of Health — can perhaps best be gauged from an item tucked away under the Health vote in the Budget: "Maintenance of certified mental patients outside departmental institutions."

That amount has risen from R3.4-million last year to an estimated R5.2-million for the current financial year.

It is paid for providing, as a former Commissioner of Mental Health put it, "human warehouses, rendering only custodial care."

Professional nursing staff — and there are not too many of them — are supplied and paid by the Department. There are no resident psychiatrists; no attempt can be made to rehabilitate the patient and restore him to the community. Most, if not all, will languish in these warehouses from the day they are committed until the day they die.

For "occupational therapy" they will work in the fields and in the gardens, help to erect the buildings in which they live, grow tobacco to save the company an estimated R12 000 this year, weave the mats on which they sleep.

No release

Costs are thus cut to a minimum. But, because the company must show a profit — and its enterprises would not be expanding so rapidly if it did not — it also has a vested interest in keeping every bed occupied.

A South African version of the Dickensian workhouse, an uncomfortable reminder of the bad days of Bedlam in an age when psychiatrists maintain that no mental patient can be regarded as a "chronic case" unless he has suffered brain damage; when, to quote from a medical journal, "hospitalised mentally ill individuals must be returned as rapidly as possible to a normal setting?"

And yet this picture of what has been described by one psychologist as "a growing malignancy on mental health in South Africa" was revealed by no less an authority than Professor J. H. Robbertze, head of Clinical Psychology at the University of Pretoria and president of the South African National Council for Mental Health.

"Where a situation has been reached," he said, "when psychiatric patients are accommodated in large



numbers with the minimum of psychiatric care for an indefinite period at the cost of the taxpayer, while the patients virtually maintain these institutions themselves, the time surely has arrived for the soundness of this practice to be reconsidered.

Where are they? One, a converted mine compound on the Rand, houses thousands. Others have since been established in the Cape, Free State, Natal and in the homelands. Such is the air of secrecy which surrounds this huge operation that few who know will dare discuss it. Nevertheless, I once managed to gain access to one of these institutions in the Northern Transvaal.

The superintendent, patently scared of this intrusion, admitted (without thinking?) that it was a homeland industry, erected "in compliance with Government policy"

Dodged

There were 30 qualified nurses to 1 200 patients. There was no resident psychiatrist. The staff was small, the superintendent said, because patients were expected to feed and look after themselves.

Questions on finance were dodged, but he admitted that the company had built the institution out of State funds, the qualified staff were paid by the State, which also provided a subsidy per patient per day. He would not divulge what it was.

The buildings had been erected in five months — and looked it.

Each ward accommodated 250 patients. A "bed" was a mat and blankets on the concrete floor.

The picture of this place has, I believe, improved. Grass and trees today soften its harsh outlines. But nothing can soften the sharp moral question it and its fellow institutions pose. The company that runs them provides accommodation — if little else — for South Africa's Black chronic insane. But all indications are that what once might have been excused as a temporary measure to relieve the pressure on State mental hospitals is today a permanent, expanding and unhealthy feature of mental health care in South Africa — a "growing malignancy."

The number of these human warehouses where care is reduced to a minimum and cure a forgotten word is growing year by year — as are the profits of the company which now has such a monopoly on madness that, as one authority told me, "it can virtually dictate mental health care in South Africa."

On this Sunday morning, when God is in his Heaven and all is right with the world, I leave the question — and the answer — to you



South African mental patients carry an inmate to her grave.

Scandal of the money-making mental homes

by PETER DEELEY

LARGE numbers of mentally ill blacks are 'dying needlessly' in South African psychiatric institutions.

This is the main conclusion of a report by the American Psychiatric Association, which makes a scathing condemnation of the privately run but State-supported homes.

A four-man team from the APA visited South Africa at the invitation of the Government's Department of Health, after world criticism of conditions for 10,000 blacks in institutions run for profit by Smith Mitchell and Co., a Johannesburg firm of chartered accountants.

Investigators, led by Dr Alan Stone, a black man, who is president of the APA, found unacceptable medical practices; medical and psychiatric care 'grossly inferior' to that provided for white inmates; totally inadequate numbers of professional staff; and some instances of abusive practices towards patients.

Their report, greeted by South African health authorities with outraged indignation, concludes: 'We found that apartheid has a destructive impact on blacks, their families, their social institutions and their mental health. We believe that these findings substantiate allegations of social and political abuse of psychiatry in South Africa.'

it would cost the Government, it adheres to the apartheid labour practices used by the Government.'

Black nurses and other staff are paid substantially less than whites and the APA report adds: 'Since Smith Mitchell's goal is to maximise profits, it is clear that without close supervision it might have a strong incentive to cut costs even to the detriment of patients. . . . Less than £1 per day is available for each patient's care at a typical black Smith Mitchell facility after corporate profit-taking.'

Commenting on the unduly high death rate, the investigators say they were unable to find a single black patient whose medical record demonstrated adequate medical care during terminal illnesses. 'Even when patients were diagnosed by a doctor as having a treatable illness, no proper treatment was given.'

'Many of these deaths cannot be attributed simply to old age or to allowing old patients to die comfortably. While the death rates are even higher at Smith Mitchell's geriatric facilities, we saw charts of black patients in their 40s and 50s who were apparently allowed to die.'

The investigators were told that the medical care was the responsibility of the Government, not the company. 'If that is correct, then the major responsibility for these needless deaths rests with the local physicians and those Government officials whose responsibility it is to supervise them.'

The first allegations were published four years ago in the *Johannesburg Sunday Times* and *The Observer*. It was claimed that thousands of mentally handicapped Africans were living in sub-standard conditions — without proper medical supervision — in institutions owned by a business group 'making millions out of madness.'

Much of the original material had been provided by members of the Church of Scientology, one of whose suspicions had been that potential black 'trouble-makers' were being locked up and given drugs and electric shock treatment.

The International Red Cross carried out a preliminary investigation but decided not to pursue the matter, saying it did not find patients put in hospital for other than medical reasons.

The World Health Authority, which based its conclusions on published evidence, then produced a report much on the lines of the later APA findings, alleging that Smith Mitchell actually exploited the labour of patients some of whom were subcontracted to local industries. The report condemned conditions in the homes.

Dr Stone and his colleagues went to South Africa last September and were shown round nine Smith Mitchell institutions. Their report says that Smith Mitchell 'act as secretaries' for 12 psychiatric hospitals, a system developed by the group chairman, David Tabatznik.

Tabatznik began by leasing abandoned mining compounds and converting them into facilities for tuberculosis patients — thus creating beds at a very low capital outlay, an idea which proved profitable, the report comments.

He used the same approach to create psychiatric beds when public mental hospitals became overcrowded. Compounds were leased and converted and patients were then moved in, the Government paying Smith Mitchell a daily rate of about £3 per black patient.

The report says: 'Since Smith Mitchell's *raison d'être* is to provide care for less than

Most black patients sleep in barrack-like dormitories with about 40 beds to each ward. Toilet facilities and bedding are largely inadequate and many go without shoes.

While the investigators found no systematic, Government-inspired violence towards blacks, 'the violence we did uncover grows out of the mentality of apartheid, which treats non-whites as inferiors and accepts the degrading of their humanity as a matter of course.'

They attribute the needless deaths of blacks in large measure to 'the inadequate numbers and quality' of the professional staff at Smith Mitchell facilities.

Black nursing assistants have little or no formal training and the ratio of doctors and qualified nurses to patients is 'woefully inadequate by any minimal standards.' Only two institutions have physicians available on a full-time basis and the report declares that part-time doctors do not provide 'even what is necessary for basic custodial care. . . . The inadequacies of the medical staff cannot be justified as appropriate to the hopeless condition of the patients.'

The APA did not find any evidence that drugs or electro-convulsive therapy were wrongly used or that political dissidents were being 'confined' in Smith Mitchell homes. And for all its criticisms, the report concedes that if the company hospitals were closed, the results for the black patients would be 'disastrous' — with public mental hospitals so overcrowded.

Both the South African Health Department and Smith Mitchell have rejected the findings of the APA team. Dr P. H. Henning, head of Pretoria's psychiatric services, described the report as 'malicious' and maintained it 'blew up' the negative aspects of psychiatric care. 'My feeling is that these people were more interested in political things than in looking at the situation realistically.'