



Equity Act that prevented the unilateral testing of staff by employers.

'Employers need to clarify why they want to test for HIV. The Labour Court then rules on whether this is justifiable and authorises or refuses the test - in the best interests of the employee,' he added.

Dodging legal land mines

Shikwane said the issue of HIV/AIDS and Workman's Compensation was 'very sensitive and has been dragging on for a long time', mainly because of the legal hurdles.

The Compensation for Occupational Injuries and Diseases Act (1993) requires the employee to disclose their HIV status at the time of exposure and after seroconversion, in order to discharge the onus of proof. However, this is in obvious contravention of the right to privacy around HIV/AIDS contained in

common law and enshrined in the Constitution.

The Employment Equity Act (1998) prohibits the testing of employees for HIV, unless the Labour Court imposes special conditions on authorised testing.

'We were faced with the challenge of ensuring employees were compensated without contravening these other laws,' Shikwane said. He urged employers and employees to read the Labour Department's guidelines on technical assistance for managing HIV/AIDS in the workplace, calling it 'an essential management tool'.

The input from stakeholders would be incorporated in the policy by the Compensation Commission Board 'wherever it improves things', before the document was submitted to the Director General of the Department of Labour for approval. 'Then comes the

implementation phase with workshops to make people aware that such a policy exists,' he added.

Asked whether the Act covered sex workers, Shikwane said prostitution, while 'liberalised', remained illegal in South Africa. Brothels and/or individual sex workers therefore did not qualify for compulsory registration with the Compensation Commissioner and so could not claim.

However, should sex work be legitimised, employers might insist sex workers have HIV tests after applying to the labour court for exemption - on the grounds that this constituted 'fair and justifiable discrimination'.

Helpful website: www.labour.gov.za or contact Dr Shikwane on tel (012) 321-7115 or 082 499 7105, e-mail: joe.shikwane@labour.gov.za.

Chris Bateman

ASIAN TSUNAMI – A LESSON IN MISPLACED UBUNTU



Acehnese residents wade through a flooded street to higher ground a moment after the tsunami struck in the provincial capital of Banda Aceh, Aceh province.

Lack of overall public/private co-ordination, dismal joint disaster management planning and poorly developed resource data bases could severely embarrass South Africa should a tsunami-type disaster strike closer to home, the Asian catastrophe has revealed. A survey of top government and private sector managers by *Izindaba*

last month threw into sharp relief several debilitating capacity flaws - and revealed that a concerted bid to address them is being accelerated and adjusted since the devastating tsunami struck. The South African search, rescue and repatriation mission, led by top private sector companies and NGOs with a hastily assembled seven-person Foreign

Affairs team assisting, failed to give South African victims the benefit of an overall national plan. Most were left to rely largely on the good graces of the Thai and Indonesian governments for accommodation and transport, with some highly critical of the tracing capacity of South Africa's Foreign Affairs Department.

One senior government department manager, who declined to be named, admitted, 'in future we don't want to embarrass ourselves by not having systems like the Indonesians'.

One senior government department manager, who declined to be named, admitted 'in future we don't want to embarrass ourselves by not having systems like the Indonesians. Imagine if there's a sudden disaster in Africa - South Africa will be the first port of call'. By mid-February this year, the official Asian victim toll stood at 117 810 confirmed dead and 137 000 confirmed missing (read, 'probably dead'). With thousands of bodies washed out to sea



and unlikely to be found, a final death toll estimate of 286 000 is now considered accurate.

The most glaring weakness exposed by the tragedy that almost certainly claimed 15 South African lives (DNA samples from families of four still 'missing' were flown to Phuket on 5 February), was the lack of any centralised South African data bases. This would have enabled faster tracing and identification of South African citizens abroad, thus mitigating immense heartache, uncertainty and trauma.

Equally important, more efficient home-based data would enable appropriate volunteer health care professionals, translators, logistics coordinators, aircraft, vehicles, medicines and food to be quickly assembled and efficiently directed by an agreed-upon central command and control centre.

What actually happened

As it was, Netcare 911 in association with Discovery Health and Pick 'n Pay chartered a Nationwide Airlines Boeing 767 and dispatched its top available emergency medicine team. They were accompanied by three senior Foreign Affairs officials to smoothe the red tape for the evacuation of the dead and seriously wounded and their closest relatives and to remain behind and assist other South Africans once the rescue plane had returned home.

The rescue team landed in Phuket 64 hours after the disaster and spent 4 hours on the ground identifying and treating South Africans in greatest need. It returned with 65 people, one seriously injured, nine slightly injured and four bodies. A host of other private organisations responded directly to South Africans in need and to the wider tragedy, but neither the Department of Health nor the Department of Defence was involved. Foreign Affairs donated R300 000 towards the R2 million South African rescue mission and the official trio on the aircraft used a satellite telephone en route to get word of their arrival out and alert four embassy staff to prepare for the all-too-brief ground operation. The plane could not stay longer as it was scheduled for a



Villagers look at the bodies of tsunami victims at the Galle Hospital, 117 kilometers (70 miles) south of Colombo on Monday, 27 December last year.

commercial flight. Accusations and recriminations by distraught relatives of victims emerged over the duplication of names and the 'handwritten' systems set up by South African embassy officials to record and trace missing South Africans. One South African rescuer compared this to Australian nationals in Phuket who were 'computer tracked and individually telephoned' by their government.

Noach wants government to take an oversight role and provide as much logistical support as possible.

Dr Ryan Noach, CEO of Netcare 911, a company that has provided South African search and rescue capacity for six foreign natural disasters since 1999, said it had historically been left up to Netcare 'to take the leadership and initiate'. He believes that had it not been for his company's initiative there would not have been a South African rescue mission in five of the six events. (Earthquakes in Turkey 1999, India 2001, Algeria 2003, Iran 2004 and the Asian Tsunami 2004.) Added Noach, 'the cynical view would be that we have people in our own backyard who are in a state of disaster all the time,

when you look at HIV, malnutrition and malaria for example'. 'There's also the economical view that charity begins at home, but my view is simply that the government must come out and publicly say where it stands. If they're not going to give international disasters priority, they should say so.'

Finding a better way

Director General of Foreign Affairs, Dr Ayanda Ntsaluba, promptly obliged when approached by *Izindaba*. 'South Africa has been the beneficiary of international solidarity for so long, we'd be the last not to recognise our responsibilities,' he said. Noach wants government to take an oversight role and provide as much logistical support as possible. 'They should have a task team with the basic capabilities and experience, will and mandate to coordinate such an operation. We'd happily fall in line. At present they help out in the capacity of followers not as leaders.' He says had he not 'woken up and decided to get the South Africans out of Phuket', there would have been no rescue.

Ntsaluba said the profile of the holidaymakers was such that most had private emergency policies, which immediately brought companies like Netcare and Discovery into the picture,





thus relegating the government role to a supplementary one. 'But then it became clear that we needed to mobilise the nation from a much broader base and we told them to go ahead but to avoid branding it as any particular entity to prevent commercial jealousy. There were some rough edges because of the scale of the tragedy but it has opened up possibilities for greater co-operation,' he admitted.

The Mid-Rand call centre of Netcare 911 became a disaster control post while Foreign Affairs managed the database of missing persons and those unaccounted for (people who left South Africa on local passports but were not recorded as having returned home). Foreign Affairs also activated their own disaster relief call centre. A lack of data sharing between departments holding the most information on citizens (Home Affairs, South African Revenue Services and Foreign Affairs) severely hampers the country's tracking capacity.

Human rights twist

However, in an ironic twist, even if these data linkages were made, our recently established human rights culture and legal framework would immediately throw up invasion of privacy issues, forcing the government to tread with extreme care. Dayanand Naidoo, Foreign Affairs Director, Consular and Agency Services, defended colleagues of his who drew sustained fire by suggesting that South Africans report to their embassies or trade missions whenever they arrived at foreign destinations.

'We are in the process of writing software that will enable South Africans to register online real time when they arrive and leave foreign countries. It will automatically generate an e-mail back to them asking if they are still there or whether they've returned home,' he said. Naidoo said that even if Home Affairs could tell him how many million South Africans left Johannesburg International airport, 'how do I know who went where, when?' South Africans went abroad for work, holiday or simply to live, making it a more complex data extraction exercise than was being suggested. 'You

must clearly know what you want the information for and what you're going to do with it,' he said.

Added Ntsaluba, 'We're trying to see how far we can push it without running into major invasion of privacy and legal constitutional issues'. Ntsaluba cited the snails-pace development of the much-touted prospective Hanis 'all in one' South African identification card system which has been mired in human rights legislation since 1997.

Naidoo said another aggravating factor was that the Asian tsunami was the first time a disaster had affected so many different countries simultaneously. They were able to single out Phuket because the volume of telephone calls from anxious relatives indicated that most South Africans were located there. Among the lessons learnt was that a dedicated joint emergency response team was essential. The team needed dedicated trauma counselling experts to support relatives while identifying bodies in overcrowded and stinking makeshift mortuaries, and for the tough trip home.

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According to Netcare 911 Medical Director, Dr Glenn Staples, this was a calculated omission in a rescue plan that prioritised aircraft space for the seriously injured. Naidoo admitted that better linkage between home-based rescuers and foreign-based officials was needed and Ntsaluba revealed that two trauma counsellors had subsequently been sent to Bangkok to debrief his own staff. 'We've agreed to set up better mechanisms for the future – there are many lessons we've learnt.' An inter-ministerial task team was briefed 'early on' and with Minister of Provincial and Local Government, Mr Sydney Mufamadi, at the helm, the consular

section of a Foreign Affairs crisis response team 'was activated on the morning of the tsunami'. No manual existed for dealing with a tsunami of such magnitude. 'There are procedures, but you can't look it up under "tsunami, volume four, point one,"' he quipped. Hitting the coastline on Boxing Day, with the following day a South African holiday, made the tsunami particularly difficult to respond to. 'Our call centre took 4 000 calls in the first 48 hours and 15 000 over the first week – there is definitely a better way forward and our data software, with all the learning from this built in, will hopefully be ready by November this year,' he revealed.

Following the New York 9/11 Twin Towers attack, Foreign Affairs fielded a total of 500 calls. They received 300 worried calls after the Bali bombing.

Naidoo said the five other rescue missions mentioned by Noach were search and rescue missions helping foreign victims. 'My mandate is looking after South African citizens,' he stressed.

Tourist bodies to be roped in

Other remedial action would be to have Foreign Affairs work with the Association of South African Tourist Authorities (ASATA) to trace South Africans abroad.

The South African Medical Association collated a list of 105 tsunami volunteer doctors by the middle of January this year but was told they were not needed. According to Peter Fuhri, Director of Emergency Medical Services in the Department of Health, the United Nations was suffering from an over supply of health care volunteers – what he called human resource 'recipient fatigue'. He was waiting on word from the UN on how South Africa could best assist. 'We're working with the UN office for the co-ordination of humanitarian affairs in Johannesburg but in the meantime we're looking at Tanzania, Kenya and Somalia where hundreds of people died and some 50 000, mainly fishermen, were displaced and tourism decimated.'

A single database of health care professionals from all sectors, including the SAMA one, was being created so that appropriate resources could be



called on at a moment's notice in future.

Several meetings with the private sector had been held and had thrown up 'many issues' that needed ironing out. 'One of the focuses of the inter-ministerial committee will be to ensure that in future we are more effective,' he said. Admitting that the Department of Health had done 'nothing at the time', Fuhri said this was not due to any reluctance. 'We take our direction from Foreign Affairs and they follow what the President says – you can't just bungle into a foreign country without their express permission and co-operation'. He also conceded 'We need a better strategy for a more efficient response'.

Director of Hospital Services, Dr Thabo Sibeko, was dispatched to Somalia (300 dead) on a 'fact finding' mission in January and returned urging Foreign Affairs to help re-establish their fishing industry with local appeals for

nets, boats and marine engines.

'I was the only South African representative there and they were overjoyed to see me – security and dynamics on the ground are big issues and the UN are struggling to get organised,' he revealed. Sibeko said uncoordinated responses by the private sector put pressure on Foreign Affairs, adding 'we must use this opportunity to make sure our systems work together'. Ms Mandisa Kalako-Williams, President of the South African Red Cross, was belatedly seconded from Transnet to coordinate the government's tsunami response.

When good intentions go wrong

Her biggest learning was how the 'power of *ubuntu*' and generosity of South Africans was drained by the lack of early direction on what kind of assistance would be most effective. An example of this was two tons of mielie

meal, originally meant for tsunami victims, being re-directed to 175 tornado-stricken KwaZulu-Natal midlands families (over 1 500 people). 'Culturally Asian people don't know mielie meal – they'd probably use it to wash clothes!' she joked. It became a logistical nightmare when the response was based 'on emotion alone and not practical needs – we've learnt to be really strong on getting the right stuff'.

'Sending a dozen doctors who don't speak the language just doesn't help, rather give me the money and I can buy what's necessary,' she said.

Kalako-Williams, a veteran of the 1987 Lesotho snows and flooding, added her voice to the urgent call for a coordinated national private/public disaster plan.

Chris Bateman

NOTIFICATION: RECALL OF COPIES

Handbook of Paediatrics: 6th edition
(ISBN 0 19 578690 4)

The sixth and most recent edition of *Handbook of Paediatrics*, published in December 2004, contains an error in a section describing pleural drainage on page 164. Under the subheading 'Is there a pneumothorax?', in the sentence 'Immediately incise the chest wall (4th/5th intercostal space, midclavicular line) with a scalpel blade and insert a forceps through the pleura to allow air to escape', the word midclavicular should read mid-axillary. This sentence refers to the procedure of pleural drainage, which is correctly described in full on page 457, where reference is made to the mid-axillary line. The distinction between mid-axillary and midclavicular is that the latter is potentially dangerous if done on the left side of the chest as it is just over the heart region.

Oxford University Press Southern Africa has put a plan of action into place. We have already contacted all customers for whom we have contact details and are recalling all copies already sold in order to re-issue customers with new, corrected copies. We have sent a mailing to all individuals involved in paediatrics listed on our database and have placed a notification on the company website. Furthermore, we are placing the notification in prominent paediatric journals.

Should you have a copy of the sixth edition, we urgently request you to contact our Customer Services Manager Lauren Capes so that we can arrange to collect the copy containing the error and replace it with a corrected edition. We will cover all the courier costs involved.

We apologise for any inconvenience caused by the return of copies and we would be grateful if you could pass this information on to anyone else in possession of the sixth edition (the latest edition), or to anyone to whom the information would be of relevance, or inform us of the name and contact details of anyone who still has an uncorrected copy of it.

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