

# CUT!

Remembrance is vital. That's why Dr David Stein needs to tell this story about medical apartheid ...

BY KATHY MALHERBE PHOTOGRAPHS BY JAC DE VILLIERS

A country is not just what it does but what it tolerates. And so are we. 'The price of inaction is far greater than the cost of making a mistake,' says Dr David Stein



**3** PM MONDAY AFTERNOON, MAY 1953. The patient is wheeled into the tutorial room of 5th-year medical students. He is pallid against the pale-blue hospital gown, and slightly apprehensive. The students wait expectantly for the tutorial to begin. Professor Fransie van Zyl, an esteemed surgeon who was to become Dean of the Faculty of Medicine at Stellenbosch, gives brilliant tutorials.

The prof lifts his head and motions with his eyes to the exit. 'Mense, kom mense,' he says. His tone is impatient. Twelve coloured students stand up and walk down the steps. The swing door rocks noisily on its hinges in smaller and smaller arcs, finally cutting out the sound of Van Zyl reciting the patient's clinical history to the remaining white medical students.

Dr David Stein says, 'I was a student. In that class. Eventually we bravely asked our class representative to ask Professor van Zyl not to do this any more,' says Stein with a self-deprecating laugh. 'When he started using only non-white patients for tutorials we thought we had performed a great victory for enlightenment! But during the tutorials, no one stood up to be counted. No one questioned. No one walked out in protest. It was only later in my life that the shame of what we did not do came home to me. The price of inaction is far greater than the cost of making a mistake.'

It was a protracted mistake enforced by a few that affected many. Stein is a senior surgeon at Chris Barnard Memorial Hospital. He has a story to tell. And he wants it told now. The catalyst for telling the story is also a tutorial. But it is circa 2007. There are three black female students (aged 23), a black male and two white male students.

The subject for these 6th-year students is weight and diet in obese patients. Stein's lecture is aggressive. 'No fat people came out of Auschwitz, Buchenwald or Belsen,' he begins. Their faces are blank. No one reacts. 'Do you know anything about the Nazi regime? Anything about the Holocaust?' he asks. 'The apartheid and discrimination practised in this hospital then? Don't your parents talk to you about apartheid?'

'No,' they say. So, David Stein tells them. After the lecture a student approaches him and asks why he doesn't write it down. 'The survivors of the Holocaust didn't speak for 50 years and it seems that many of the survivors of apartheid are not speaking either. We need to talk about what happened – particularly behind those sterile masks.'

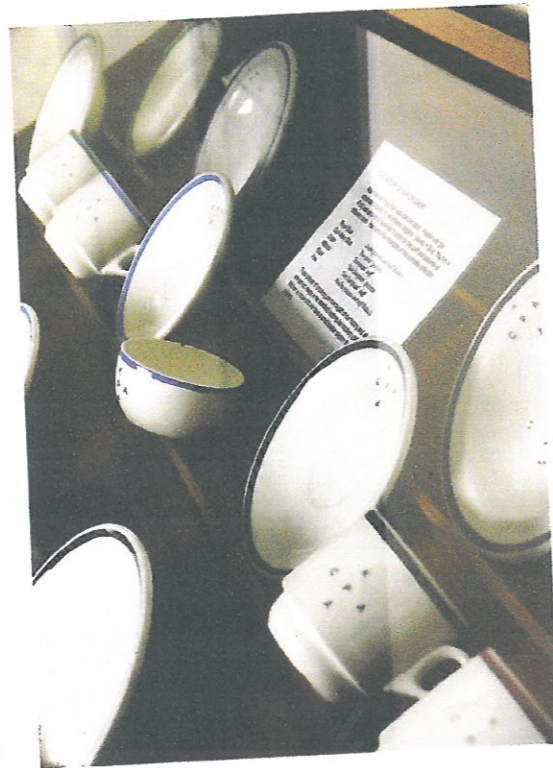
Stein is a Latvian Jew. His family fled their home country during the pre-war anti-Semitic purges. His family were refused refugee status and entry into a number of countries, including America. South Africa opened its doors to the foreigners.

'My father's appreciation for this shelter,' says Stein, 'was such that he found it difficult to judge the discrimination in this country without the jaundiced eye of overwhelming gratitude.' His parents settled in District Six and made it their mission to provide the best education possible for their son, David, so that he could 'get on in life'. Later, during his house calls in District Six, he would hear, 'Is jy nie klein Steintjie nie?' from the people with whom he had grown up.

The warm environment on the slopes of Devil's Peak was soon left behind and Stein did 'get on in life' personally and academically. He was accepted into medical school and moved further and further away from the people who had accepted these Latvian refugees so seamlessly.

Stein started medical school in 1949, exactly 10 years after Groote Schuur was built and divided exactly in the middle. One half, white. The other half, non-white. All the staff except the cleaning staff were white. Entrances, blankets, crockery were colour-coded. They needn't have bothered. You could tell the wards apart easily. The black wards were overcrowded, the white ones not.

In 1939 the first non-white students were enrolled at UCT Medical School. There were six coloured students but they could complete only three years of their training at UCT. Then they had to leave. 'That's why so many coloured doctors have their degrees from Dublin, Edinburgh, Glasgow and London,' says Stein.



Paraphernalia of apartheid. Part of our history and separating religions and races. The complex selection of colour-coded crockery used at Groote Schuur Hospital: **royal blue** for Jewish patients and staff (kosher), **dark navy blue** for 'European' patients, **green** for 'European' staff, **maroon** for 'Non-European' patients, **black** for 'Non-European' staff, **pink** for Muslim patients and staff (halaal).

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The idea of 'Africans' enrolling at UCT Medical School was not entertained. 'Much later,' says Stein, 'they were able to study at Natal University, but even here they experienced severe forms of discrimination, both in access to education and living conditions. Black students were not even permitted to wear clothes with the university badge.'

'World War II changed the three-years-only rule for coloured students at UCT. Because of the war, it was impossible for students to get to British universities so the South African government relented, reluctantly. By 1943 coloured and Indian students were allowed to complete their training at UCT Medical School for the first time. Conditionally. They had to sign a document undertaking not to attend any class, clinic ward round, tutorial operation or post-mortem examination involving a white person ...'

And the authorities went to grotesque lengths to ensure that the rule was kept. The presence of black students during an operation on a white child resulted in apoplectic letters in *Die Burger* and questions raised in Parliament. The furore died down only when the students concerned explained that they had 'not realised the child was white'. Again medical students and doctors were pawns in this complicated game of chess between the Hippocratic Oath and hypocrisy.

Stein continues: 'In the 1960s the Medical School could no longer avoid confrontation with the government. The first casualty was Dr Raymond 'Bill' Hoffenberg, a specialist endocrinologist and leading figure in NUSAS, a liberal national student body. Not only was Hoffenberg considered a threat to the state but his wife too had been branded a communist. In the same year that Hoffenberg was deeply involved in Chris Barnard's heart transplant, he ran into political trouble. A banning order was slapped on him so that he could not lecture or practise medicine. Hoffenberg was forced into exile. He and his family were given an exit permit and told never to return. An open letter of protest was signed by 200 doctors and published in the *Cape Times*. I remember 2 000 medical staff and students standing in silent farewell in a show of solidarity.'

A highly respected specialist, Hoffenberg's career flourished overseas. He was knighted in 1984 – one of his regular patients in exile was Oliver Tambo, both of them untiring campaigners for human rights.

At a meeting organised to discuss the lack of action by the South African Medical Association (SAMA) taken over Hoffenberg's exile, medical staff found that Professor van Zyl (of 'mense, mense' notoriety) had rallied support from Paarl, Stellenbosch, Worcester, Beaufort West and Mossel Bay. The meeting was tense, the proposers and opposers vehement and obdurate in their beliefs. But the motion from enlightened doctors supporting Dr Hoffenberg was overturned. The stand-off heightened tension.

Even a tacit gesture of support in the late 1970s had dire consequences. Dr Ralph Ger, an attending part-time surgeon at Somerset Hospital, was approached by Adrian Leftwich, an anti-apartheid activist who was blowing up pylons at the time. He was asked if he would look after anyone who was injured. To which Ger replied, 'I am committed to treating anyone who is sick or injured.' Leftwich immediately wrote Ger's number and number plate in his diary with a false name as a contact if an activist was injured. Leftwich was caught and Ger was arrested for a 'crime against the state'. His teaching rights were removed and his employment at Groote Schuur and Somerset Hospital terminated. He left South Africa and his career flourished. He was appointed professor at the Albert Einstein College of Medicine, New York, and later at Stony Brook University, New York.

By 1964 coloured nurses were accepted at Groote Schuur but were paid half the salary of white nurses. By 1974 the new west wing of Somerset Hospital (the original teaching hospital) was built adjacent to the old wing and reserved for whites. Each hospital had its own theatre, X-ray department and casualty ward. East and west. White and non-white. Later a bridge was built between the two hospitals to protect patients and staff from the rain when they walked between the two.'

The bridge soon became an organic link, responsible for a growing equilibrium between the segregated buildings.

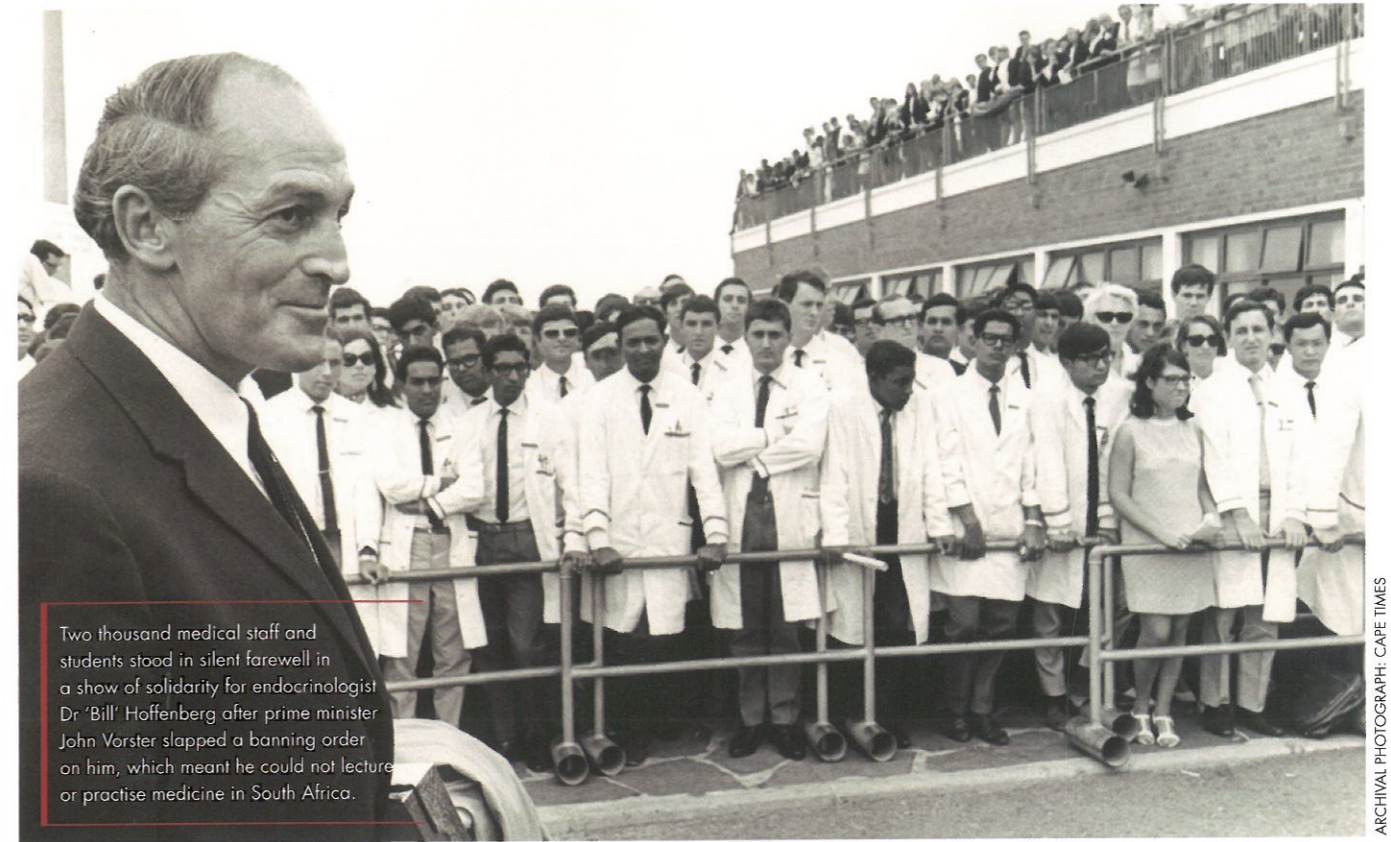
'After a few years it was obvious that it was ridiculously expensive to keep two separate operating theatres and radiology departments. Obviously we kept the newer theatres and equipment in the "white wing". It was like a Carry On movie. Non-white patients were wheeled across for X-rays, wheeled back to wait for results, wheeled across to the operating suite for surgery, wheeled back to recover. A tedious business. The first concessions came when black doctors' wives were allowed admission into the white hospital (with permission, and only in a private ward). Slowly, slowly, more and more patients were allowed to go to the whites-only hospital. It was economics, not conscience, which brought the two wings of the hospital together.

'One day I met the white superintendent of the hospital, Dr Kosie Roux, on the infamous connecting bridge. He looked stern, complaining that we were letting too many coloured patients into the white wing without his permission. I had to do some fancy footwork and flattery. "Kosie, we know you are really busy, so we didn't want to keep on bothering you. I want you to know that the students and doctors hold you in really high regard because of your attitude towards the stupid rules of apartheid and putting your career in jeopardy. We all think you are very brave." I could see him getting taller and taller. His substantial paunch shrinking as I spoke. He thanked me and left with a distinct swagger in his step back to his office. A small victory for us in a battle of mutual manipulation.

'By 1976 coloured doctors were allowed to train at Groote Schuur Hospital – but only in coloured wards. Two coloured registrars (Dr Jonker and Dr Yakoob) I had with me were allowed access to facilities, but when they reached a white ward they had to wait outside!

The anger and indignity stays with many of them today. 'I often worked with Dr Elaine Clarke, a coloured anaesthetist, and she was vociferous in her condemnation of the system. She used to bombard me during surgery with what I saw as "political tirades" about the situation in the country. I remember feeling that she was right. But impatient. My blinkers were inculcated by the society. I remember at the Red Cross Children's Hospital, Elaine was about to administer an anaesthetic to a white child when she told the surgeon she was forbidden to do so. He was outraged. There would be no apartheid laws in his department! Easier said than done. He hadn't considered the reaction of the white porters and some of the white nursing sisters who immediately rebelled.'

So did the black youth. The Soweto riots of June 1976 were devastating. Detention without trial resulted in a number of deaths labelled as suicides, accidents, natural causes ... medical negligence was not mentioned. 'Steve Biko's death was the most infamous and inflammatory of these deaths in detention. He died in 1977 in detention, six days after being interrogated. The injuries told the medical history: head injury with associated brain injury, disseminated intravascular coagulation as well as renal failure. Steve Biko was murdered. And we knew it.'



Two thousand medical staff and students stood in silent farewell in a show of solidarity for endocrinologist Dr 'Bill' Hoffenberg after prime minister John Vorster slapped a banning order on him, which meant he could not lecture or practise medicine in South Africa.

ARCHIVAL PHOTOGRAPH: CAPE TIMES

'At the inquest in 1979 a young political reporter, Helen Zille of the highly respected *Rand Daily Mail*, had the guts to state that circumstances around Steve Biko's death were a lie. She told me subsequently that she was threatened with detention by Jimmy Kruger [Minister of Justice] if she persisted with her "fabrications".

'When Biko's attending doctors, Tucker and Lang, were declared "not negligent" in treating Biko, there was an outcry from doctors at UCT. Still MASA refused to investigate. And no action was taken by the South African Medical and Dental Council (SAMDC). The apartheid policy was so drummed into our heads, so pivotal in our thinking, that even the words from the Hippocratic Oath, "I will treat without exception all who seek my ministrations", sometimes bowed to the doctrines of the state. Much later the Supreme Court ordered the SAMDC to review the case. Finally, in 1985 MASA found the doctors guilty of "behaving intolerably in its response to Biko's death", and the doctors received what we felt was a very light sentence. But Biko's death had a huge impact on student leadership committed to social justice.'

David Stein enrolled at the UCT Medical Faculty in 1949 and was absorbed passively into an iniquitous system of discrimination. District Six, his first home, is flattened today. The TRC's apartheid postmortem is complete. But, he says, 'Remembrance is vital. The way we remember our past helps create our present identity and nurture our vision in the future.'

#### BALANCING THE SCALES

#### UCT MEDICAL SCHOOL ENROLMENT, 2006

Indian: 156  
 Coloured: 97  
 African: 576  
 White: 481  
 Total: 1310

Note: Terminology used in this article is that which was used during the apartheid era.

#### THE WAY IT WAS...

In 1974 it was illegal for a non-white doctor to see white patients. A white surgical registrar had to be on standby in the emergency unit. Sometimes the white registrar was called out three or four times a night.

A coloured surgeon in practice in Cape Town says, 'We ate a lot of humble pie to qualify as surgeons. We had to adopt a back seat and try to get as much experience as possible in the six months allocated to us before being sent back to Somerset Hospital – a non-white only hospital. My deepest regret is that my training wasn't complete. I didn't have the privilege of being exposed to all the disciplines, for example vascular and endoscopic surgery. Today, you can't qualify unless you have been through all these divisions.'

Only one non-white surgical registrar was allowed at a time at Grootte Schuur. Dr Matt Jonker has the dubious honour of being the second non-white surgical registrar to be allowed at Grootte Schuur. 'I always wanted to be a doctor,' says Jonker. 'I'm not sure why, but it was from early primary school. I was totally focused on the goal.' Focused enough to zone out when he took the long journey from Bellville South each day by train and then walked through District Six to Trafalgar High School. 'I remember it being dirty and loud, with fairly threatening skollies accosting me regularly as I walked down Tenant and Hanover roads after school.'

He remained totally focused. In 1965 he applied for a permit to attend university and was one of the quota of 24 non-whites admitted to UCT Medical School. He has a different take on the quota system. 'Our inferior education meant we were lagging academically, so if there was not a quota system, we would not have had access to UCT.' However, the quota of 24 students of colour in a first-year intake of 300 was also highly restrictive. He qualified as a medical doctor in 1970 and was not allowed to be a registrar at Grootte Schuur but had to go to the 'non-white' Somerset Hospital.

In 1975 he left for the UK after he qualified but returned after two years. 'My heart belonged in Cape Town – heaven knows why,' he says. In 1981 he returned to a more enlightened Grootte Schuur to treat patients of all races. He recalls with wry amusement and some understandable resentment doing ward rounds one day as a consultant with a coloured intern. He arrived at an elderly lady's bed. She was white and blind. When he took her hand she said conspiratorially, 'I'm so glad I have a white doctor looking after me. You can't trust these new coloured doctors, you know.'

Matt Jonker was there to practise his profession and his profession only. He smiled and said nothing.