

**Life was always like a State of Emergency: Black Medical Student Experiences at the University of Natal Medical School, 1950-1990**

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“To me life was always like a State of Emergency. I don’t really think there was much difference. ... [especially] when the detentions and things were taking place like casualties and all would see”.

Interview with Prof. Breminand Maharaj in June 2003, a graduate of the University of Natal Medical School, 1971-1977.<sup>1</sup>

“You know ... when I became the Professor of Anatomical Pathology, we had a major boycott here [and] ... Professor Clarence was so angry. He came here and he sa[id] he doesn’t know what this Medical School stands for. ‘Are the students here as politicians or are they here to train?’ And this was [at] a board meeting. And I thought no, I’d better stand up and tell him something. So I said, ‘You know, there’s one thing the University must understand. I was a student here and I know’. I said, ‘My everyday life is politically determined. I study where I study for political reasons. I work where I work for political reasons. I drive through certain streets to reach home for political reasons, and I stay where I stay for political reasons. My whole life is determined by politics’. ... So I said, ‘You know, with the category of students we’ve got ... here, we must understand every move they make is political. It’s not that they have [a choice]’. He said, ‘Have they come here to study politics?’ I said, ‘Yes, life is political for us’. And I sat down and I think he was very angry ... But it was a fact of life, which I felt the University never understood”.<sup>2</sup>

Interview with Prof. Soromini Kallichurum in May 1999, a graduate of the University of Natal Medical School, 1951-1957.

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<sup>1</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side B. Prof. Maharaj attended the Durban Medical School from 1971-1977.

<sup>2</sup> Interview with Prof. Soromini Kallichurum, University of Natal Medical School, 29 May 1999. Tape 1, Side B. Prof. Kallichurum attended the Durban Medical School from 1951-1957.

In 1951 – just three years after the Afrikaner Nationalist Party came into power in South Africa on an ‘apartheid’ platform of fuller segregation of the races – the University of Natal’s Faculty of Medicine was officially opened in Durban.<sup>3</sup> Its purpose was to provide a high standard medical training programme for black (including African, Indian and Coloured) students, though in a racially segregated educational facility, who would become fully qualified doctors to serve their own people in a racially segregated medical service.<sup>4</sup> The history of the provision of medical education in South Africa was thus directly influenced by decades of racially discriminatory and unequal policies. Because of the context of apartheid within which this Medical School was established, as well as its close ties to the State through funding provisions, it was caught up in and perpetuated many of the racist apartheid ideologies and practices. The tertiary education sphere was a site of keen interest to, and constant intervention by, the apartheid State, which saw (rightly so) the emergence of black leaders from such institutions as a possible threat to its political and economic interests. However, while the apartheid State’s policies strengthened and expanded from the 1950s to incorporate almost every aspect of South African life, the tertiary education sector, but more particularly the Durban Medical School,<sup>5</sup> remained a highly contested and negotiated space.

The Durban Medical School was fraught with many racial ambiguities and contradictions from the very start. It was an apartheid anomaly as it was an exclusively black medical faculty in the ‘white’ University of Natal and was situated in a white residential area during the apartheid’s notorious Group Areas legislation period. While this Medical School followed the apartheid policy in its establishment and operation in many ways to the letter, in other complicated ways it was a protective haven for aspiring groups of black doctors who were given the opportunity to study medicine. But it also, more importantly, provided the space for the emergence of a powerful anti-apartheid political protest movement from amongst its students. The segregated Durban Medical School environment provided an important base for social and political

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<sup>3</sup> It is also important to note at this stage that while I acknowledge the fact that South Africa has a complicated and often overlapping history of different healing traditions, not the least of which was the formidable force of black indigenous healers who provided healing services for centuries before the arrival of western medicine in South Africa, this paper is concerned with analysing the education of black doctors in the western, biomedical tradition who trained in South Africa. The first full medical training opportunities for black students in South Africa were given at Wits and UCT from the early 1940s when the war years made it difficult for black students to get their training overseas. However, this training was done on racially segregatory and “token” basis with black students never forming more than 10% of the student population. Wits and UCT were forced to close their doors to the training of black students from 1960 onwards because of stricter apartheid laws in education. Thus the Durban Medical School provided the bulk of the training of black doctors in South Africa until the Medical University of Southern Africa (Medunsa) opened its doors to train African medical students in 1978. For more information, see Bruce K. Murray. *Wits: The Early Years*. (Johannesburg: Witwatersrand University Press, 1982) and *Wits: The ‘Open’ Years*. (Johannesburg: Witwatersrand University Press, 1997).

<sup>4</sup> This Medical School was created to train health professionals to fit into the larger apartheid State’s “separate development” programme to ensure the provision of skilled professionals like doctors to serve their own areas. For more details about the many complicated factors that led to the establishment of this Medical School in Durban in 1951, see Vanessa Noble. “‘A Laboratory of Change’: A Critical Study of the Durban Medical School and its Community Health Experiment, 1930-1960”. (University of Natal: Master’s Degree in History, July 1999).

<sup>5</sup> The University of Natal’s Medical Faculty was called many different names throughout the years of its existence. In the written and oral evidence I have managed to consult, it was known as the University of Natal Medical School, the Durban Medical School, the Wentworth Medical School and more recently, the Nelson R. Mandela School of Medicine at its official renaming ceremony in 2000.

solidarity amongst black students, which provided both a medical, but also a political education for them. For black students, their academic work and involvement in politics became largely inseparable in the 1970s and 1980s. With greater repressive apartheid State pressure placed on black communities to control them, particularly from the 1960s onwards, black students turned increasingly towards political action as a way to address their many problems and produced leaders at the forefront of anti-apartheid struggles. One such pivotal political response by black medical students, which I will focus on in this paper, was the formation of the South African Students' Organisation (SASO), which had a widespread impact on politics in South Africa. This paper will analyse how black students questioned and challenged many aspects of the State's policies, but also the racially discriminatory policies of its own training institution.

Before examining the complicated nature of political activism that many black students at the Durban Medical School became involved in, I will start by discussing who these black medical students were, what backgrounds they came from, as well as some of the wider socio-political, environmental and academic difficulties and problems that affected them. These factors played an important role in politicising many black students (even before they got to the School), which later played an important reason for the emergence of political protest activities in the 1960s.

There were many racially discriminatory laws and practices that affected black students even before they reached Medical School. Unlike the profile of relatively privileged white medical students from elsewhere<sup>6</sup>, the majority of black students who applied to and were accepted to the Durban Medical School between the 1950s and late 1980s, came from lower working class backgrounds.<sup>7</sup> Many families could not even afford to pay for the cost of the train ticket to send potential students to the Durban Medical School, especially if they were in another province. Many of the African students who applied to Natal were products of the locations, townships and rural reserves and were thus not isolated from the harsh conditions of apartheid society. They had first-hand experience of the appalling conditions under which their families lived and worked. Many of them had managed to get to university largely through the efforts of their own labour during school vacations or that of their working class parents who managed to save a small amount of money.<sup>8</sup> Dr. Maila John Matjila highlighted the complicated nature of being a student in a financially struggling family:

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<sup>6</sup> While this is a generalisation, it is a fact that the medical profession in South Africa was dominated by whites. A large proportion of the white students who studied medicine came from middle-class or upper/middle class families, while the remainder were able to finance their studies with bursaries/scholarships or were able to take out loans.

<sup>7</sup> Black students did come from a variety of family backgrounds with some distinct economic differences between Indian and African families. However, unlike earlier generations of black doctors such as A.B. Xuma who came from a more prosperous educated African elite in the Transkei, were educated at mission institutions, and might have had some financial means (being children of chiefs, rich peasants or wealthier petty traders and professional people) to send students overseas to study medicine, the majority of black families were increasingly oppressed by the political, economic and social inequalities and discriminations after 1948. By the 1950s there were only a tiny proportion of mostly Indian students, who came from wealthier middle and upper class merchant or professional families who could afford to pay for all (or most) of their children's medical training expenses.

<sup>8</sup> South African Political Materials, 1964-1990. Karis-Gerhart Collection. Part III: Political Documents. Folder 762, SASO. Siphso Buthelezi (Political Economy Lecturer, Zimbabwe). "The Black Consciousness Movement in South Africa in the Late 1960s", *CEAPA Journal*, Vol. 1, No. 2, December 1987, p.24.

The pressures ... come from ... financial concerns. ... And where do you get the resources? ... you depend on a parent who's a domestic worker or a poorly paid teacher supporting a family ... [and] you have to buy books and all these other things.<sup>9</sup>

From 1948 onwards, most facilities and services for black and white communities were progressively segregated and divided on a racial basis, with black communities receiving the most inadequate provisions.<sup>10</sup> The grand and petty apartheid laws determined where black communities (including black students) lived as well as what conditions and services were available to them in their racially zoned areas.<sup>11</sup> As Professor Jerry Coovadia asserted:

How would you compare ... you take a black kid who grows up in a township, who doesn't have lights, doesn't have enough food. There can't be equity you know. How can he expect to perform when he goes to school?<sup>12</sup>

In 1953 the Bantu Education system was also created to ensure a separate and inferior primary and secondary education for black students that made entry into Medical School and subsequent passing of the syllabus a far greater challenge.<sup>13</sup>

There were many reasons why black students decided to study medicine. Those who applied and managed to get accepted tended to be the people who had been academic achievers at high school, despite the odds.<sup>14</sup> As one African graduate told me in an interview, “[I was accepted] on the basis of ... the matric marks ... My results were amongst the top ... in the country in both maths and science”<sup>15</sup>, while an Indian graduate argued: “literally the brightest children did medicine ... And because I did relatively well at school ... there was no question of

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<sup>9</sup> Interview with Dr. Maila John Matjila, University of Natal Medical School, 11 July 2003. Tape 1, Side A. Dr Matjila attended the Durban Medical School from 1970-1976.

<sup>10</sup> William Beinart and Saul Dubow (eds). *Segregation and Apartheid in Twentieth-Century South Africa*. (London and New York: Routledge, 1995), p.4.

<sup>11</sup> H.L. Watts. *Black Doctors: An Investigation into Aspects of the Training and Career of Students and Graduates from the Medical School of the University of Natal*. (Durban: Institute for Social Research, University of Natal, 1975). “Part III: The Attitudes and Opinions of Staff”, 1976, p.10-11. Watts shows how many medical students came from families who had limited or no exposure to the intellectual and cultural world of medicine to prepare them for a medical career.

<sup>12</sup> Interview with Prof. Jerry Coovadia, University of Natal Medical School, 24 June 2003. Tape 1, Side B. Prof. Coovadia attended Bombay Medical School from 1959-65. He returned to Durban to do his internship at King Edward VIII Hospital, where he remained to specialise.

<sup>13</sup> University of the Witwatersrand Archives. Central Records Office. 9847. Leech, 1963-70. Phillip Tobias. “Apartheid and Medical Education: The Training of Black Doctors in South Africa”, *The Leech*, March 1991, p.97. While Indian and Coloured students also received an inferior education compared to whites in South Africa, African students received the worst education. There were a lack of schools, overcrowded classrooms, unqualified teachers, lower per capita expenditure on education and deficient curricula (particularly training in science and maths).

<sup>14</sup> The majority of African students relied on State bursary/loans (a portion of which they had to be paid back and a portion of which they had to be paid back in service to the State) to fund their studies. In a class of about 40 students per year, 15 students (mostly Africans) per year received bursaries. Many African students had no choice but to accept these State grants, despite the strings attached, which tied students for a certain amount of time to working for the government in “approved” areas (usually the homelands) or repaying the full amount plus interest. Other were lucky enough to receive private bursaries and scholarships such as the Oppenheimer or Anglo American bursaries. A later chapter in my thesis will focus on what happened to black doctors once they qualified from medical school and the often difficult and ambiguous positions the acceptance of State bursaries placed them in.

<sup>15</sup> Interview with Dr Maila John Matjila, University of Natal Medical School, 11 July 2003, Tape 1, Side A.

choice”.<sup>16</sup> As mentioned above, because of the difficult socio-political and economic environment in which black students grew up, very few black students actually succeeded in going to university.<sup>17</sup> There were also few professional career options for black students to choose from because of restrictive apartheid laws and limited training facilities available to them. Medicine was one such option open to them.<sup>18</sup> Medicine was also viewed as a prestigious and well-paid profession that would enable graduates to improve their social standing and financial resources.<sup>19</sup> As Prof. Max Price argued:

I think that many black students went into medicine ... to escape poverty or because they saw it as an opportunity to escape maybe their living environment ... And for most students with growing up in townships, the only big houses they would ever have seen in the townships were the ones belonging to doctors. So they would have identified that as a way out. ... And part of the evidence for that is that most of them went straight into private practice after qualifying.<sup>20</sup>

Black medical students thus experienced many socio-political and economic difficulties that affected the possibility of even reaching the Durban Medical School. However, if they were one of the tiny number who managed to get accepted at the Medical School, students faced a host of racial discriminations and inequalities that affected their studies, which would actually create a strong basis for their resistance politics in later years.

## **The Academic, Social and Political Environment of the Durban Medical School – A Conducive Environment for Anti-Apartheid Politics?**

### **A Segregated Campus**

From the very beginning, the University of Natal (UN) placed itself in an ambiguous relationship with the apartheid State in terms of its funding and admissions provisions. The UN was forced to accept the proviso that *only* black students would be admitted in return for

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<sup>16</sup> Interview with Prof. Jerry Coovadia, University of Natal Medical School, 24 June 2003. Tape 1, Side A.

<sup>17</sup> See Peter Cooper. *The Need for Doctors in South Africa*. (Cape Town: The South African Medical Scholarships Trust, 1974), p.3 and Mary Alice Beale. “Apartheid and University Education, 1948-1970”. (University of the Witwatersrand, Johannesburg: Ph.D. Dissertation, 1998), p.7. Between 1960 and 1990 even after the expansion in the provision of university facilities for blacks, the number of students per 1000 of the population who attended university was still fewer than 3 for Africans and over 30 for whites, although Africans constituted over 70% of the population. In 1970 there were only 4.5% Africans in high school and only 0.1% in Matric; whites had 34.4% in high school and 4.2% in Matric.

<sup>18</sup> Medunsa Archives. *Medunsa Echo*, August 1996, “Inaugural Address of Prof. M.S. Mokgokong”, p.6. Prof. Mokgokong started at the Durban Medical School in 1975. According to Prof. Mokgokong, students could either become doctors/nurses, lawyers or teachers if they had the finances and did well at school. By the end of the 1950s over 95% of the medical profession were white and 1.5% were African. See Bruce K Murray. *Wits: The ‘Open’ Years*, p.173.

<sup>19</sup> See H.L. Watts. *Black Doctors, Part II*, p.9 and Esline N. Shuenyane. “Black Medical Students’ Perceptions of Medical School and the Medical Course”. (University of the Witwatersrand, Johannesburg: M.Ed Degree, 1991), p.72. In some cases, a portion of a student’s bursary money was also sent home to assist their families. Also see Mamphela Ramphela. *Across Boundaries: The Journey of a South African Woman Leader*. (New York: The Feminist Press, 1995), p.52.

<sup>20</sup> Interview with Professor Max Price, Wits Medical School, 19 August 2003, Tape 1, Side A. Prof. Price attended Wits Medical School in Johannesburg from 1974-1979. He is now dean of the Faculty of Health Sciences at Wits.

apartheid State funding provisions for its buildings, equipment and running costs.<sup>21</sup> Because of the apartheid context within which the Medical School was established, it was thus caught up in and perpetuated many of the racist apartheid ideologies and practices. The Medical School was built as an exclusively black facility a few kilometres away from the main UN campus and thus had little interaction with the white UN students. In a 50<sup>th</sup> Anniversary Banquet Celebrations speech in 2000, Prof. Kallichurum asserted:

We were told as soon as we began our academic studies that Howard College campus with all its facilities, academic and sporting was out of bounds for us. It is understandable therefore that we did not identify with the university with whom we were registered.<sup>22</sup>

Prof. Jerry Coovadia also highlighted the Medical School's racially segregated relationship with the main UN campus in an interview he had with me:

[it] was a white-run University, the hierarchy was white. It was unsympathetic to black problems. This Medical School was black and was not, as far as they were concerned, essentially a part of the University. They didn't need to cater for our needs. It was just rooted in discrimination. I never went up there. ... We had nothing to do with them.<sup>23</sup>

### Academic Training

Another set of discriminatory factors that caused a great deal of dissent at the Medical School was the standard of education provided. Despite strong arguments made by the State and white faculty at the Medical School that it would provide a training of the highest standard comparable to white medical schools,<sup>24</sup> this training was provided on racially discriminatory basis and led to the failure of many black medical students. Under pressure from the State, the Medical School selection committee accepted more African students (with weaker educational backgrounds and more chance of failing) than Indian or Coloured students, to help meet the greater shortage of African doctors in the country.<sup>25</sup> This resulted in a quota basis of roughly 50% Africans and 50% Indians and Coloureds. However, because of inadequate science and

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<sup>21</sup> By the end of 1957 the total capital expenditure for the Medical School in respect of buildings and equipment amounted to £503,000. Of this sum the State provided £463,000 and the shortfall of £40,000 was obtained from funds raised by the general public, including private individuals, organisations and businesses. See "Natal must Contribute Liberally: Government View on Medical School", *Natal Mercury*, 5/1/48 and I. Gordon. *Report of the Government's Intended Action to Remove the Faculty of Medicine from the University of Natal*. (Durban: Hayne and Gibson Ltd, 4 March 1957), p.9.

<sup>22</sup> University of Natal, Nelson R. Mandela School of Medicine, 50<sup>th</sup> Anniversary Banquet, 29 July 2000, Durban. Speech by Professor Soromini Kallichurum.

<sup>23</sup> Interview with Prof. Jerry Coovadia, University of Natal Medical School, 24 June 2003. Tape 1, Side A.

<sup>24</sup> When the Durban Medical School was first established, the State, which was sensitive to international criticism in its early years, argued that the School was a "positive" example of apartheid and thus would provide medical training for blacks of the highest standard. The training was also recognised by the S.A. Medical & Dental Council, a statutory regulatory body who regulated the profession. See Gordon. *Report on the Government's Intended Action*, 4 March 1957, p.7 and UN Archives Pmb. H6/2/2. Medical School Advisory Committee. Estimates & Expenditure, 1955. Letter from G.W. Gale, Dean of the Medical School to E.G. Malherbe, UN Principal, 1 March 1955.

<sup>25</sup> In 1976 the doctor to population ratios were 1:400 (whites); 1:900 (Indians) and 1:44,000 (Africans). See EGM, File 463/7/3, KCM 56990(76). File A. E.G. Malherbe. "Why Kill a Black Medical School", *Reality: A Journal of Liberal and Radical Opinion*, Vol. 8, No. 1, March 1976. Students who were admitted to the Medical School had to meet the basic criteria laid down by the SAMDC, where students had to have passed Matric with passes in maths, science and English.

mathematics preparations in high school, more African students failed or were excluded over the years, resulting in a higher number of Indian students graduating.<sup>26</sup> Dr. Mfanyana J. Ndlovu provided an insightful comment about the frustrations that African students experienced because of their inferior Bantu Education backgrounds which placed them at an educational disadvantage compared to their Indian counterparts:

[we came] from different academic backgrounds ... many Indian students had had ... opportunities to work in the laboratory. Some of the experiments that some of us saw for the very first time in the lab, they said, 'Oh yes, we did that in Matric'. ... [that] always created a lot of tension ... [but] in latter years, people who were left behind academically would actually catch up.<sup>27</sup>

This deliberate acceptance of larger numbers of Africans for admission (racial quotas), as well as the resulting higher failure rate amongst Africans proved to be a very contentious issue at the Medical School for most of its years of existence. It produced tensions and disillusionment amongst the student body itself and ill-feelings towards the white medical faculty.

The years that produced the most discontent amongst students were the "preliminary"<sup>28</sup> and 2<sup>nd</sup> years of study. It was these years that produced the highest failure rate as well as the most noted racism of some of the white faculty. Many students I interviewed viewed the preliminary or bridging year as unhelpful and even racist. According to Dr. Z.M., the preliminary year was one of the most abusive years for black students:

[it was] abusive ... I really don't think it was meant to help us at all because it ridiculed a lot of people who gave up on medicine ... All they did was to bridge them out of medicine, they didn't bridge them in. ... It was an insulting year; it was not just a difficult year. I mean if you want to know the most racist utterances that we have a memory of were in those classes. ... I mean it was completely insensitive for white guys, who were seeing black youngsters, teenagers coming in and you know be[ing] so abusive. ... I don't know anybody who thinks that they were helped by that course.<sup>29</sup>

Just about every black Durban Medical School graduate I interviewed remembered the bad experiences they had had with Mr. S. Parris, their Chemistry lecturer. Dr Matjila spoke of how

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<sup>26</sup> Prof. Breminand Maharaj. "University of Natal Medical School Submission to the Truth and Reconciliation Commission", 23 June 1997, p.2. Up until 1973 this Medical School produced on average of only 10-13 African graduates a year. This production of low numbers of African doctors resulted in much criticism of the School, especially in the early 1970s.

<sup>27</sup> Interview with Dr. Mfanyana Joseph Ndlovu, Durban, 14 August 2003. Tape 1, Side A. Dr. Ndlovu attended the Durban Medical School from 1979 to 1984.

<sup>28</sup> K296 E5/49 Medical Training. Komitee van Ondersoek oor Mediese Opleiding, 1968-69. University of Natal. Memorandum Prepared by the University of Natal for Submission to the Committee of Enquiry into Medical Education, p.8. This extra course extended the Durban Medical School training to 7-years. The 1<sup>st</sup> to 6<sup>th</sup> years corresponded to the 6 years of medical training given at other medical schools in South Africa, which dealt with the basic sciences in the early years and concluded in the last three years with clinical subjects. The use of the preliminary year began in the early 1950s to help black students coming to university with poor maths and science backgrounds, and who were 2<sup>nd</sup> or 3<sup>rd</sup> language English speakers. It was abandoned in 1975.

<sup>29</sup> Interview with Dr Z.M., 11 September 2003. Tape 1, Side A. Dr Z.M. attended the Durban Medical School during the mid- to late-1970s and does not want to have his name used.

he would insult them, question the value of their qualifications and say things like: “You African students ... if you are considered the cream of the crop, I shudder to think what the scum looks like”.<sup>30</sup> In the 1995 Dr. Koleka Mlisana recorded her negative experiences with this same lecturer in the University of Natal Medical School Reconciliation Graduation Booklet:

Who could ever forget a certain Mr. Parris (God forgive him) who did not find it difficult to force a first year student in a strange and overwhelming environment to shout, ‘I’m a monkey’ to the whole class for having made a trivial mistake in a practical. Some unlucky students were threatened with expulsion on the first day.<sup>31</sup>

Prof. Maharaj also highlighted some of the contentious feelings that were stirred up amongst students during the difficult 2<sup>nd</sup> year when so many students failed<sup>32</sup>:

one major issue that students had ... [was that] whole groups of students would be failing 2<sup>nd</sup> year and being excluded ... [and] the perception that the staff was ... really being difficult, discriminating, trying to keep too high a standard and people were falling by the wayside.<sup>33</sup>

The problem was that for the many who failed or were excluded, much money and time had been invested at the Medical School and the students did not receive any accreditation for their years completed. They had to start off again, having lost so much. Bongiwe Bolani’s comment about the ambiguous nature of the high standards at the Medical School is worth mentioning, especially since it produced so much frustration and unhappiness for many black students:

It was the good training they were given at the Durban Medical School, which showed a great pride in the work they were doing. They were saying to the government, ‘You see, you didn’t think we would do it and we did’. You need to understand that there were such vigorous standards set and why it was that so many failed. It showed the government up. It was a lesson to the whole of South Africa. One can feel sympathy for them. They were driven by the quest for standards many couldn’t attain.<sup>34</sup>

Another factor that caused much dissatisfaction amongst black students at the Durban Medical School was the discriminatory nature of the clinical training they received at their

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<sup>30</sup> Interview with Dr Maila John Matjila, University of Natal Medical School, 11 July 2003. Tape 1, Side A.

<sup>31</sup> The University of Natal Medical School Reconciliation Graduation Booklet. (Indicator Press, December 1995). “UND Black Section – Personal Reflections” by Dr. K.P. Mlisana, p.11. Also see Adam Starz (Dr. H.R. Adam-Elias). *Between Laughter and Tears*. Ladysmith, South Africa: Sinclair Publishing, 1986, pgs 2-5, 13, 25-26 for more on this particular lecturer.

<sup>32</sup> J.V.O. Reid and A.J. Wilcot (eds). *Medical Education in South Africa: Proceedings of the Conference on Medical Education held at the University of Natal, Durban in July 1964*. (Pietermaritzburg: Natal University Press, 1965). Prof. J.V.O. Reid. “A Study of Second-Year Examination”, p.184. The attrition rate at the Medical School averaged over 40% over the years. More Africans failed than Indian students though. By the year 2000, although about 3000 black doctors had been produced by the Medical School over a 50 year period, less than 40% were Africans. It was a commonly voiced student assessment that if they managed to pass 2<sup>nd</sup> year, they had an excellent chance of completing the entire course.

<sup>33</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side A.

<sup>34</sup> Interview with Bongiwe Bolani, Durban, 1 May 1999. Tape 1, Side A.



exclusively black teaching hospital, The King Edward VIII Hospital (KEH).<sup>35</sup> While it is important to recognise that black students at the Medical School received a solid clinical training because of the great number and variety of patients to study there,<sup>36</sup> discriminatory apartheid legislation meant that most of their clinical facilities were restricted and divided on a racially unequal basis. Compared to white hospitals in South Africa, KEH suffered enormous funding shortages which limited the amount of equipment/technology bought, staff employed and building extensions that could be provided to meet the growing numbers of black patients who came from all over the province.<sup>37</sup> Often some wards were literally bursting, as they operated at 200% capacity, where patients overwhelmed the facilities, staff and accommodation available.<sup>38</sup> These overcrowded and inferior conditions in a racially segregated hospital were not conducive to the teaching of medical students, as doctors were more concerned with treating and discharging as many patients as possible to make way for the many others needing treatment. As Prof. Philpott argued, this training environment encouraged students to develop a tolerance for unethical racist treatment practices typical of apartheid health care services:

just take this one example, labour ward, King Edward. ... it was the most appalling place you could ever come across ... in those days there were 26 beds in an open plan labour ward. ... That would never have been accepted in a white institution anywhere in South Africa ... [and] one always felt enormous embarrassment about having to care for patients in those circumstances ... [it was like a] battlefield. ... and women lying under the beds, on the floor, all over the place, cross-infections in the nursery ... because of lack of space. So great compromise in quality ... and unfortunately, students would tend to get used to that over the years ... that's all they saw. They never saw quality health care ... they never saw anything better. ... And right now if you go into some provinces, the quality of care is related to what they saw in those circumstances.<sup>39</sup>

Added to these inferior working conditions that caused students to be disgruntled were the hurtful petty apartheid discriminations that were experienced at KEH. Prof. Fatima Mayet, one of the first medical students to graduate from the Medical School raised the following issue:

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<sup>35</sup> Black medical students were not allowed to receive their clinical training at the nearby Addington Hospital, which served the white and Coloured populations of the city. The apartheid philosophy was that black students had to learn on “their own” race groups only.

<sup>36</sup> An in-depth analysis of the Medical School’s curriculum and its clinical training for black students will be focused on in another chapter.

<sup>37</sup> “Crisis at King Edward”, *NU Partners*, Vol. 1, No. 2, September 1990, p.8. The running costs allocated by the government per patient per day at KEH was only 49% of the national average of hospitals – thus the lowest in South Africa. White academic hospitals had better facilities and sophisticated technology, more favourable staff-to-patient ratios, lower bed occupancy and greater expenditure per patient per day.

<sup>38</sup> Prof. Breminand Maharaj. “University of Natal Medical School Submission to the Truth and Reconciliation Commission”, 23 June 1997, p.5. Also see “King Edward’s Daily Nightmare”, *Daily News*, 25 June 1974. “The War Zone that is King Edward: If You’re Critically Ill the Service is Excellent – but there isn’t enough to go around”, *Sunday Tribune*, 16 August 1987. By 1976 KEH had over 2000 beds, admitted 100,000 patients and treated about 250,000 outpatients a year. In comparison, Addington Hospital was under-utilised. See UN Archives, Pmb. H6/1/1. Medical School – History. “University of Natal Medical School 25<sup>th</sup> Anniversary/Silver Jubilee”, 1976, p.1.

<sup>39</sup> Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Tape 2, Side A. Prof. Philpott graduated from UCT Medical School in 1952. He worked as a professor of Obstetrics and Gynaecology at KEH from the 1970s. Also see Isobel Shepherd Smith. “This Social Disgrace: New-born Babies, Mothers and Pregnant Women are Forced to Sleep on the Floor”, *Sunday Tribune*, 28 July 1985.

We had separate toilet facilities ... [for] blacks. And then in theatre we were not allowed ... to use the same facilities, change room facilities and toilets and so on. ... [It hurt] of course it did, but then having been brought up in South Africa one expects that sort of thing.<sup>40</sup>

Prof. Mayet also told me how she experienced much interpersonal racism with the white nursing staff at KEH who did not want to work with black doctors in the early years:

We were the first lot of black doctors at King Edward. When ... clinical medicine had to be done, we were restricted to one ward and we had all white sisters at the hospital ... no blacks were in charge of wards. ... So the whole hospital was informed that there would be black doctors employed ... [and they could] either remain there [with a financial bonus] ... or be transferred to another hospital. The majority of them did not remain in the ward. ... It was Dr. Ngakane and myself allocated to D Ward. ... On the 1<sup>st</sup> of February [when we started] there was chaos in the ward because the black sisters realised that [the white] ... sister in-charge wasn't there, and the keys were lying on the desk. ... the prospects of having a black doctor giving her orders I suppose was too much.<sup>41</sup>

Thus the Durban Medical School, situated in the socio-political context of apartheid, created and perpetuated a racist and discriminatory academic teaching environment in which health professionals were trained.

### **The Alan Taylor Residence – Unequal Facilities**

Social conditions at the black medical student residence also produced numerous racial difficulties and problems related to studying at the Durban Medical School, which helped to politicise many students. Apartheid residential zoning restrictions meant that black students could not be housed in the white Umbilo area near to the Medical School buildings or KEH. The place that was chosen for the Alan Taylor Residence<sup>42</sup> was the World War II military barracks site at Wentworth, which was about 15 kms from the School and 20 kms from the city centre. It was obtained through negotiations with the State and converted into student hostels and premedical lecture rooms and labs.<sup>43</sup> The segregated residential facilities (including the dorms, sports and recreational provisions) were inferior and inadequate. Dr. Koleka Mlisana remembered how her high expectations of the residence were dashed when she first saw it:

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<sup>40</sup> Interview with Prof. Fatima Mayet, Cheshire Homes, Durban, 4 June 1999. Tape 1, Side A. Prof. Mayet attended the Durban Medical School from 1952 to 1957.

<sup>41</sup> Interview with Prof. Mayet, 4 June 1999. Tape 1, Side A. While there were many white nursing sisters at KEH in the early years of black medical student training, in later years the nursing staff became increasingly black (made up mostly of African and Indian nurses and sisters), in line with the apartheid policy of providing services to “their own” races.

<sup>42</sup> Alan Taylor Residence was named in honour of Dr. Alan Taylor from McCord’s Hospital who became the first dean of the Durban Medical School in 1951 and who made many earlier attempts to open a medical school for the training of black students in Durban.

<sup>43</sup> SAB, UOD, Vol. 56, Ref. U3/26/4/5. University of Natal Building Grants and Loans for Medical School Non-Europeans, Durban. Letter from Dr E.G. Malherbe (Principal, UN) to The Secretary for Public Works, Pretoria, 14 August 1947 re “Wentworth Camp: Proposed Non-European University College”, p.2. The Alan Taylor Residence was situated in an industrial area adjacent to the Coloured township of Austerville. It thus formed a buffer zone between the black and white residential areas extending south and north of Wentworth respectively.

My rich imaginations of what ‘Wentworth’ would look like were shattered before I alighted from the bus that stopped to drop me at the gate of the shabby Alan Taylor Residence. This could not be my ‘dream Wentworth!’ ... It wasn’t long before I settled to the reality of the situation. My country town high school dormitory was not too bad compared with [this place].<sup>44</sup>

The barracks-like, simple brick dormitory structures became increasingly cramped and subdivided as more students were admitted to the residence throughout the 70s and 80s.<sup>45</sup>

Each of the rooms had ... beds with an equivalent number of tables and chairs and single-doored cupboards which housed all our possession, including our books. It was difficult for more than one person to dress at a time.<sup>46</sup>

These conditions caused much unhappiness in the residence. What made matters more uncomfortable for the students was the pollution caused by the residence’s nearest neighbour – the Standard Vacuum Oil Refinery. As one of the white professors at the School observed:

[they] were dumped in that residence in terrible conditions right next to the oil refinery and the airport. The planes came over the huts to land on the runway and the oil refinery was belching out fumes all day and night.<sup>47</sup>

This observation was reinforced by the views of an African student who lived at the residence:

The conditions were actually horrible ... There was a huge, stinky oil refinery next door and the fumes were always suffocating us, especially in the afternoon. And it was actually also quite noisy.<sup>48</sup>

Besides the inferior facilities and pollution issues, black students were also faced with inadequate, unreliable and expensive transportation arrangements between the residence and the

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<sup>44</sup> The University of Natal Medical School Reconciliation Graduation Booklet, “UND Black Section – Personal Reflections” by Dr. K.P. Mlisana, p.11.

<sup>45</sup> K296, E5/49. Medical Training. Komitee van Ondersoek oor Mediese Opleiding, 1968-69. Letter from G.A.H. Chapman (Warden, Alan Taylor Residence) to Prof. I. Gordon (Dean Faculty of Medicine), 23<sup>rd</sup> October 1968. Also see Board of the Faculty of Medicine Minutes, Mpala House. Memorandum on the Need to Increase the Accommodation Available for Medical Students at the Alan Taylor Residence, 1972. UN Archives, Pmb. C10/6/1-2. UN Council Minutes, 18 March 1977. “Alan Taylor Residence”, p.215. From about 1975 onwards when more lenient government restrictions allowed more black students to study at the UN, these students were also housed at Alan Taylor Residence adding to the overcrowding. The problem was also that it was very difficult for African students who were not from the Natal to find accommodation in the surrounding townships due to lack of housing and the necessary residence permits etc. The UN residence was the only place they could legally live. Student admission numbers increased from about 40 per annum to about 80 in the 1970s and 120 in the late 1980s.

<sup>46</sup> *University of Natal Nelson R. Mandela School of Medicine: 50 Years of Achievement in Teaching, Service and Research*. “Reminiscence: The Early Days. Dr. Thaven “BT” Naidoo’s Story”, p.13. Dr. B.T. Naidoo attended the Durban Medical School from 1951 to 1957.

<sup>47</sup> Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Tape 1, Side A.

<sup>48</sup> Interview with Dr. Mfanyana Joseph Ndlovu, Durban, 14 August 2003. Tape 1, Side A. Also see Adam Starz (Dr. H.R. Adam-Elias). *Between Laughter and Tears*. (Ladysmith, South Africa: Sinclair Publishing, 1986), p.1 and Ramphele. *Across Boundaries*, p.58.

Medical School, which caused much discord amongst the students. The public bus services were also segregated, which caused hardship and frustration, as one student remembered:

sometimes what used to be very, very frustrating is that in the mornings you're rushing to come to ... Medical School ... and the non-white buses would be full with all the people from Wentworth going to work and you'll find ... this bus going past with maybe one white passenger, or sometimes it would be absolutely empty.<sup>49</sup>

This difficult transport situation was exacerbated for students who lived at home and were forced to commute from their homes that were zoned in "racially appropriate" areas often far from the Medical School. Some students walked long distances to help reduce the cost of their fares, while others wasted much time waiting for buses or commuting.<sup>50</sup> As Prof. Mayet argued:

[we] had to catch a bus all the way in ... it was restrictive because by the time we got home, and the time at which you had to leave to go to Wentworth wasn't easy. And if you finished work ... [and] left Wentworth late, the buses were full already when we had to go home ... so we had to stand in queues in order to catch your buses and by the time we got home it was dark.<sup>51</sup>

Waiting for buses and using them at night could also be a dangerous experience as Wentworth had a reputation as a high crime area with "gangsters" and "thugs".<sup>52</sup> Another problem was that students often did not have the money to pay for their transport expenses on a day-to-day basis and this was a constant concern that affected the studies of many students. Prof. Philpott remembers:

We used to get students who had been doing well and then suddenly the marks came down. And then we tried to find out what's going wrong here. And we found out the students eat once every three days, saved their money to pay for the bus from Alan Taylor Residence up to the Medical School, things like that.<sup>53</sup>

In my interviews with graduates from the Medical School, many also remembered the hurtful and inconvenient petty apartheid restrictions that were placed on them, in terms of access to municipal services and amenities (like public toilets, beaches<sup>54</sup>, benches etc), eating at public restaurants<sup>55</sup> and shopping<sup>56</sup> that frustrated them. Although they were medical students at university, their higher educational status did not protect them from experiencing the degrading

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<sup>49</sup> Interview with Dr Veronica Wilson, University of Natal Medical School, 6 November 2003. Tape 1, Side A. Dr Wilson attended the Durban Medical School from 1969-1974.

<sup>50</sup> UN Archives, Pmb. C10/7/1. UN Council Minutes, 15 June 1979. "Transport for Black Students", p.204.

<sup>51</sup> Interview with Prof. Fatima Mayet, Cheshire Homes, Durban, 4 June 1999. Tape 1, Side A.

<sup>52</sup> See Interview with Dr Veronica Wilson, University of Natal Medical School, 6 November 2003. Tape 1, Side A.

<sup>53</sup> Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Tape 1, Side A.

<sup>54</sup> Interview with Prof. M.A. 6 November 2003. Tape 1, Side B. Prof. M.A. had internship and registrar training experiences at the Durban Medical School from the late 1970s onwards. She did not want her name used.

<sup>55</sup> Interview with Dr K.M. 14 November 2003. Tape 1, Side A. Dr. K.M. attended the Durban Medical School during the 1980s. She did not want her name used.

<sup>56</sup> Starz. *Between Laughter and Tears*, p.21.

racial discriminations that affected the wider black community. This is particularly evident when it came to African students carrying passes<sup>57</sup> and police harassment under curfew laws:

You know we used to go to the ... movies with our black friends, and we used to take the bus to Jacobs and walk up the hill and if it was past 9 o'clock, these guys would hide behind the trees when they saw a car coming and you wondered why it was. ... And they'd say, 'This is ... curfew'. And the guys would be picked up ... if they caught them ... and spend the night in jail.<sup>58</sup>

Many academic and social difficulties were thus experienced by black students at the racially segregated Durban Medical School. From the late 1960s, opposition to many of these problems would be raised by the students in their political protests to address some of these problems.

### **The Durban Medical School: A More Liberal Campus?**

It is important to note that while the UN Medical School was originally established as an apartheid institution, and as we have seen, was caught up in and perpetuated many racially discriminatory practices, this campus also provided a largely unique and protective space (from the 1960s onwards) that facilitated political protest activities by students. The UN provided a very different political climate to the black State-created and controlled "ethnic" university colleges in the homelands. As Dr. Ndlovu asserted in my interview with him:

People who were at Zululand [and] ... the University of the North [were just as active]. But I think in fairness one must acknowledge that those universities in the homelands were limited in what they could do by the brutality of the homeland forces that operated in those areas. And Natal Medical School was more or less free. I mean the governors of the University were old liberal white people who really, in a sense ... allowed or tolerated a lot of political activity. ... Not that you were encouraged as such or assisted, but ... a kind of a blind eye was turned to those issues.<sup>59</sup>

Since 1959 when the apartheid State passed the Extension of University Education Act, a number of racially segregated "ethnic" university colleges for blacks were established under strict State control.<sup>60</sup> The aim of the State was to assert ideological control over the black elite

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<sup>57</sup> Gordon Papers. File 6, KCM 25708. Appendix CC. "Some Comments by the Organiser on Pass and Curfew Laws that Affect our African students. 24 April 1956. See Doug Hindson. *Pass Controls and the Urban African Proletariat in South Africa*. (Johannesburg: Ravan Press, 1987). African Durban Medical School students had to carry passes with UN endorsements in them to show their student status to help protect them from arrests and curfew restrictions.

<sup>58</sup> Interview with Dr B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003. Tape 1, Side A. Dr. Naidoo attended the Durban Medical School from 1951-1957.

<sup>59</sup> Interview with Dr Mfanyana Joseph Ndlovu, Durban, 14 August 2003. Tape 1, Side B.

<sup>60</sup> Graeme C. Moodie. "The State and the Liberal Universities in South Africa: 1948-1990", *Higher Education*, 27, 1994. This Bill gave the State the power to create a number of different racial/language based universities in South Africa. These included: the University College of Zululand (for the Zulu), the University College of the North (for Tswana, Sotho and Venda speakers), the University College of Durban-Westville (for Indians) and the University College of the Western Cape (for Coloureds). The University College of Fort Hare (for Xhosa speakers) was also placed under the control of the Bantu Affairs Department. The 'white' universities like Wits and UCT were restricted from admitting black students too. By 1970, 92% of black students were studying in entirely segregated institutions. Reliance on state financial subsidies ensured that most universities toed the apartheid line.

emerging from these institutions who were viewed as a threat to the State's political and economic interests of white domination.<sup>61</sup> The State thus had direct control over these "ethnic" colleges in terms of appointing (and dismissing) the Senate members, staff and students and often retained a strong and visible police presence to maintain control. Student politics of any kind was strongly prohibited, and SRCs were banned from these campuses.<sup>62</sup> Unlike these colleges, the UN Medical School already had an established tradition of opposition to the State<sup>63</sup> and because this university was State-aided (in terms of financial subsidies), not State controlled, it had more academic freedom and autonomy over its affairs. It was thus viewed by many (including black students) as a "liberal" campus, whose professed "non-racialism", and the only institution to accept a multi-racial student body (of Africans, Indians and Coloureds students who studied and lived together) offered a relatively safe space for the discussion of political issues and the development of political activism. Dr. Matjila made the following interesting point about the UN Medical School's protective role:

the few instances that I do remember are the ... attempt[s] by ... the Medical School and the University to keep the police off the campus. Because remember that the police were the almighty force. I mean they could get anywhere, anytime. ... it allowed the students an opportunity to have ... meetings and discussions because without that it would have been impossible.<sup>64</sup>

What is also important to highlight was the fact that black students at the UN Medical School had representatives on the SRC and were allowed to be affiliate to the non-racial National Union of South African Students (NUSAS), from which other black "ethnic" campuses were prohibited. It is from cross-racial political interactions in these organisations that black medical students from the UN were able to emerge as political leaders.<sup>65</sup>

### **The Formation of the South African Students' Organisation (SASO)**

It is in the politically charged black university terrain (that experienced many of the above-mentioned academic, social and political restricting factors) that opposition to apartheid emerged in the late 1960s. The South African Students' Organisation (SASO) was formed in 1968 at the height of the most oppressive and confident years of apartheid and in response to the events of the early 1960s. This was a period of intense Afrikaner apartheid State repression

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<sup>61</sup> Majalefa Ralekhetho, "The Black University in South Africa: Ideological Captive or Transformative Agent?" in Jonathan D. Jansen (ed.) *Knowledge and Power in South Africa: Critical Perspectives across the Disciplines* (Johannesburg: Skotaville Publishers, 1991), p.104.

<sup>62</sup> Beale. "Apartheid and University Education", p.460-461.

<sup>63</sup> During the 1950s, the Durban Medical School successfully protested (with support from a number of medical, political, academic and public bodies) against the State's 1959 Extension of University Education Act provisions which aimed to remove the Medical School from the white UN and place it under the control of a State Department. Most of the protest in these early years came from the Faculty who threatened to resign en masse if the State carried out its legislative threat.

<sup>64</sup> Interview with Dr Maila John Matjila, University of Natal Medical School, 18 July 2003. Tape 2, Side A.

<sup>65</sup> Interview with Dr B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 10 November 2003. Tape 1, Side B. In the earlier years there were a number of black representatives on the white UN SRC to represent black medical and non-medical interests. There was much dissatisfaction though as black student interests were not being adequately represented. It was only in 1959 that the medical students managed to form their own sub-committee of the Medical Students' Council (MSC) under the white SRC body, and only in the early 1970s that a completely separate Medical Students' Representative Council (devoted to black medical students and their interests) was formed.

through nation-wide bannings, imprisonment and exile of a whole generation of black nationalist organisations – including the ANC and PAC – which left an enormous political lull.<sup>66</sup> During this period, the police were granted almost unlimited powers of arrest and detention, as well as recruited an army of informers whose activities promoted a climate of fear and distrust in black communities, effectively paralysing any national political initiative amongst black men and women. While it is important to recognise the vital protest role played by NUSAS (on the white university campuses of Wits and UCT) during most of the 1960s political lull, from the late 1960s there was much opposition from black students to this white-dominated organisation. In the context of intensified State pressure in the country generally and at black tertiary institutions particularly, many black students became frustrated and bitter, and criticised the reformist nature of white liberal student politics that failed to adequately represent black student interests and concerns. SASO was thus formed as an exclusively black, student-led, anti-apartheid organisation in 1968 to specifically address black student concerns and issues.

While a large amount of research has been done on the history of SASO<sup>67</sup>, my aim is to focus on the early development of SASO on the Durban Medical School campus in the late 1960s, which helped the School to become a fulcrum of anti-apartheid politics during the 1970s and 80s. Steve Biko, a medical student studying at the Medical School in the late 1960s was elected as the first president of SASO in July 1969.<sup>68</sup> Dr. Matjila highlighted the inspirational character of this medical student leader who was studying at the Durban campus at the time:

Biko ... was one of the most eloquent speakers I have yet ever seen. ... he had a major influence ... I think the concept of Black Consciousness would not have flown in this campus had it not been for the type of person that he was at that time ... he was able to communicate his convictions ... even under difficult circumstances ... he was well ahead of his time.<sup>69</sup>

As an executive member of the UN SRC's at the time, Ramphela, a colleague of Biko's at Medical School, argued that Biko also managed to negotiate the establishment of SASO's first national headquarters in one of the rooms at the Alan Taylor Residence, where it remained for the first four years of its existence (from 1969-1972).<sup>70</sup> It was to this office on the Medical School campus that other black campuses around South Africa looked for leadership and direction in the early years of the organisation's history.

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<sup>66</sup> See Leonard Thompson, *A History of South Africa* (New Haven and London: Yale University Press, 1990), p.199. Some of the oppressive State legislation passed included the: Riotous Assemblies Act (1956), Unlawful Organisations Act (1960), Sabotage Act (1962), General Law Amendment Act (1966), the Terrorism Act (1967), and the Internal Security Act (1976).

<sup>67</sup> See Millard Arnold (ed.), *Steve Biko: Black Consciousness in South Africa* (New York: Random House, 1978), Gail M. Gerhart, *Black Power in South Africa: The Evolution of an Ideology* (Los Angeles: University of California Press, 1978), Robert Fatton, *Black Consciousness in South Africa*, (Albany: State University of New York Press, 1986), Barney Pityana, Mamphela Ramphela, Malusi Mpumlwana and Lindy Wilson, *Bounds of Possibility: The Legacy of Steve Biko and Black Consciousness* (Cape Town, London and New Jersey: David Philip and Zed Books, 1991), and C.R.D. Halisi, *Black Political Thought in the Making of South African Democracy* (Bloomington and Indianapolis: Indiana University Press, 1999).

<sup>68</sup> Biko was student at the Durban Medical School from 1966-72 when he was expelled because his political activities prevented him passing his medical studies courses.

<sup>69</sup> Interview with Dr Maila John Matjila, University of Natal Medical School, 18 July 2003. Tape 2, Side A.

<sup>70</sup> Ramphela. *Across Boundaries*, p.61.

The UN Medical School played a particularly important defining role in the SASO movement by defining a more inclusive understanding of “Black” in SASO policies. As the only multi-racial student body existing at the time, the more liberal Medical School campus played an important leadership role in consolidating a political alliance amongst different Black groups of students and asserting this into SASO policy. Biko argued that “Blacks” were “those who are politically, socially and economically discriminated against and identified themselves as such”.<sup>71</sup> Prof. Maharaj raised the following interesting point about multi-racial student interactions and their political ramifications on the Medical School campus:

we were allowed to bond at a level that was never known before. The camaraderie of Alan Taylor Residence ... was phenomenal. ... It was a terrible place, actually meant to be destructive, but in fact it produced the opposite.<sup>72</sup>

These multi-racial interactions helped SASO cultivate a broad, united front of all Black students against oppressive apartheid conditions. This philosophy was then spread to various campuses through student publications, meetings and inter-varsity sport events.<sup>73</sup>

SASO facilitated the emergence and spread of Black Consciousness ideology to all the Black campuses across South Africa. Part of its approach was to reclaim the term “Black” as a positive affirmation of a person’s self-worth over terms used such as “non-white”, which was a negation of being. Prof. Maharaj felt that this was a powerful part of the BC message, which assisted Black students at Natal to resist apartheid oppressions:

We were lucky [as] ... Black Consciousness had started [when] we arrived. Okay, we were all made to feel inferior because of apartheid ... But you arrived here and suddenly you were told you’re an entity, not a non-entity. ... you’re not a non-white, you’re a Black. ... We were made to feel we were worthy [and] proud.<sup>74</sup>

In August 1970 black medical students at the UN became more assertive and requested a name change to their “UN Non-European Section” to the “UN Black Section”.<sup>75</sup> The UN accepted their request.

The BC ideology that emerged from SASO leaders during the late 1960s and early 1970s, while still based on the Durban Medical School campus, was as a direct result of experiencing the harsh realities of the apartheid system that had made black people fearful, subservient and defeated.<sup>76</sup> The BC approach focused on promoting the psychological liberation of black people from their apartheid-imposed “inferiority complexes”. This was to be done by reasserting the

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<sup>71</sup> See “The Definition of Black Consciousness” in a paper prepared for a SASO leadership training course in December 1971 in Biko, *I Write What I Like*, p.48.

<sup>72</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side A.

<sup>73</sup> *SASO Newsletter*, May 1971, Vol. 1, No.1, p.21. Circulation of *SASO Newsletter* reached 4,000 by 1972.

<sup>74</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side A.

<sup>75</sup> See *SASO Newsletter* August 1970, p.9.

<sup>76</sup> “Fear – An Important Determinant in South African Politics” and “What is Black Consciousness?” in Steve Biko, *I Write What I Like* (New York: HarperCollins Publishers, 1978). Mzobanzi M. Mboya, *Beyond Apartheid: The Question of Education for Liberation* (Cape Town: Esquire Press, 1993), p.vii.



positive value, pride and identity of black people.<sup>77</sup> Dr. Mamphela Ramphele asserted in her autobiography, *Across Boundaries* that BC helped her to gain a better understanding of her past:

Natal Medical School did not only provide me with medical training, but it offered an environment for ... a political education for me. I learnt about the true history of my country, the struggle to resist conquest ... the struggle for equal rights ... and the role students ... should play to take the struggle forward.<sup>78</sup>

For student leaders like Biko, who were born in 1948, apartheid policies influenced his entire life. As he argued: “My friendships, my love, my education, my thinking and every other facet of my life have been carved and shaped within the context of separate development”.<sup>79</sup> The BC policies he developed were thus in direct opposition to separate development homeland and education policies. For Biko, any division amongst Black people along racial lines was a tacit acceptance of apartheid’s ‘divide and rule’ strategy and he thus resisted any fragmentation of black resistance politics.<sup>80</sup>

The Durban Medical School campus provided the ideal conditions and political platform for a new black nationalist student political movement to emerge. The Medical School’s segregated campus at the ‘white’ UN provided black students with a medical, but more importantly, a political education, in a relatively safe space. This facilitated the emergence of a powerful student opposition politics called SASO. The State’s attempts to manipulate and control university education had contradictory results. Instead this organisation challenged the State’s policies and would help medical students to question its Alma Mater’s racially unequal and discriminatory policies too. This last section will focus on some of the examples of political activities that medical students became involved in at the Medical School from the 1960s.

### **Nature of Student Involvement in Anti-Apartheid Politics at the Durban Medical School**

Before discussing some examples of student political activities, it is important to recognise the complicated nature of SASO’s influence over black medical students at the UN Medical School. This obviously influenced student involvement in political activities, and as I will show a bit later, influenced the different consequences for students. I will start off by stating (influenced largely by the interviews of black medical graduates I have conducted already) that SASO did play a major role in politicising and conscientising black students on the Durban Medical School campus. This conscientising process occurred even if students were not politically involved. As Dr Wilson argued:

I became aware of politics ... conscious when I came to Medical School. ... I had this sheltered upbringing and we just accepted things because you know coming from a small

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<sup>77</sup> “We Blacks, Biko, *I Write What I Like*, p.29.

<sup>78</sup> Ramphele, *Across Boundaries*, p.57.

<sup>79</sup> South African Political Materials, 1964-1990. Karis-Gerhart Collection. Part III: Political Documents. Folder 762, SASO. Sipho Buthelezi (Political Economy Lecturer, Zimbabwe). “The Black Consciousness Movement in South Africa in the Late 1960s”, *CEAPA Journal*, Vol. 1, No. 2, December 1987, p.27.

<sup>80</sup> The Melville J. Kerskovits Library of African Studies, Northwestern University, Chicago. *SASO Newsletter*, Vol. 1, No. 2, June 1971. “I Write What I Like: Fragmentation of the Black Resistance” by Frank Talk, p.11-12.

own, you couldn't do much. ... It was only when I came to varsity that I was exposed to politics in the true sense and attended meetings. ... So it was an eye opener.<sup>81</sup>

Dr. May Mashego spoke about how the Medical School provided both a medical and political education for her, which helped her “learn” how to become a political activist:

Alan Taylor Residence was a very good residence. ... [although] the buildings ... were barracks ... the life that was inside there was different ... People welcomed you, people supported you and people wanted to put you into the right perspective about life. You were young, you've just arrived ... And I think the people who were already there, wanted us to know exactly who we were ... [it was not just] about medicine ... [to] remember exactly [where] you came from. So ... they told you about the studies, but at the same time, they told you a lot about life. I mean I learnt to be an activist ... at Medical School. I learnt to actually understand what is happening in the country and what we should be doing to correct the ills ... they called it ... a “*mlevo*” session ... At that time, SASO was the political organisation in the students' grouping ... they put you in the right perspective.<sup>82</sup>

However, while it can be argued that black medical student support of political activities was stronger when SASO organising was at its peak (and before it left the Durban Medical School at the end of 1972), there were many underlying divisions and tensions that existed in the student body, which often undermined unified political action. It is interesting to note that one of the central issues around Indian/African divisions that were so carefully thought out and bridged over in SASO ideology, was in practice much more complicated to bridge. The records show that many tensions existed between African and Indian students because of unequal and racially skewed admissions quotas systems,<sup>83</sup> as well as the higher failure rates for Africans.<sup>84</sup> There were also tensions around unequal racial privileges that Indians and Coloured students received over African students.<sup>85</sup> Discord also surfaced as African students often felt that some Indian students refused to participate in student body academic boycotts activities:

there were tensions between Indians and Africans. ... I think part of it was the commitment to the struggle. I think African students were always committed to the struggle. [And while] ... there were a few [Indians] that were committed ... the majority were not committed to the struggle. ... [Also] Indian students ... I think they were more focused on academic things [so] they always did better ... in terms of performances.<sup>86</sup>

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<sup>81</sup> Interview with Dr Veronica Wilson, University of Natal Medical School, 6 November 2003. Tape 1, Side B.

<sup>82</sup> Interview with Dr May Mashego, University of Natal Medical School, 7 October 2003. Tape 1, Side A. Dr Mashego attended the Durban Medical School from 1976-1982.

<sup>83</sup> “Indian Accusations Against Medical School Refuted”, *Natal Mercury*, 13 November 1964. The majority of Indians in the country lived in Natal and could not get permits to study medicine in another province. Many who could afford it, studied overseas, while others who could not afford the great expense had to give up on their studies.

<sup>84</sup> Interview with Bongiwe Bolani, Durban, 1 May 1999. Tape 1, Side A.

<sup>85</sup> Interview with Dr Veronica Wilson, University of Natal Medical School, 6 November 2003. Tape 1, Side A.

<sup>86</sup> Interview with Prof. M.M., University of Natal, 28 July 2003. Tape 1, Side A. Prof. MM attended the Durban Medical School from 1970-1976. He did not want his name used.

There is also evidence the African students intimidated and pressurised some Indian students to participate in boycotts and harassed students who attended lectures during boycotts.<sup>87</sup> Prof. Coovadia noted the complicated nature of student participation in politics during the 1960s to 1980s period:

there [was] never a period when all students would be involved as politics was a dangerous game in those days. ... and also [medical students] had to work hard ... So the question might be [that] black students are going on boycott too often and the Indians you know, complained that we want to write the exams and these people are preventing us. So there were numerous divisions like that.<sup>88</sup>

## **Examples of Student Political Activism at the Durban Medical School**

### **Medical Student Protests Against the Apartheid State**

For those black students who actively participated in political activities (against the discriminations of the apartheid system and the UN), the issues that were addressed in protest and the consequences for those students involved were varied and complicated. It is important to state that SASO recognised the need for students to maintain close community ties through links with other organisations and through community development work.<sup>89</sup> While they were students studying at university, they were not isolated from events that were happening in the wider black community. Everything that was taking place in the black communities was affecting black student families, friends, neighbourhoods etc.<sup>90</sup> Dr. Mashego made a strong argument for wider community involvement as students:

we came from communities ... so we were not only students. We were also ... responding to other things outside the Medical School. So we would find ourselves having to have a boycott not necessarily because of what was happening at Medical School but for what was happening outside.<sup>91</sup>

Students were thus involved in the wider anti-apartheid struggle activities as part of their communities. According to Dr. Matjila, this is why the Durban Medical School was viewed by the State as such a threat:

we were believed to be a very bad influence not [only] on the student population ... but on the greater community in the Durban area ... [because] in the 70s ... they had linkages

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<sup>87</sup> See DMSA. UN Faculty of Medicine. Memorandum, 12 October 1977, p.1, UN, Mpala House. Board of the Faculty of Medicine Special Minutes, 29<sup>th</sup> May 1980, p.3-4, Board of the Faculty of Medicine Special Minutes, 17<sup>th</sup> August 1984, p.1-2 and Board Minutes, 7<sup>th</sup> October 1985, p.4. Also see UN Archives, Pmb. C10/9/1. UN Council Minutes, 21 September 1984. "Alan Taylor Residence", p.132, UN Archives, Pmb. C10/9/1. UN Council Minutes, 16 November 1984. "Intimidation of Students in the Medical School", p.201.

<sup>88</sup> Interview with Prof. Jerry Coovadia, University of Natal Medical School, 24 June 2003. Tape 1, Side B.

<sup>89</sup> I will discuss the effects of SASO development work in the community, especially provision of community health care clinics, in another chapter.

<sup>90</sup> Interview with Dr Maila John Matjila, University of Natal Medical School, 22 September 2003. Tape 3, Side A.

<sup>91</sup> Interview with Dr May Mashego, University of Natal Medical School, 14 October 2003. Tape 1, Side B.

as well with local communities, especially during the Steve Biko period ... It became apparent ... that you can't fight the battle in isolation as students.<sup>92</sup>

During the 1970s and 1980s, Durban medical school students, stimulated by the greater oppressions that were taking place in the wider black community used the boycott strategy and protest marches and gatherings as devices to voice their opposition to the State and to publicise issues and events. What is important to note about the influence of SASO on black medical student political activism at the time was that it ignited a new defiant mood amongst students, that gave them the confidence to question and challenge many different forms of discriminations that affected them and the communities from which they came. Dr. Ndlovu made a poignant comment about black student political confidence at Natal Medical School if he compared these students to the handful of black students studying at institutions like Wits and UCT:

I suspect that at Natal things would have been better because I mean Black Consciousness would have had its best impact there among all these black students living and working and studying together as opposed to for example Wits and UCT ... [At Natal you would] feel that you are worthwhile as a person, you're not as inferior as the white people have told you. It would translate into a degree of confidence, you know which would permeate through to your performance at school and ... your relationships. ... [At Wits and UCT] they were in very, very, very small numbers and they were completely swallowed up you know by the greater white community.<sup>93</sup>

Protest meetings were held against different apartheid laws, boycotts and marches were held to support the harsh State treatment of students at black university campuses,<sup>94</sup> commemorative services were held for those who were killed during involvement in political activities,<sup>95</sup> solidarity meetings were held for struggles taking place beyond the borders of South Africa.<sup>96</sup> More importantly for the 1970s period, the BC message of positive identity and self-confidence was carried to the township schools, which helped to conscientise a whole generation of young people. While there is much discussion in the literature about what specific role SASO played in the 1976 Soweto school children riots,<sup>97</sup> one can acknowledge that the more defiant and confident mood that was spread amongst black people from the late 1960s by black

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<sup>92</sup> Interview with Dr Maila John Matjila, University of Natal Medical School, 18 July 2003. Tape 2, Side A.

<sup>93</sup> Interview with Dr Mfanyana Joseph Ndlovu, Durban, 14 August 2003. Tape 1, Side A.

<sup>94</sup> UCT Libraries. Manuscripts and Archives. BUZV. Protests, 1985. AZASO-COSAS. Bantu Education: 1953-1983. "History of Student Resistance". In June 1972, the Durban medical students boycotted lectures for a few days in support of nation-wide campus uprisings against the expulsion of over a 1000 students who were expelled from Turfloop for supporting their SRC President, O.R. Tiro in demonstrations against racism in education and the entire apartheid system.

<sup>95</sup> For example for people who were shot at Sharpeville and Langa townships. A memorial service was also held to commemorate Steve Biko, who died in detention on the 12<sup>th</sup> September 1977. See UN Archives, Pmb. C10/6/1-2. UN Council Minutes, 16 September 1977. "Death of Mr. S. Biko: Student Protest", p.37.

<sup>96</sup> An example of this would have been the 1974 Pro-Frelimo rallies. SASO students (including students from the Durban Medical School) were arrested and detained for demonstrating in Durban, near Curry's Foundation for supporting Frelimo opposition politics in Mozambique.

<sup>97</sup> See Jonathan Hyslop, *The Classroom Struggle: Policy and Resistance in South Africa, 1940-1990*. (Pietermaritzburg: University of Natal Press, 1999).

university students, would have influenced these black school children too.<sup>98</sup> The 1976 Soweto Riots also resulted in a medical student march down Sydney Road towards the city centre in sympathy with those killed. In her oral testimony, Dr. Mashego highlighted the importance of that year:

1976 – that was the year. ... We had just arrived at Medical School and the Soweto uprisings [occurred] and we got full force into that ... I don't think there was any institution that ... wasn't affected and remained outside that. So when there were marches, we were marching".<sup>99</sup>

A vigorous 5-week academic boycott<sup>100</sup> in protest against the State's attempts to phase out black medical students (first African, then Indian and Coloureds students at a later stage) from the UN to make way for the training of white medical students also occurred during 1977.<sup>101</sup> The State's aim was to bring the anomalous multi-racial student situation at the Medical School into line with the other racially segregated universities in South Africa. Medical students resisted the State's attempts to create more "ethnic" universities (like Medunsa<sup>102</sup>) that would fit into the wider Bantustan policy of separate development. It would fragment Black communities and produce an inferior training. Dr. Matjila provided an insightful comment about the SASO-inspired medical student protests against the creation of Medunsa in Bophuthatswana for African students only:

In the Medical School the student body was far more questioning of the establishment. It was ... very much anti-apartheid in its outlook and therefore the structures ... that were created by apartheid like the homelands were obviously ... structures that it couldn't ... subscribe to. And the Black Consciousness Movement ... what it was challenging was exactly that very division of black people ... [that] the apartheid regime [was] try[ing] to propagate ... what was a clear recognition was that we are all [Blacks], we have a common enemy.<sup>103</sup>

In an interview with Dr. Mashego, she recalled her experiences of why she and her classmates went on boycott against the formation of Medunsa:

<sup>98</sup> Wits University Archives. Central Records Office. NUSAS 931. "A People's History: Resistance in South Africa" (A NUSAS Publication, June 1980), p.30.

<sup>99</sup> Interview with Dr May Mashego, University of Natal Medical School, 14 October 2003. Tape 1, Side B.

<sup>100</sup> "Campaign Goes on to Save Medical School", *Daily News*, 12 October 1977. "State Silent as Medical Students Keep up Boycott", *Daily News*, 18 October 1977.

<sup>101</sup> UCT Administration Archives. 16.2.2 (1144). Faculty of Medicine (from Prof. Carr's Office – Assistant Principal). Letter from the Secretary for National Education to the Principal of the University of Natal, 9<sup>th</sup> December 1975. Also see "Phasing Out of Admissions of Non-White Students to University of Natal Medical School", *SAMJ*, 21 February 1976. The State's aim was to create racially separate medical schools for the different race groups – one for Coloureds at UWC, one for Indians at UDW and one for Africans at Medunsa.

<sup>102</sup> For more information on the formation of Medunsa, see F.P. Retief. "The Medical University of Southern Africa after 5 Years", *SAMJ*, 27 November 1982. Medunsa was established at Garankuwa in the homeland of Bophuthatswana, about 35 kms north of Pretoria. It opened its doors to its first African students in February 1978. Despite its negative apartheid origins, Medunsa's affirmative action policies and academic bridging programmes for Africans with weak Bantu Education backgrounds, has enabled the training of more African doctors than any other medical school in South Africa. These degrees were fully recognised by the SAMDC.

<sup>103</sup> Interview with Dr Maila John Matjila, University of Natal Medical School, 22 September 2003. Tape 3, Side A.

I was one of the ones who came in 1976. ... We were told we were going to be the last group [of Africans] and they were not going to take [an]other group next year. ... Everybody must go to Medunsa. So ... we kicked up a big fight ... And for them to reverse that decision, we had to fight, we had to go on a prolonged boycott.<sup>104</sup>

It was only on the 20<sup>th</sup> October, after intense pressure from various bodies, including the Medical School students and staff that the State suspended its decision to phase out black students.<sup>105</sup> The more defiant mood and political activities black student were prepared to carry out produced results.

During the 1980s, although SASO was suppressed at the national organisational level when it was banned by the State in October 1977 (in the wake of the Soweto Riot unrest), its BC philosophy and the emotional power of BC's defiant anti-apartheid message was more pervasive than just students. Its nation-wide spread prevented the State's attempts to restrain the momentum of black resistance politics and lay the foundation for the defiance politics of the 1980s. It also served as a bridge, connecting the younger generation of black students to the older mass protest generation of exiled leaders of the 1950s, which became increasingly prominent in the 1980s and 1990s.<sup>106</sup> This confident mood propelled a continuation of black medical student opposition to many different kinds of apartheid inequalities and discriminations during the 1980s. These included boycotts against the general dissatisfaction with segregated and inferior Bantu Education facilities, the Republic Day celebrations,<sup>107</sup> the various States of Emergency (and their resulting police brutality, unrest in the townships, detentions, bannings),<sup>108</sup> student expulsions from black campuses<sup>109</sup> and the Tricameral Parliament elections, to name but a few. In mid-1980 Medical School students boycotted for almost two months in solidarity with township schools who were boycotting the inequalities of Bantu Education<sup>110</sup>, as Prof. Seedat remembered:

in the 80s boycotts in this Medical School became a way of life. ... education was not as important as liberation. And there used to be various slogans like 'Liberation before Education'. And that was the scenario that we had in the Medical School and whatever

<sup>104</sup> Interview with Dr May Mashogo, University of Natal Medical School, 7 October 2003. Tape 1, Side A.

<sup>105</sup> "Second Time Round ...", *The Argus*, 21 October 1977. On 19<sup>th</sup> October 1977, the UN sent a delegation consisting of the Principal, Prof. N.D. Clarence, Dean, Prof. J.V.O. Reid & Prof. E.B. Adams to Pretoria to negotiate with the Minister of National Education, to get the phase out decision reversed. The School also received public support from UCT, Wits, UWC, MASA, and overseas medical schools and academic institutions.

<sup>106</sup> Wits University Archives. Central Records Office. NUSAS 931. "A People's History: Resistance in South Africa" (A NUSAS Publication, June 1980), p.30.

<sup>107</sup> Board of the Faculty of Medicine Minutes, Mpala House. UN Board of the Faculty of Medicine. Reports of Two Special Meetings of the Board of the Faculty of Medicine held on 25 May 1981 and 2 June 1981, p.1.

<sup>108</sup> UN Archives, Pmb. C10/9/2. UN Council Minutes, 15 August 1986. "State of Emergency", p.260 and UN Archives, Pmb. C10/9/2. UN Council Minutes, 19 June 1987. "Medical Students Boycott", p.3.

<sup>109</sup> "Ripples from Fort Hare are Lapping on Durban", *Daily News*, 12 August 1982. Also see UN Archives, Pmb. C10/8/2. UN Council Minutes, 20 August 1982. "Boycott of lectures by medical students", p.4.

<sup>110</sup> See UN Archives, Pmb. C10/8/1. UN Council Minutes, 23 May 1980. "Student boycott of lectures", p.200 and UN Archives, Pmb. C10/8/1. UN Council Minutes, 20 June 1980. "Boycott of Lectures at Medical School", p.4.

events were taking place in the country, the threat impacted into the Medical School politics. ... It wasn't isolated.<sup>111</sup>

When I asked Prof. Coovadia about the pervasive nature of medical student protests during the 1980s, he answered that: "There were numerous protests. ... To me it was just like a continuous low level opposition, all the time, with the occasional peaks of activity".<sup>112</sup> In an interview with Prof. Kallichurum, she recalled how the production of Bantustan and "own affairs" leaders (who tried to attain economic and political privileges by being in alliance with the apartheid State), produced much opposition amongst medical students. So did the State of Emergency in 1985:

I think the issues of the Tricameral Parliament were something different here. The students were angry, all students ... I just found there was total non-acceptance of that and every little thing sparked off something with the students. ... the whole situation was volatile. There was a lot of trouble all over the show. And the students came to me to say, 'A lot of us don't know what's happening to our parents, there's so much trouble. We feel that ... because so many people will be absent, we'd rather just go on a boycott'. And I had to agree ... because I know if you're worried about your family, how can you stay and study?<sup>113</sup>

The aim of the student boycotts in the 1980s was to work together with the broader struggle (UDF, MDM) to make apartheid unworkable.<sup>114</sup> The oppressive effects of apartheid effects on medical student families and communities was immense, resulting in their involvement in broader political protest activities.

### **Protests against the UN**

In an interview with Prof. Maharaj, he highlighted the fact that medical students were opposed not only to the apartheid State but also to the discriminatory policies perpetuated by their Alma Mater:

I think people got on very well because we had a common enemy – apartheid. ... [but also] people here felt ... discriminated against by the main campus ... and the perception [was] that not enough was being done. So they [the UN] were another sort of enemy ... people united around.<sup>115</sup>

Many black medical students at the Durban Medical School, with a defiant and more confident attitude after 1968, involved themselves in a number of boycotts to protest against the internal racial discriminations that were perpetuated by the UN. As mentioned in the earlier sections, many of the internal difficulties and problems around unequal and inadequate facilities at the UN's Alan Taylor Residence, the segregated nature of the campus, the racist attitudes of the staff, and the high failure rate of African students produced much opposition from students.

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<sup>111</sup> Interview with Prof. Y.K. Seedat, University of Natal Medical School, 7 July 2003. Tape 1, Side B. Prof. Seedat attended Medical School in Dublin from 1951-1956 before returning to Durban.

<sup>112</sup> Interview with Prof. Jerry Coovadia, University of Natal Medical School, 24 June 2003. Tape 1, Side B.

<sup>113</sup> Interview with Prof. Soromini Kallichurum, University of Natal Medical School, 29 May 1999. Tape 1, Side B.

<sup>114</sup> DMSA. MSRC, UN – Black Section. Letter from P. Naidoo (MSRC President) to Professor S. Kallichurum (Dean of the Faculty of Medicine, UN), 26 July 1985.

<sup>115</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side A.

Graduation boycotts were a common feature of UN life from 1958 to show student opposition to the UN's segregated seating arrangements and unequal education facilities, despite being an enormously important milestone for black students to reach.<sup>116</sup> Students also protested at different times at the residence against wardens, unequal facilities, overcrowded accommodation, inadequate transportation arrangements and food.<sup>117</sup> In 1981, many of these student grievances issues came to a head as students protested at the Alan Taylor Residence. Prof. Philpott, who was the dean at that stage, remembered the event which displayed much student bitterness and opposition to the UN:

And one night I got a phone call from Pete Booyesen who then was the Vice-Principal ... And he said, 'Come down, we're in trouble'. The students were going against the warden and they attacked the warden's house. ... they were revolting against any authority at all there. And we eventually had to take the warden and his wife and his kids out of the back door and up onto the main into transit accommodation. And then ... the Principal asked me to go and live there for 6 months ... [to] try and make peace between the University and them. ... even the leaders in the University weren't in a position to negotiate with the students at that stage.<sup>118</sup>

As demonstrated by this quotation, black students at the UN Medical School had a great deal of power as a student body and through their political protest activities. In many instances, these protests (which often involved almost 100% of the student body if it dealt with a mutually disagreeable issues for all students), constantly worried the UN authorities over the years and even persuaded them, as in this 1981 example, to negotiate with the student body leadership to promote changes and improvements. The importance of the SASO's influence on student self-confidence and defiance against authorities is clearly demonstrated in this case, which would never have occurred before 1968.

### **Consequences of Political Involvement for Students**

The consequences of political activism for black medical students at the UN was quite varied, and depended on the degree of student involvement in politics. I was interested to ascertain whether black students studying at university were protected at all from political harassment. Prof. Price made the point that they were not:

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<sup>116</sup> Wits, SAHA. AL 2457. N. Education. N7.3.10 University of Natal – Medical Students Representative Council. "100% Boycott of Graduation" in *Embryo* (UNB Publication) printed by the MSRC, 1984? "Boycott", *Dome*, No. 4, May 1983. From 1958 individual students began to boycott graduations. In the 1979 the entire class boycotted the graduation and the following year the boycott principle was officially sanctioned by the MSRC. This was only rescinded in 1994 when a "Reconciliation Graduation Ceremony" was held for those students who graduated in abstentia over the years. See University of Natal Medical School Reconciliation Graduation Booklet. Indicator Press, December 1995

<sup>117</sup> UN Archives, Pmb. C12/4/1-4. UN Council Agendas, 16 June 1972, "Alan Taylor Residence", p.96 and 114 and UN, Mpala House, Board of the Faculty of Medicine Minutes. Report of a Special Meeting held on 13<sup>th</sup> February 1981, p.1-2, UN Archives, Pmb. C10/7/1. UN Council Minutes, 15 June 1979. "Transport for Black Students", p.204. UN Archives, Pmb. C10/1/1. UN Council Minutes, 15 October 1965, p.9, "Student Reply on Food Boycott", *Daily News*, 13 August 1970, UN Archives Pmb. Senate Minutes, 21 May 1986. "Boycott of Fedics Catering Services in the Faculty of Medicine and Alan Taylor Residence", p.204.

<sup>118</sup> Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Tape 1, Side A.



[they were not protected] from direct harassment ... not from the security branch ... And you could see that in Durban because most of the activists there were medical students and there was certainly no protection for them. ... [to] the security police, I don't think it made any difference.<sup>119</sup>

As a result of student political activities, the Medical School suffered many years of political harassment by the State and security police. This was facilitated by a constant police and army presence at a vehicle storage garage for the armed services in a building on the same grounds as the residence.<sup>120</sup> Whether students were politically active or not, because they were members of the wider medical student body, they were often implicated by association and thus faced many similar consequences as their more politically active colleagues. The State used overt and covert measures to prop up its apartheid policies. The aim was to have an intimidatory effect on the students to produce fear, suspicion and mistrust. As Dr. B.T. Naidoo asserted about the SB and its influence on students:

you must remember at that time of course the State was very powerful and ... as soon as you uttered something they just swatted you down or they marked you. ... They would just come and harass your leaders ... we were intimidated all the time.<sup>121</sup>

It was a stressful experience for students as they often did not know who to trust as there were police informers amongst their student ranks.<sup>122</sup> As Prof. Maharaj argued:

Clearly they were paying for people to study, who were informers inside. There was no doubt about that because when ... they would raid the residence ... they knew exactly which rooms to go to, to find who[ever]. ... they were exceedingly well informed. ... And of course, we couldn't tell who the informers [were].<sup>123</sup>

At the Durban Medical School, police raids were a common feature of student life during the 70s and 80s. This was done to suppress student opposition.<sup>124</sup> Dr. Pitsoe asserted:

we were regarded as a hotbed for politics in that place ... [and] the police were always there searching them, interrogating these boys, intimidating them because they were becoming too much of a political threat.<sup>125</sup>

<sup>119</sup> Interview with Professor Max Price, Wits Medical School, 19 August 2003. Tape 1, Side A.

<sup>120</sup> Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Tape 1, Side A.

<sup>121</sup> Interview with Dr B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 10 November 2003. Tape 1, Side B.

<sup>122</sup> Interview with Dr Veronica Wilson, University of Natal Medical School, 6 November 2003. Tape 1, Side A.

<sup>123</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side A.

<sup>124</sup> UN Archives, Pmb. C10/6/1-2. UN Council Minutes, 20 August 1976. "Alan Taylor Residence", p.110. UN Archives, Pmb. C10/9/1. UN Council Minutes, 18 October 1985. "Police action at Alan Taylor Residence", p.138. UN Archives Pmb. Senate Minutes, 11 September 1985. "State of Emergency and Unrest: Police Raid at Alan Taylor Residence", p.155. DMSA. To All Members of Staff, Members of SRC's and of House Committees and All Students (Via Notice Boards) from P de v Booysen (Vice-Chancellor and Principal, UN), 27 June 1986 re "Facts About Events in the University Since June 12<sup>th</sup>". UN Archives, Pmb. C10/9/2. UN Council Minutes, 16 October 1987. "Police raid at Alan Taylor Residence", p.47. UN Archives, Pmb. C10/9/3. UN Council Minutes, 24 June 1988. "Police Raid: Alan Taylor Residence", p.144.

<sup>125</sup> Interview with Dr S.B. Pitsoe, University of Natal Medical School, 17 July 2003. Tape 1, Side A. Dr. Pitsoe attended the Durban Medical School from 1954-1961.

An African doctor remembered the often violent nature of the police raids at the student residence:

it was quite rough ... We used to have police coming to raid us at night, wake us up, turn our rooms upside down looking for literature and so forth, threatening to shoot you if you don't open your door. I mean it was just constant ... harassment.<sup>126</sup>

Clashes with police on campus and the streets became regular events and they were often violently met with police teargas, whipping, baton charges, dog bites and rubber bullets. The restrictive laws of the 1960s saw many political student leaders being arrested, banned, detained, forced into exile, assaulted, harassed or often a combination of these. The following statements by black graduates of the Medical School highlight some of the different consequences for medical students who were involved in political activities:

When the concept of Black Consciousness came in it was regarded as a threat and so the Security Branch ... would harass students at the time, and I mean they would raid us, detain people. In those days you could be detained for anything.<sup>127</sup>

The years 1975 and 1976 were indeed traumatic ones. I remember my colleague [and former] National Minister of Health, Dr Nkosazana Dlamini Zuma, mysteriously disappearing before completing her fifth year of medicine, only to resurface in Britain where she completed her degree.<sup>128</sup>

The students decided to march to town to 'tell people what was going on'. In [the 1970s] mass marches were illegal and the reaction of those in power was totally uncompromising. It was a very emotional time: the students were furious ... [at] the government ... the marchers were baton-charged by the riot-police, the police dogs enjoyed some human sport and ninety-one students were arrested. Lawyers arrived to negotiate with the State representatives for the release of the students. Students were released after some time.<sup>129</sup>

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<sup>126</sup> Interview with Prof. M.M. University of Natal, 28 July 2003. Tape 1, Side A. He does not want his name used.

<sup>127</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side A.

<sup>128</sup> The University of Natal Medical School Reconciliation Graduation Booklet. Indicator Press, December 1995. "A Personal Perspective: 1973-1995. Dr S.C. Moodley, Executive Member, Medical Graduates Association", p.15. Dr Nkosazana Dlamini Zuma joined the Durban Medical School in 1972 and became SASO National Deputy-President in 1976. She joined the ANC underground and after constant trouble with the security branch, she went into exile in Tanzania and later Britain where she completed her degree at the University of Bristol in 1978. Also see UN Archives, MF3/1/1-8. Mednews: Faculty of Medicine Newsletter. January-December 2002. "Homecoming for Activist and Scholar", p.24 for the story of Prof. Dan Ncayiyana who was arrested from the Medical School in the early 1960s for this PAC political activities but managed to skip the country while out on bail and he went into exile in the USA.

<sup>129</sup> Deena Padayachee. *What's Love Got to Do with It? And Other Stories*. (Johannesburg: COSAW Publishing, 1992), p.166-7. Dr Padayachee graduated from DMS. Also see "Medical School Arsonists Set Fire to Rooms", (Daily News, Natal Mercury?), 19 June 1976. "Police Hold 87 Durban Students", (Daily News, Natal Mercury?) 19 June 1976.

Another consequence of student political activism was that their political work drew them away from their academic work, which resulted in many failures. Dr. Mashego told me about her failure in 1977, when she was involved in protesting against the phasing out of African students:

when we came back, some of us actually flunked that year ... I failed 1977 and I repeated my 2<sup>nd</sup> year. ... but I mean we had actually said that we would not write exams, even those who were doing 6<sup>th</sup> year. So we told them, 'You will not be producing doctors this year unless you change that attitude.'<sup>130</sup>

Many medical students were prepared to make the sacrifice of giving up on their medical studies, because anti-apartheid politics was more important to them. Prof. Maharaj also remembered his involvement in politics and the threat to his exams during the boycotts against phase out:

[when] Medunsa was being created ... at our institution, the students protested and actually went on a boycott ... I was in my final year, we didn't actually write our final year exams, we passed the date. This was a national issue. ... finally they relented. We wrote ... our final exams [but] we were not even sure we were going to graduate that year. 1977, I remember ... we did our exams later.<sup>131</sup>

However, while anti-apartheid politics dominated the lives of many medical students, which resulted in failures or loss of bursaries<sup>132</sup> etc, the following quotation by Prof. Philpott highlights that not all students were affected by these activities in the same way:

There was one senior student who used to fail every exam at the end of the year and he'd do a sup[plementary exam]. and he'd pass brilliantly. So one day I said to him, 'Just explain this, I don't understand it'. So he said, 'Well I'm involved with Umkhonto during the year and I am not able to pass at the end of the year, but I know I'll get a sup. and then I work like crazy and I will pass'. And he went through every year like that. So ... it affected different students in different ways. I mean it affected his whole life, totally. Whereas other students it was just there on the periphery of their vision.<sup>133</sup>

This meant that for students who were less involved in boycotts and protest actions, the effects on their studies would often be less pronounced and they would pass and do well.

I will end this section by focusing on the staff responses to student political activities during the 1970s and 1980s. While for many students their academic and political work was inseparable to them, which resulted in failures as part of the 'struggle', this central aspect of politics in all aspects of student lives was often not understood by the Medical School's academic staff. As Prof. Mayet asserts in agreement with Prof. Kallichurum's quotation at the beginning of the paper:

<sup>130</sup> Interview with Dr May Mashego, University of Natal Medical School, 7 October 2003. Tape 1, Side A.

<sup>131</sup> Interview with Prof. Breminand Maharaj, University of Natal Medical School, 10 June 2003. Tape 1, Side A.

<sup>132</sup> "Natal Medical Students May Lose Bursaries", *Rand Daily Mail*, 24 October 1977.

<sup>133</sup> Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Tape 1, Side B.

if you're a black in South Africa, your life is politics, you can't get away from it. ... you couldn't do anything in life, without it being racial. ... So we were with politics all the time.<sup>134</sup>

For many of the white faculty, the issue of politics and academics should have remained separate to ensure the continuance of the teaching programme, the writing of exams and the production of black doctors to serve “their own” communities. Another reason to keep politics out of Medical School was to protect the reputation of the Medical School. Something of the more problematic reputation and image of the Durban Medical School that began to emerge in the 1980s, because of the constant and often prolonged student boycotts and even closing of the Medical School,<sup>135</sup> is reflected in the perspective of a graduate from UCT:

the medical students were far more politicised ... but I think sometimes it was a bit of a bandwagon revolt ... It was almost like every issue became politicised and racialised. ... [it] just became a quick answer to everything.<sup>136</sup>

However, there were also many different types of staff responses to student protests that were not completely hostile. Some displayed often paternalist, white liberal attitudes, who sympathised with the students, but disagreed with the radical boycott methods used by the students. They instead promoted slower, more reformist changes. This is evident in Prof. J.V.O. Reid's comments in an interview I had with him:

we were ... being forced into ... big decisions ... which we thought were too big for that moment. We were pushing slowly. They wanted to go quickly. ... And so sometimes we came into conflict with the students.<sup>137</sup>

Some medical students spoke of the enormous amount of social and academic support they received from some lecturers.<sup>138</sup> The Durban Medical School also assisted students by postponing tests and exams, and helping to make up missed lectures in the holidays.<sup>139</sup> There are also instances of negotiations with the police to get detained students released or to assist them to

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<sup>134</sup> Interview with Prof. Fatima Mayet, Durban, 4 June 1999. Tape 1, Side B.

<sup>135</sup> “Medical School Closes Over Varsity Boycott”, *Star*, 4 February 1984.

<sup>136</sup> Interview with Dr Janet Giddy, Hillcrest, 2 June 2003. Tape 2, Side B. Dr Giddy attended UCT Medical School from 1978-1983. She did her internship at KEH in 1984.

<sup>137</sup> Interview with Prof. J.V.O. Reid, Plettenberg Bay, 16 June 2002. Tape 1, Side B. Prof. Reid attended Oxford Medical School from 1946-1952. He then began his teaching career at the Durban Medical School and only left in 1980. Also see Laurel Baldwin-Ragavan, Jeanelle de Gruchy and Leslie London (eds). *An Ambulance of the Wrong Colour: Health Professionals, Human Rights and Ethics in South Africa*. (Cape Town: University of Cape Town Press, 1999), p.173. Most of the staff remained apolitical as they were subjected to the triple loyalties (to their patients, students and employers) as they held joint appointments with both the State and their universities, which made it more difficult to criticise State policies in fear of losing their jobs.

<sup>138</sup> See Interview with Dr May Mashego, University of Natal Medical School, 7 October 2003. Tape 1, Side A. Dr. Mashego spoke of her cross-racial experiences with white lecturers who were involved in the Christian Student Fellowship. These staff members encouraged black students to visit their homes during holidays and on weekends, and provided support to black students in financial and emotional need.

<sup>139</sup> See Board of the Faculty of Medicine Minutes, Mpala House. UN Board of the Faculty of Medicine. Minutes of the Board of the Faculty of Medicine held on 12<sup>th</sup> May 1980 and 29<sup>th</sup> July 1985.

write their exams in prison.<sup>140</sup> Other students also remembered the more active political stands that were taken by some of the white faculty. As Dr Mkhize recalls of a supportive dean:

I recall in 1981 when students protested ... against the Republic Day [and] burnt down the flag in the campus. And the Dean of the School, Professor Sarkin stood at the gate, keeping the police outside until they could find a warrant of arrest. And on their return of course, they found that the students had dispersed. When the police identified the culprits on the video on their return, the Dean had offered to replace the flag. No other campuses had that type of experience.<sup>141</sup>

The staff responses to student political activism was thus complicated too.

In conclusion, this paper has tried to demonstrate some of the complicated factors that caused a large amount of black student protest activities to emerge from the Durban Medical School campus during the 1970s and 80s. Because of its situation in the apartheid context in which it developed, the history of the UN Medical School was directly influenced by decades of racially discriminatory and unequal policies. The aim of the State's constant involvement in the tertiary education sphere was to control the emergence of black leadership, as one doctor argued:

Because that's critical thinking. That's where the minds of the nations are. ... so if you captured the minds of the intellectuals and thinkers of the future, you had it made. ... So it was important. It's a critical area even now, that's why there is so much contestation about universities in the country. It's a small sector but a very powerful sector. The mind is very powerful".<sup>142</sup>

However, while it is true that in many instances university institutions in South Africa were sites of control to reinforce apartheid, the Durban Medical School proved to be just the opposite. Instead it proved to be a constant problem to the State as it provided the political, social and academic conditions that facilitated the emergence of black leaders at the forefront of anti-apartheid political activities. As Dr.Giddy asserted:

it was always a thorn in the flesh in a sense to the apartheid State and there was always this sense of simmering revolt at the Medical School ... they were very challenging of the apartheid government.<sup>143</sup>

The formation of SASO on the Medical School campus, together with the many political protests it spawned on the campus and more widely, thus constantly challenged the apartheid State and the UN. The effects were enormous. SASO reinvigorated student anti-apartheid political

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<sup>140</sup> See UN Archives, Pmb. C10/6/1-2. UN Council Minutes, 19 November 1976, "Banning of Medical Students", p.166, UN, Mpala House, Board of the Faculty of Medicine Minutes. Report of a Special Meeting of the Board of the Faculty of Medicine for Final Year Examination Results held on 11<sup>th</sup> November 1976, p.2, UN Archives, Pmb. C10/9/2. UN Council Minutes, 15 August 1986. "State of Emergency", p.260 and Prof. Breminand Maharaj. "University of Natal Medical School Submission to the Truth and Reconciliation Commission", 23 June 1997, p.3.

<sup>141</sup> University of Natal, Nelson R. Mandela School of Medicine, 50<sup>th</sup> Anniversary Banquet, 29 July 2000, Durban. Speech: Dr Zweli Mkhize (MEC for Health in KZN), p.1.

<sup>142</sup> Interview with Prof. M.M., University of Natal, 28 July 2003. Tape 1, Side A. He does not want his name used.

<sup>143</sup> Interview with Dr Janet Giddy, Hillcrest, 2 June 2003. Tape 2, Side B.

activities, which ultimately contributed to the to end of apartheid, and assisted in the removal of racially discriminatory inequalities in the UN. As one African graduate at the Durban Medical School commented, about the profound impact of student politics on medicine:

Lots of people ... focused their energies on things that they felt were bigger than [the Medical School]. You know they saw the Medical School as a privilege in which I think sometimes to conduct matters of the struggle. In fact, maybe medicine was the hobby".<sup>144</sup>

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<sup>144</sup> Interview with Prof. M.M., University of Natal, 28 July 2003. Tape 1, Side A.