

**“The Politics of Memory and Memory of Politics”:
Remembering and Silencing in Written and Oral Narratives about
the University of Natal’s Medical School**

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Some background material for seminar participants ...

The first three chapters of my dissertation focus on some of the complicated background history that led to the establishment of the first racially segregated medical school for black – African, Indian and Coloured – students in Durban, South Africa in 1951. Viewed as a “necessary evil” by apartheid ideologues, who recognised the urgent need by the 1940s and 1950s to train black doctors “to serve their own racial communities” in South Africa, this medical school was also viewed by them as a potential political threat. Unusual for its time, this school brought many people of different races, classes and genders into closer contact with one another, as they lived and studied together as students for a number of years. It was thus a site of keen interest to, and constant intervention by, the apartheid state.

Because of the school’s almost complete reliance on apartheid state subsidies for its operational costs, and its anomalous attachment to the historically “white” University of Natal, the circumstances of its creation ensured that its black medical students experienced many humiliating apartheid racial discriminations and inequalities within its medical teaching environment, its King Edward VIII teaching hospital, and its Alan Taylor Residence. One African doctor argued: “One’s memories of the medical school are full of ambivalence and contradiction.”¹ For Dr. Taole Mokoena and others, studying at the Durban medical school was both a hurtful and unequal racially discriminatory experience, but also offered them the rare opportunity to study to obtain a degree in a prestigious profession that would provide them with a more financially secure future in apartheid South Africa.

¹ “The Middle Years: Professor Taole Mokoena’s Story” in *University of Natal Nelson R. Mandela School of Medicine: 50 Years of Achievement in Teaching, Service and Research*, managing eds., Jack Moodley and Smita Maharaj (University of Natal Nelson R. Mandela School of Medicine, Durban: Communications Office, 2000), 16.

However, while in some ways the school closely followed the apartheid state's policies and laws in its establishment and operation to the letter, in other ways, this medical school also became a contested educational and political space that came to challenge the apartheid state and its policies. As a result of their many experiences of racial inequalities, a number of black medical students in Durban turned towards political action as a way to address their many problems, and produced important leaders who were at the forefront of anti-apartheid political struggles in the country. One such pivotal political response by black medical students on the Durban campus was the formation of the South African Students' Organisation (SASO) under Steve Biko, a pivotal Black Consciousness organisation, which had a widespread impact on politics in South Africa during the late 1960s and 1970s. In an chapter that focuses on the political contributions of black medical students, I provide an analysis of how this Durban medical campus environment was an important base for social and political solidarity amongst some black medical students who intermingled across state-defined and organised racial differences. These students protested against the racially discriminatory conditions perpetuated by their alma mater, but also against apartheid state oppressions in wider South African society.

While my thesis recognises the tertiary education sector, particularly the Durban medical school campus, as a highly contested and negotiated space for black students in apartheid South Africa, it also explores the theme of ambivalence and contradiction within the realm of student anti-apartheid politics at this medical school. Not all black medical students participated in anti-apartheid politics, and for those who were involved, not everyone participated to the same degree. As a result, the consequences were enormously diverse for different Durban medical students depending on the nature of their anti-apartheid political involvement. What fascinated me most about analysing representations of black medical student political activism during apartheid was the skewed way it was remembered in public narratives in the 1980s, but particularly in the 1990s period, as a unified political "struggle" against apartheid.

This paper steps back from documenting this institution and its students' story² to think about the historically-produced nature of the oral and written narratives that I have used to construct the history of the Durban medical school and the people who studied and worked within it. When conducting my research, I became aware of how certain versions of the history of this medical school and its students, particularly the foregrounding of certain shared histories and commonalities, became publicly privileged and thus “remembered” during the post-apartheid period, while alternative divergent and divisive memories were publicly silenced. Facts about the past are never meaningless, as Michel-Rolph Trouillot has argued, and memories are influenced by power inequalities that lead to the public remembrance of certain memories and silencing of others: “... [Facts] become facts only because they matter in some sense [to someone] ... facts are not created equal: the production of traces is always also the creation of silences.”³ This paper is concerned with examining some of the wider social and political frameworks that have influenced the production of written and oral memories about the school and its students by diverse people in particular historical moments.

However, more importantly, I will demonstrate that the dominant collective frameworks that have organised the school and its students' history can be challenged by alternative private memories not forgotten or repressed by individuals or specific sub-groups of people at key historical moments. It thus also examines some of the deep divisions and silences in the oral and written accounts about the school and its students that are not officially celebrated or publicly told. In this paper I explore some of the tensions that emerged around racial inequalities, cultural differences and class divisions in the black medical student body, which was not harmoniously unified in “struggle” or in its reconciliatory nation-building efforts, but was and is still deeply divided.⁴ At key historical moments, alternative memories about student divisiveness have burst into public discussion, and have influenced the story told. An analysis of divergent individual memories that highlight contentious divisions within the student body are key to understanding more fully the complex history of the Durban medical school and the differing educational, social and political experiences of its diverse student body.

² This is an important endeavour in itself as few substantive works have been written about this institution or its students.

³ Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (Boston: Beacon Press, 1995), 29. Also see David William Cohen, *The Combing of History* (Chicago and London: University of Chicago Press, 1994) for further analysis of the complex notion of “forgetting” in historical production.

⁴ Two later chapters in my dissertation focus on additional gender stratifications within the student body, which complicate the apparently unified and harmonious black medical student body collective memory even more.

The Durban Medical School and Political Memories: The Influence of the Present on the Past

In the post-1990s historical context, there are many instances of past graduates of the Durban medical school who, through oral interviews and written texts, constructed accounts of their past medical school experiences to fit within larger ANC state collective memory narratives about the value of people involved in the liberation struggle. Medical alumni narratives during this time tend to emphasise the importance of their unified “struggles” against apartheid, which they also argue, helped to bring the first democratically elected government to power.⁵ The following quotations from different graduates of the Durban medical school provide some examples of the strong arguments that one repeatedly hears or reads, about the central role that Durban medical school students generally played in the struggle against apartheid and, importantly, the unified nature of its medical student body during this time:

We were at the forefront of the anti-apartheid struggle. In our generation, Steve Biko was the leader of the medical students and we defined the revolution. The South African Students’ Organisation was formed at UNB and we were on the frontlines.⁶

I lived at Alan Taylor Residence. ... It’s amazing ... how we remember things and places that really in fact leave much to be desired. But I don’t think you know, there’s any time of my study here that I enjoyed m[ore] ... than in that place. It was a dingy place ... but you know, the one thing good about it is that it really built a spirit of unity, it built a spirit of oneness among the people. And of course ... I think ... it brought us closer together. You know, people from all different backgrounds, [from] different ... parts of the country, and you know Indians, Coloureds and Africans. ... [W]e were really ... a very close-knit family.⁷

Forcing Black students to live in the same residence ... and subjecting them to adverse conditions in which to study, created the place and climate for people to exchange ideas

⁵ For discussions about the larger collective memory narratives at work in South Africa after 1994, see Tom Lodge, *Politics in South Africa: From Mandela to Mbeki* (Cape Town: David Philip and Oxford: James Currey, 2002), Richard A. Wilson, *The Politics of Truth and Reconciliation in South Africa: Legitimizing the Post-Apartheid State* (Cambridge: Cambridge University Press, 2001) and Annie E. Coombes, *History After Apartheid: Visual Culture and Public Memory in a Democratic South Africa* (Durham and London: Duke University Press, 2003).

⁶ Prof. H, Questionnaire, August 2003. Prof. H is a Coloured graduate of the school. Although produced in the late 1980s, the documentary video, *Students in the Barracks: Memories of Alan Taylor Residence*, also presents a perspective of much unified student anti-apartheid political activism on the Durban medical school campus. See *Students in the Barracks: Memories of Alan Taylor Residence* (University of Natal, Durban: Audio-Visual Alternatives, 1989).

⁷ Interview with Dr. Maila J. Matjila, UNMS, Durban, 11 July 2003. Tape 1, Side A.

and bond together in the fight against apartheid. The University of Natal Medical School was one of the most fertile nests for political activists and future leaders of the country.⁸

You were fighting a common enemy. It was very easy. There was the white man on the one side and the rest of us on the other. That's our common enemy.⁹

This perspective was also promoted by the University of Natal in its post-1994 commemorative publications, such as the following quotation published in 2000 to celebrate the 50th anniversary of the school:

When in 1950 the apartheid government created a “black faculty” in a “white institution” it shaped an environment ordained to nurture a commonality of purpose that would far exceed its expectations. For not only was the Medical School of the University of Natal destined to produce doctors of international quality, it was also to provide the anvil on which the tools to fight its creator would be fashioned. ... They [its students] came from disparate backgrounds, but they were united in adversity.¹⁰

While not trying to deny the important political unity that some black medical students might have felt or might actually have achieved at certain historical moments on the Durban medical school campus during the apartheid period, or undermine the important contributions these medical students have made to the overthrow of the apartheid regime, I would like to question the generic and widespread usage of this common collective memory narrative of “student unity in adversity” to accurately describe the complicated experiences of all black medical students who studied at this institution.

When thinking about why so many different medical graduates made arguments for the existence of strong political activities at the medical school in the post-1990 period, one has to think about their individual motives for participating in the promotion of a perspective of the

⁸ Prof. Breminand Maharaj, “University of Natal Medical School Submission to the Truth and Reconciliation Commission,” 23 June 1997. Prof. Maharaj is an Indian graduate of the school.

⁹ Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003. Tape 1, Side A.

¹⁰ “History’s Hand in Shaping of the Medical School” in *University of Natal Nelson R. Mandela School of Medicine: 50 Years of Achievement in Teaching, Service and Research*, managing eds., Jack Moodley and Smita Maharaj (University of Natal Nelson R. Mandela School of Medicine: Communications Office, 2000), 9. The pre-1990 documents written about the Durban medical school, including commissioned books, institutional booklets, pamphlets and commemoration publications, focused little, if any, attention on political matters. The content of such institutional material instead focused on the institutional history of the school and on issues to do with high standards of teaching and research etc. The story of black student anti-apartheid political activism would have been a difficult story to tell for the University of Natal, as it received a large portion of its funding from the apartheid state, which it did not want to lose. In the post-apartheid period of celebrating people and institutions involved in the anti-apartheid struggle, this University actively promoted the history of its black medical students’ involvement in the struggle to place it in a positive light.

history of the medical school as a place that was centrally involved in the anti-apartheid struggle politics and in nation-building. One important reason is that these graduates of the medical school wanted their alma mater's contributions, but also their own personal contributions, recorded in history. Then their political activities and sacrifices would be remembered and appreciated by the new government, but also by new incoming generations of students, who have much less to fight for politically (and thus sacrifice educationally) in the new democratic South Africa. Since the victory of the new government over apartheid was a positive development, it is only obvious that their contributions to the attainment of this goal helped shaped their motives. Some of these graduates also work for the medical school today as faculty members, and their school's active participation in this broader collective memory ensures its good standings educationally, but also politically, as a place whose faculty and students were historically (and thus by implication also presently) more concerned than other previously white medical faculties about broader social concerns.

What is also interesting to note is that the voices I have recorded and found in the documents are those of doctors who might have sacrificed much in terms of their political commitments, but not all, as they all graduated and were able to embark on their careers as medical practitioners. There is also a history of many others who were studying as medical students and got involved in politics to the detriment of their studies, and did not make it through. These were the transitory students whose educational failure on the backs of their political involvement meant that their perspectives have been lost along the way in the medical field.

The reminiscing of the medical graduates, who promote this collective memory narrative, tends towards an idealistic nostalgia, reproducing the experience of living and studying at the medical school as a harmonious one immune to political tensions and personal antagonisms. They foreground shared histories and common goals rather than emphasise divisions and tensions. It was only when I pushed my interview participants to think more deeply about possible frictions and divisions from my research, that some, somewhat reluctantly, mentioned a number of underlying issues that are not evident in the dominant 1990s collective memory narratives about the school, and largely led to divisions in their supposedly unified struggle politics at the school. By examining these suppressed perspectives, different memories about the history of the medical school come forward, often in opposition to the dominant collective

memory narratives that frame the telling of most written and oral accounts, and often pose a threat to the harmonious and unified narrative accounts. These counter memories are important to study as they provide a more complex and comprehensive understanding about the complicated history of the Durban medical school and its students.

Counter-Memories about the History of the Durban Medical School

The complex processes of remembering in South Africa are also closely linked to processes of forgetting or silencing. Memory is selective and involves not only acts of recovery but also processes of suppression. While there was interesting consistency in the memory narratives people were telling, there were also consistent silences, exclusions or “forgetting” in the process of the production of collective memory narratives about the Durban medical school.¹¹ Many interviewees, although reluctant at first to speak to me about divisions among the students when I first asked them general questions about African, Indian and Coloured student interactions during their years at medical school, did open up about this issue once I told them that I was aware of divisions among students during the apartheid period, in part because I had seen the video-cassette produced about the controversial 50th anniversary celebrations of the Durban medical school and other documents I had found in the archives. As one African woman graduate of the school told me before launching into the discriminations she remembered having experienced by Indian faculty and colleagues at the school:

[Tensions have] always been there. ... I think we really need to come to grips with the truth and admit to ourselves that there is ... when we're specifically looking at the African-Indian issue, some issues are there, very deep underlying issues. ... [But] it's bad to talk about race you know, in this day and age.¹²

It took a commemorative banquet event on 29 July 2000, on the 50th anniversary of the founding of the Durban medical school,¹³ and with six years of distance from the nation-building

¹¹ Cohen, *The Combing of History*, xxiv, 22.

¹² Interview with Dr. K, Durban, 14 November 2003, Tape 1, Side A. In addition, it is important to note that many of my interviewees were faculty members at the Durban medical school at the time of their interviews, and thus might have felt compelled to keep silent on these controversial issues because of the stakes involved for them in the present. Graduates who were ensured of their confidentiality – each interviewee was asked to sign a consent form and were given the option of having their names used or protected for this research – tended to speak up more freely about these issues, as well as those who were safely employed at other institutions.

¹³ Jack Moodley and Smita Maharaj, managing eds., *University of Natal Nelson R. Mandela School of Medicine: 50 Years of Achievement in Teaching, Service and Research* (University of Natal Nelson R. Mandela School of

and reconciliatory collective memory euphoria of the early years after the first democratically-elected state in 1994, for a number of African graduates to critically reflect back on the institution's past and to speak out publicly against the collective memory promoted of a unified and harmonious student body at the school. Instead of fitting into the wider collective memory narrative of unified struggle against apartheid, some graduates who were guest speakers at the banquet used the occasion to raise a number of controversial – and “politically incorrect” – memories of the school's history. They instead highlighted the deeply-rooted and long-standing tensions and conflicts between Indians and Africans around social, educational and political interactions at the school.¹⁴ Their interjections were attempts to get the school to transform. Dr. Kgotsi Letslape's speech in particular, was the most contentious of all the speeches on the occasion, and raised a number of longstanding issues about divisiveness, which had troubled many of the African medical graduates of the school for several years. The remainder of this paper examines some of the controversial and divisive memories about this medical school and its students' history that I have also encountered in my research.

The majority of students who attended the Durban medical school lived together at the Alan Taylor Residence, though more African and Coloured students lived there than Indian students, many of whom came from Durban and lived with their parents or relatives.¹⁵ For many African, Indian and Coloured students, this was their first opportunity to live and study together and over long periods of time, with students from different social, cultural and class backgrounds. During the apartheid years, the state ensured that “non-white” racial groups were largely separated and thus divided from one another through legislation and Group Areas residential zoning restrictions. As part of its “divide-and-rule” strategy, the state also granted

Medicine: Communications Office, 2000). This was a prestigious event that was well attended by dignitaries, such as ex-president Nelson R. Mandela, Deputy President Jacob Zuma, the Zulu King Goodwill Zwelithini, Dr. Nkosazana Dlamini Zuma (Minister of Foreign Affairs), Dr. Zweli Mkhize (Minister of Health in KwaZulu-Natal) and Dr. Ben Ngubane (Minister of Arts, Culture, Science and Technology), many of whom were former students of the school. The event was also well-publicised in the media as it was the occasion of the renaming of the school after Nelson Mandela.

¹⁴ Only small numbers of Coloured students studied at the Durban medical school and did not feature prominently in the existence of African-Indian student divisions. Depending on their individual motivations, some Coloured students identified with their African colleagues, while others felt divided from Africans because of the additional privileges they received under apartheid.

¹⁵ Watts argues that by 1969 and 1970 two-thirds of Indians lived off-campus; a policy encouraged by the University to open up residence spaces for those Indian, African and Coloured students who came from out of town. See 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. Part I. The Student” (University of Natal, Durban: Institute for Social Research, 1975), 5, 24.

Indian and Coloured minority groups a few additional legal, social and economic privileges (though fewer than whites), such as job reservation protections for certain higher enclaves of the labour market, and they were not subjected to the same pass laws and curfew restrictions that Africans were forced to endure.¹⁶ As a result, a number of people in these two minority groups, but particularly certain Indians in Durban, became wealthy because of business and commercial opportunities that were denied to Africans. These class concessions formed a central part of the apartheid state's attempt to co-opt Indians and Coloureds into political cooperation with the apartheid state against the African majority population.¹⁷ Although it is important to note that most Indians and Coloureds remained poor like the African majority under apartheid, these intermediary groups were still viewed by Africans as more privileged because of their greater legal and economic rights in South Africa. This obviously led to the creation of social tensions and competition among different apartheid-designated racial groups¹⁸ as the state created a complicated system of racial and class hierarchies that influenced the nature of their interactions, and placed Indians and Coloureds in an ambiguous middle position between Africans at the bottom and whites at the top of the apartheid social hierarchy.¹⁹ As a result, these intermediary groups often bore the brunt of the frustrations of Africans who were the most discriminated against by the apartheid state.

Having grown up in racially segregated areas before coming to medical school, this presented a unique experience for many students, some of whom (especially from the first cohort

¹⁶ Gerhart, *Black Power in South Africa*, 279-280. During the early 1980s, the apartheid state also provided a limited form of political representation through the Tricameral Parliament to Coloured and Indian minority groups, but excluded the African majority.

¹⁷ See T.G. Ramamurthi, *Apartheid and Indian South African* (New Delhi: Reliance Publishing House). See particularly the chapter entitled "Co-optable Citizens?"

¹⁸ An example that highlights some of the acute tensions is the Durban riots that broke out between Africans and Indians in January 1949. The Durban riots haunted the nature of Indian-African social and political relations in later years, especially attempts by the ANC to unify African and Indian groups politically in opposition to apartheid, as was attempted during the early 1950s Defiance Campaign, which was not successfully carried out in Durban. See Bill Freund, "Confrontation and Social Change: Natal and the Forging of Apartheid, 1949-72" in *Political Economy and Identities in KwaZulu-Natal: Historical and Social Perspectives*, ed., Robert Morrell (Durban: Indicator Press, 1996).

¹⁹ For a history of the complicated middle positions of Indians and Coloureds in South Africa's racial hierarchy, see Gavin Lewis, *Between the Wire and the Wall: A History of South African 'Coloured' Politics* (New York: St. Martin's Press, 1987), Bill Freund, *Insiders and Outsiders: The Indian Working Class of Durban* (Portsmouth, NH: Heinemann; Pietermaritzburg: University of Natal Press; and London: James Currey, 1995), Ramamurthi, *Apartheid and Indian South Africans*, and Zimitri Erasmus, ed., *Coloured by History, Shaped by Place: New Perspectives on Coloured Identities in Cape Town* (Cape Town: Kwela Books and SA History Online, 2001).

of students) remembered their interactions positively when student numbers were so few.²⁰ However, Dr. B.T. Naidoo, an Indian doctor who graduated in 1958, also remembered early tensions among African, Indian and Coloured students, for example, around the issue of greater Indian and Coloured freedom of movement in apartheid South Africa, which was denied to African students:

... [Y]ou'll find somebody a little more privileged than you. You know you feel a bit hurt about it. I mean for instance my walking down the road at 9 o'clock in the evening and [Africans] ... not being able to do that; it caused a certain amount of hurt and resentment. ... [And] as time went on ... I think tensions increased, so much so that in later years there was a definite division.²¹

Having lived in separate townships, having gone to separate schools, and having led generally separate lives, this led to the development of different cultural, class and social perspectives amongst African and Indian students, who formed the overwhelming majority of the student population at the Durban medical school during the apartheid period. This included, but was not limited to: clothing differences, differences in food preferences, religious backgrounds, cultural practices and languages. As a result, it was difficult for many students to simply drop their racially separate cultural upbringings to form meaningful friendships outside of their own apartheid-created racial groupings. The establishment of good relationships between different students was even more difficult for those students (particularly Indian students) who lived off-campus, which meant even less socialising beyond the academic work routines with their African colleagues, as these students returned to their racially segregated apartheid residential areas after university each day.²² Dr. Govender, an Indian graduate who lived off-campus during the early 1970s, asserted: "People growing up in a segregated society tend to socialise with people from

²⁰ Interview with Prof. Soromini Kallichurum, UNMS, Durban, 29 May 1999. Tape 1, Side A. According to this Indian doctor, who graduated from the school during the late 1950s, when she started at the medical school in 1951 there were only thirty-five students in her class, who lived and spent much time in isolation together at Alan Taylor Residence, which she felt helped her group bond closely. It is important to recognise that some students genuinely did not feel that divisions existed between students or that they did not rank them as important compared to other issues students were facing.

²¹ Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003. Tape 1, Side A. Dr. Veronica Wilson, a Coloured graduate of the school, also felt African student resentment towards her because of her slightly more privileged racial status as a Coloured under apartheid. See Interview with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003. Tape 1, Side A.

²² Interview with K.P. Naidoo, UNMS, Durban, 4 June 2004. Tape 1, Side A.

their own racial groups. I did not socialise with African or Coloured students...”²³ An African doctor also informed me of his experiences in Durban:

... [O]ne thing that I noticed when I moved from the University of the North, which was totally African, to Natal, was that there was very little social contact between Indian and African students ... despite the fact that they stayed in the same residences ... As a group, I think we sort of fairly kept to each other you know, kept apart. I don't think there were many Africans that had close Indian friends or Coloured friends. I mean I think it was institutionalised in terms of their upbringing. ... [S]o you know everybody sort of tended to keep to themselves.²⁴

There were also numerous tensions between Indian and African students around racially skewed admissions quotas and the higher failure rate amongst African students at the school over the years. Under pressure from the apartheid state to train more African students to serve in the Bantustans where the shortage of doctors was greatest, the Durban medical school's selection committee accepted more African students into the course (at least 50%), despite their weaker educational backgrounds, which resulted in greater African student failures.²⁵ These school policies also meant that many qualified Indian students were turned away, despite having a better secondary education and better chance of graduating. The majority of Indians in South Africa lived in Natal and Indian students found it very difficult to get government permission to allow them to study medicine at Wits or UCT.²⁶ Some whose families could afford it went overseas to study medicine, while others whose applications were rejected and could not afford to go overseas, delayed their studies to apply again, while some were forced to give up on their hopes of studying medicine.²⁷ The much higher African student failure and exclusion rate caused much

²³ Dr. Pooba Govender, Questionnaire, 2003.

²⁴ Interview with Prof. T, Pretoria, 21 August 2003. Tape 1, Side A. Dr. May Mashego told me that she had a close Indian friend who she used to go to visit in her family home in Durban. However, this was not the norm. See Interview with Dr. May Mashego, UNMS, Durban, 14 October 2003. Tape 1, Side B.

²⁵ Dr. Kgotsi Letslape told the gathering at the 50th anniversary celebration that in 50 years in July 2000 that the Durban medical school had produced approximately 3,000 doctors, but less than 40% of the graduates were African. See Speech given by Dr. Kgotsi Letslape at the University of Natal, Nelson R. Mandela School of Medicine, 50th Anniversary Banquet at the International Convention Centre, Durban (University of Natal, Durban: Audio-Visual Centre, 29 July 2000).

²⁶ G.W. Gale, "The Durban Medical School: A Progress Report," *SAMJ* (7 May 1955), 440.

²⁷ "Indian Accusations against Medical School Refuted," *Natal Mercury* (13 November 1964). The tensions around issue of skewed racial admissions quotas at the school continued into the post-apartheid period, where Indian students have felt discriminated against because of affirmative action measures employed at the school, to ensure sufficient numbers of African graduates. See "Matriculants Threaten to Sue Medical School," *Daily News* (10 February 1995), DMSA and "No Entry for Ms Reddy," *Focus* (14, May 1999), http://www.hsf.org.za/focus_14/refocus/medical.html

friction among the students. Dr. Mfanyana Ndlovu, an African graduate from the medical school highlighted one aspect of the educational tensions that he experienced as a student there:

[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.” And that always created a lot of tension, better than this one, more stupid than that one.²⁸

Bongiwe Bolani, whose now deceased African husband – Themba Bolani – who failed his medical studies during the late 1950s told me in her interview:

... [R]acism between blacks [Africans and Indians] was an important issue in those days. African students seemed to think it was mostly black [African] people who failed. I knew black [African] students who did not feel good about Indians. Africans thought Indians were favoured somehow, when Indians passed so well and Africans failed. They were angry and bitter and felt that some mischief was going on. [The issue] of Indian bribery always surfaced ... My husband ... did not visit with Indians, nor did the others. There was no friendship as such between the students, just a working relationship only.²⁹

Some Africans felt that Indian students purposefully excluded them from study groups, and that special tutorials were given to Indian students by the Indian professors (particularly in later years when more Indian graduates joined the faculty) around exam time, which excluded them.³⁰ Prof. Sam Fehrsen, a white faculty member who trained a number of African medical students who had failed or were excluded from Natal and were accepted at MEDUNSA after it opened in 1978, told me that these African students did much better there.³¹ In his opinion, their improved progress was not due to the lowering of the medical standards at MEDUNSA, but because African students, who were the only undergraduates that were accepted there during the apartheid years, did not experience the same academic competition with Indians that occurred at Natal:

... [A]t the end of the first year the Professor of Anatomy from Natal comes up as the external examiner and they gave an inordinate amount of distinctions, like say twelve or thirteen distinctions. So we challenged them and said, “No, what’s going on here? These

²⁸ Interview with Dr. Mfanyana J. Ndlovu, Durban, 14 August 2003. Tape 1, Side A.

²⁹ Interview with Bongiwe Bolani, 1 May 1999, Durban. Tape 1, Side A.

³⁰ Interview with Dr. K., Durban, 14 November 2003. Tape 1, Side A.

³¹ MEDUNSA or the Medical University of Southern Africa was opened in 1978 by the apartheid state as an additional medical institution to train African medical doctors (as well as other African health workers) in South Africa.

guys you failed and kicked out of Natal. Why should they get distinctions now?” He said, “Well they’re so good, that’s the way it is.” So Jacques Kriel and I started talking to some of the students. One of them ... when they gave him a bursary to come to MEDUNSA, he was terrified and he said to Jacques [Kriel], “Just before I go, tell me will there be any Indians there?” And he’d been at Natal. And he [Kriel] said, “No.” So [the student] said, “All right, then I’ll go.” He was completely terrified ... [because of] competition and discrimination ... [H]e had failed in Natal. And then he passed at MEDUNSA ... So the aggression in a medical school and the competition is enormous. ... [T]he Indians [were] very assertive. And the depth of intimidation became clear to me that these guys were freed from that and they could perform now.³²

Political Divisions between African and Indian Students

In addition to educational schisms among Durban medical school students, these students were also divided in terms of their anti-apartheid political involvement. Not all medical students were prepared to have their medical studies subsumed by politics. While opposition to apartheid provided a common space that at key moments brought different African, Indian and Coloured medical students together in recognition of their general oppressions as “non-Europeans” under apartheid – as was case where SASO/Black Consciousness medical student leaders worked hard to consolidate an alliance among “Black” students during the late 1960s and 1970s when the state was doing everything in its power to keep the “races” apart – neither before, during or after SASO’s time were groups of African, Indian and Coloured medical students completely unified politically.

There were many politically divergent opinions and ideologies that undermined the supposedly unified student body’s political activism from the 1960s to 1980s period. During the development of SASO in the late 1960s and early 1970s, there were deep divisions amongst African students over the question of political cooperation with Indians, and whether to include them within SASO’s definition of “Black” – i.e. those who were politically, socially and economically discriminated against and identified themselves as such³³ – as they were viewed by a number of Africans as a racially and economically privileged group under apartheid. These African students argued that Indians saw their best interests served in the maintenance of white political and economic power and not in throwing in their lot with Africans against apartheid. This issue was made clear by an African student, Mosibudi Mangena, who attended the University of Zululand (or Ngoye) in the 1970s:

³² Interview with Prof. Sam Fehrsen, Pretoria, 22 August 2003. Tape 1, Side A.

³³ See “The Definition of Black Consciousness” in Biko, *I Write What I Like*, 48.

During our debates at Ngoye, there were those who maintained that while they agreed with and supported the aims and policies of SASO, they could not accept the presence of Indians in its ranks ... because they are privileged ... No matter how much we argued, a few people, especially from Natal, felt they could not identify their aspirations with those of Indians and thought Indians could not be their allies.³⁴

There were ill-feelings and frictions created too around what some African students thought were Indian students' lack of commitment to the liberation struggle, as comparatively fewer Indians participated in boycott and protest activities than their African colleagues during the apartheid years.³⁵ Greater African student political involvement also meant that many did less well in their studies. One African graduate asserted:

There were tensions between Indians and Africans, always tensions. ... I think part of it was the commitment to the struggle. I think African students were always committed to the struggle. Indian students, there were a few that were committed but the majority were not committed to the struggle. ... Indian students were obviously better prepared ... partly because I think they were more focused on academic things, they always did better ... in terms of performances.³⁶

Prof. Hugh Philpott, a white faculty member at the medical school during the late 1970s and 1980s told me about his impressions of different student political involvement at the medical school:

Well it varied so enormously. ... [I remember one student] ended up on Robben Island in the middle of his second year, and never was able to finish medicine. ... 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." ... So he said, "Well, I'm involved with *Umkhonto* [the ANC's armed wing] during the year and I am not able to pass at the end of the year. But I know I'll get a sup[plementary exam] 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.³⁷

³⁴ Mosibudi Mangena, *On Your Own: Evolution of Black Consciousness in South Africa/Azania* (Braamfontein, Johannesburg: Skotaville Publishers, 1989), 13. Also see Woods, *Biko*, 157.

³⁵ Interview with Dr. K, Durban, 14 November 2003. Tape 1, Side A.

³⁶ Interview with Prof. M, Durban, 28 July 2003, Tape 1, Side A.

³⁷ Interview with Prof. Hugh Philpott, 14 July 2003. Tape 1, Side B.

There were many reasons why some students became less involved in politics while they were students at the medical school. An Indian graduate who attended the medical school during SASO's existence on the campus, but who was not politically involved, asserted: "Some students were involved [in politics]; I was not one of them. I came from a poor family [in Durban], with little understanding of or interest in politics – I concentrated on my education."³⁸ Other than coming from apolitical family backgrounds, many Indian students, unlike most of their African colleagues, did not receive state bursaries to pay for their medical studies and therefore had to pay (with much financial sacrifice to their families) their own way if they were not funded by other private bursaries and scholarships.³⁹ Some students, having worked so hard to get into medical school, just wanted to focus on their medical studies to ensure that they graduated.

There was also pressure from families to maximise their career opportunities rather than risk their future careers through political activity. One Indian graduate declared that studying medicine was viewed as "a ticket to freedom" under apartheid, where class privileges that would be gained after attaining their medical degrees, would help soften the harsh consequences of racial inequalities under apartheid.⁴⁰ Qualifying elevated medical students into a tiny elite amongst their peers. The stakes were high for individual students but also for their financially-struggling families who relied on these students to graduate as doctors to help improve their standard of living under apartheid too. Those who were on scholarships feared that involvement in political activities might jeopardize their funding, especially if they failed because of extra-curricular political activities.⁴¹ Some felt that they would help their communities in non-political ways by providing health services to their patients once they qualified, which involvement in anti-apartheid politics jeopardised. Prof. Y.K. Seedat, an Indian doctor told me that although all black students wanted to remove themselves "from the shackles of apartheid," different students differed on how to achieve this:

What is medicine all about? It's about the cure of patients. If you try and ... bring too much politics into medicine ... you are not going to care for the patients. ... For example, there were doctors here who were very politically-orientated but they never used to look after the patients ... [T]hey used to just push off because they had to attend some political

³⁸ Dr. Pooba Govender, Questionnaire, 2003.

³⁹ B.T. Naidoo, "The First Twenty-Five Years," *Natal University News*, no. 2 (Autumn 1976), 9.

⁴⁰ Dr. Shan Naidoo, Questionnaire, 2003. Also see Interview with K.P. Naidoo, UNMS, Durban, 4 June 2004. Tape 1, Side B.

⁴¹ Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 10 November 2003. Tape 1, Side B.

meeting. Now I couldn't accept that sort of thing. ... [T]here was always that cleavage that existed within us in medicine. Which is more important, is it the care of patients [or politics]? That's what we were trained in.⁴²

For other students, the harsh consequences of involvement in anti-apartheid politics were enough to keep them out of politics.⁴³ It was well-known amongst students and staff at the medical school that the police used informers within the student body.⁴⁴ Prof. Hugh Philpott remembered an example where medical students were in a meeting to discuss whether to call off a boycott, which had been in progress at the school. He highlighted to me how deeply embedded informers were in the student body, because on this occasion, the police knew before he did – as Dean of the medical school – the outcome of the boycotting students' decision:

... [A]fter about three hours I got a phone call ... [from] the notorious Sgt de Wet from C.R. Swart Square – he was the link guy between the security police and the medical school – and he phoned me and he sa[id], “I hear they've decided to go back [to school].” And I said, “Well I didn't know that. They're still in the meeting.” And he said, “But ... they have decided.” He had planted in amongst ... the students ... informers, and he was sitting there in C.R. Swart monitoring the whole of that meeting. And before I, as the Dean knew, he just phoned ... because he wanted me to know where the power was. ... So all the time they had their own informers in and amongst the student body who kept them abreast of everything that was going to happen or had happened.⁴⁵

The existence of informers raised the stakes of involvement in politics enormously for students, and intimidated many who feared what the repercussions would be for themselves, but also for their families, who were often threatened because of students' anti-apartheid activities. Dr. Veronica Wilson, a Coloured doctor at the medical school during the early 1970s, reported to me that when she was at the end of her fifth year on holiday in Vereeniging, she was approached by someone wanting her to act as an informer for the police. They offered to pay her medical fees, buy her a car, and then made threats about what could happen to her family:

⁴² Interview with Prof. Y.K. Seedat, UNMS, Durban, 14 July 2003. Tape 2, Side A.

⁴³ “UNB” in SASO Minutes of the National Executive Council Meeting, Alan Taylor Residence, 22-23 May 1976, 4, University of the Witwatersrand, SAHA, South African Political Materials 1964-1990, Karis-Gerhart Collection, Part III: Political Documents, Folder 760, SASO. In this document, it was argued that student political activities on the Durban campus were negatively affected by the apartheid “system's reprisals” in 1973. Concerns about personal safety and rigorous academic requirements were also discussed as reasons that limited student participation in SASO politics on this campus.

⁴⁴ Interview with Prof. Breminand Maharaj, UNMS, Durban, 10 June 2003. Tape 1, Side A.

⁴⁵ Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Tape 1, Side B.

I got so scared [and] I got on the first plane back to Durban. And the first thing I did, I contacted the MSRC. And they said ... “Just wait until the guy contacts you.” But I was scared and [this guy] actually boasted and said, “I’m the guy who led the raid on the [medical] campus in 1970. ... And the guy said, “I know where [you live], I know your movements and things like that. ... But can you imagine the nerve. It’s the year that you’re qualifying. Why are you going to jeopardise everything?”⁴⁶

Students like Dr. Wilson would have been prime targets for the security police as she was a Coloured person situated in an ambiguous in-between position in the apartheid social hierarchy and, in addition, she came from a very poor single-parent, domestic worker family, which produced a potential opening for the police to buy students to their cause. It was difficult to know who was an informer, which made lack of trust in people an important issue at the school. Dr. B.T. Naidoo, an Indian graduate of the school, told me:

[Y]ou must remember at that time of course the state was very powerful and you know as soon as you uttered something they just swatted you down or they marked you. So [some] people were very circumspect ... So this is [how] ... they silenced quite a lot of activities. ... [And also] we were very much aware of certain people who might have been informers ... [And] we were visited [often by the security police]. ... They would just come and ... harass your leaders ... [W]e were intimidated all the time.⁴⁷

But it was not so easy just to stand outside of political action. Some of the students felt intimidation and harassment by student political activists on the campus, and were forced to participate in student boycotts and other political actions against their wishes. Consider this quote in the Durban Faculty of Medicine Minutes of 17 August 1984:

There were some students attending classes, regardless of the boycott. Dr Morfopolous reported that approximately 75% of the sixth year students had returned to the Hospital that morning. ... Professor Braithwaite reported that lectures were being disrupted by students, causing tremendous strain both to the lecturer, and those students who attended.⁴⁸

There was hardly ever 100% participation by students in anti-apartheid political activities, despite what has been claimed about the unity of the student body in collective memories about

⁴⁶ Interview with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003. Tape 1, Side B.

⁴⁷ Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 10 November 2003. Tape 1, Side B.

⁴⁸ See UN Board of the Faculty of Medicine Minutes held on 17 August 1984, 1-2.

the school, and on occasion when all students did stay away from lectures when a boycott was called, some of this was coerced support. This is confirmed by two Indian doctors, who were employed as faculty members at the school:

... [T]here was intimidation too ... by students towards other students [for] ... not subscribing to [certain] viewpoints ... pressuring people. And so one never knew [exactly] what the student following was.⁴⁹

... African students obviously were far more involved than Indian students. ... But there were large numbers of Indian students involved too. Now, there [was] never a period when all students would be involved as politics was a dangerous game in those days. They would have been locked up and assaulted and all sorts of things. So there were serious consequences and also they had hard work [to do] ... [T]he ethos was for political freedom, and the disputes were the level, the tactics by which we attained [it]. So the question might be black [African] students are going on boycott too often and the Indians you know complained and we want to write the exams and these people are preventing us. So there were numerous divisions like that ...⁵⁰

During the 1980s, the University of Natal and its Medical Faculty Board instituted a series of investigations into various charges of intimidation of students at its Alan Taylor Residence (ATR). Peppered in Faculty, Senate and Council minutes during this period are discussions about suitable punishments to be given out to students who verbally and physically threatened those who did not want to participate in boycott activities. Some students had their dorm rooms forcibly entered and possessions stolen when they refused to cooperate, while notices about “dissenters” were also posted on notice-boards at ATR for all students to see.⁵¹ On some occasions, harassment of non-political students was so severe that some decided to leave medical school rather than continue enduring such harassment.⁵²

⁴⁹ Interview with Prof. Y.K. Seedat, UNMS, Durban, 14 July 2003. Tape 1, Side B.

⁵⁰ Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003. Tape 1, Side B. An African doctor also told me about how politically active African medical students used to pressurise those who did not want to get politically involved. See Interview with Dr. May Mashego, UNMS, Durban, 14 October 2003. Tape 1, Side B.

⁵¹ See UN Board of the Faculty of Medicine Minutes held on 29 May 1980, 3-4 and on 17 August 1984, 1-2, “Alan Taylor Residence,” UN Council Minutes, 21 September 1984, 132, UN Archives Pmb, C10/9/1, “Intimidation of Students in the Medical School,” UN Council Minutes, 16 November 1984, 201, UN Archives Pmb, C10/9/1, “Inquiry into Intimidation of Students by the MSRC,” UN Senate Minutes, 21 November 1984, 99, UN Archives Pmb, “Alleged Intimidation of Students in the Faculty of Medicine,” UN Council Minutes, 17 May 1985, 37, UN Archives Pmb, C10/9/1, and UN Board of the Faculty of Medicine Minutes held on 7 October 1985, 4.

⁵² “Faculty of Medicine: Alan Taylor Residence,” UN Council Minutes, 21 September 1984, 23, UN Archives Pmb, C10/9/1.

Other than experiencing feelings of intimidation to forced participation in student political protests, some Indian and Coloured students also did not identify with SASO's inclusive definition of Black. This point is strongly made by Kogila Moodley, who argued that Indian students often felt left out in SASO politics:

From its inception the Black Consciousness Movement sought to include Indians and Coloureds. ... While the Black Consciousness Movement had an appeal for this middle group through expressing political identification ... it failed to provide the psychological identity they needed. Many ... experienced in the movement a certain denial of self at the grassroots level. They felt pressured to replace their cultural heritage ... and were never accepted as authentically "black" [i.e. African] enough.⁵³

Dr. Veronica Wilson, a Coloured graduate of the medical school, told me of her experience at the medical school during SASO's period:

... [Y]ou know with the classification of Coloureds ... where did you fit? ... [Y]ou found that ... the blacks [Africans] didn't really want you and the whites ... and the Indians [neither] ... [A]nd then of course you were supposed to have been privileged.⁵⁴

These tensions and divisions had a profound influence on the effectiveness of SASO student politics on campus, despite arguments to the contrary about its unifying political effects. While SASO made enormous gains in unifying a significant number of African, Indian, and Coloured students on the medical school campus (and beyond) during the 1970s period – who were more unified than at any previous time at the school – this student body continued to be plagued by internal divisions, which undermined SASO's political effectiveness. Differences of race and social class inhibited easy political identification among all African, Indian and Coloured students. The lack of consensus about whether or not Indian and Coloured students should identify themselves as Black was indicative of deeper uncertainties among these two groups about whether their best political and economic interests lay in supporting Africans against the apartheid state, or in maintaining their separate identities as intermediate groups enjoying more privileges in apartheid South Africa. The history of those Durban medical students and doctors who were apolitical or compromised politically as a way to come to terms with their sense of

⁵³ Kogila Moodley, "The Continued Impact of Black Consciousness" in *Bounds of Possibility: The Legacy of Steve Biko and Black Consciousness*, edited by Barney Pityana, Mamphela Ramphele, Malusi Mpumlwana and Lindy Wilson (Cape Town: David Philip and London and New Jersey: Zed Books, 1991), 145-146.

⁵⁴ Interview with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003, Tape 1, Side B.

powerlessness under a very powerful apartheid state, is also an important part of the Durban medical school's story that has to be told.

Political Fragmentation amongst African Students

In addition to political schisms among African, Indian and Coloured students, it is also important to recognise that there were political tensions and divisions amongst African students with different political orientations, complicating any quest for a unified student body at the Durban medical school. In the late 1960s when SASO was first formed, there were clear divisions among African students between who wanted to remain members of the National Union of South African Students (NUSAS) – which brought together and organised students in the ANC tradition of including all race groups (including whites) – and African students who wanted white students excluded from their new organisation.⁵⁵ African students who supported NUSAS were suspicious of SASO's aims and concerned that this new student organisation could be interpreted as an endorsement of apartheid separate development, as it was to have an exclusively Black membership. However, while the SASO/NUSAS membership issue caused disagreement amongst Africans, it was the division between SASO-influenced (and later the ANC-influenced) Africans in the medical student body and the KwaZulu homeland political organisation – Inkatha – that was one of the most contentious issues amongst different African students during the early and mid 1980s.

One of the cornerstones of the apartheid state's separate development and "divide-and-rule" strategy was that Africans as a group were divided along "ethnic" or "tribal" lines (e.g. Zulu, Xhosa, Sotho, Tswana etc.) and channelled into their own Bantustans. The aim was to create an ethnically and politically-divided African population who were to live in their own Bantustan areas and thus pose less of a threat to the white minority apartheid government in power at the time.⁵⁶ Centrally linked to these goals was also the state's production of a generation of co-optable and compliant African leaders and professionals, through apartheid provision of economic and political incentives for this elite group, in their own designated

⁵⁵ See Ramphela, *Across Boundaries*, 55-56, 235, Badat, *Black Student Politics*, 86, Buthelezi, "The Emergence of Black Consciousness," 115-116, 124.

⁵⁶ Eventually ten separate "ethnic" Bantustans areas were created during apartheid for Africans.

Bantustan areas.⁵⁷ Class perspectives were conceived under apartheid as compatible with Bantustan development, as the African elite were offered the promise of occupational and political opportunities within the “ethnic” framework.⁵⁸ Since other forms of legal political expression were severely limited during the 1960s and 1970s, some Africans did opt to work within apartheid’s Bantustan system, which guaranteed them a limited degree of power and the ability to accumulate wealth, especially if employed as leaders in the vast and highly paid Bantustan bureaucracies. A key means used to direct elite Africans into the Bantustans was a system of central state administered bursary/loans (which were later administered through the different Bantustan homeland governments) that were offered to poor African students to fund their tertiary studies, but required them to pay back part of the money given in state service for a number of years in “Bantu” areas acceptable to the state.⁵⁹ Those who refused to work in state-approved areas were forced to pay back their bursary/loans in full, with interest. Thus, there were opportunities for African advancement within the confines of apartheid separate development structures, but in positions that contributed to the maintenance and extension of the apartheid status quo.

The closest Bantustan area to the Durban medical school was that of KwaZulu, under the administrative control of Chief Mangosuthu Buthelezi and his Zulu ethnic nationalist organisation, Inkatha.⁶⁰ Although Buthelezi initially won much support because of his early links to the ANC as a student at Fort Hare and because of his opposition to apartheid,⁶¹ by the late

⁵⁷ See Mary Alice Beale, “Apartheid and University Education, 1948-1970” (Ph.D. diss., University of the Witwatersrand, Johannesburg, 1998), 9 and Thomas G. Karis and Gail M. Gerhart, *From Protest to Challenge: A Documentary History of African Politics in South Africa, 1882-1990*, Vol. 5 (Bloomington and Indianapolis: Indiana University Press, 1997), 221.

⁵⁸ Badat, *Black Student Politics*, 186. Also see Leo Kuper, *An African Bourgeoisie: Race, Class, and Politics in South Africa* (New Haven and London: Yale University Press, 1965).

⁵⁹ See Badat, *Black Student Politics*, 63.

⁶⁰ Although KwaZulu never accepted formal independence as was the pattern of the other homeland areas, in the 1970s the KwaZulu Legislative Assembly came into being. In all respects but the granting of formal independence, KwaZulu functioned as an independent homeland whose bureaucracy was funded by the apartheid state. The KwaZulu homeland government had control over local schools, hospitals, transport, the police, housing and land etc. The Inkatha Cultural Liberation Movement was formed in 1975. *Truth and Reconciliation Commission of South Africa Report*, Vol. 3 (Cape Town: Juta for TRC, 1998), 165-166. For an excellent discussion of the divisive nature and powerful impact of ethnicity and ethnic politics in South Africa, see Gerhard Mare, *Ethnicity and Politics in South Africa* (London and New Jersey: Zed Books, 1993).

⁶¹ Tom Lodge, *Black Politics in South Africa since 1945* (London and New York: Longman, 1983), 352. By the end of 1980, Inkatha had about 350,000 members in nearly 1,000 branches, mostly in KwaZulu and Natal, but with a significant following among Zulu mining hostel dwellers on the Witwatersrand as well. However, Tom Lodge argues that a proportion of this membership was coerced. Professionals working in KwaZulu civil or public service jobs, such as African teachers, nurses and doctors had to be Inkatha members.

1970s he had fallen foul of the ANC in exile and internal ANC-aligned organisation like the UDF, who came to reject all state-created institutions. ANC/UDF activists increasingly showed antipathy towards those who worked for conservative reforms within the officially-sanctioned Bantustan political structures, whose jobs and lucrative salary were dependent on the apartheid government.⁶² During the 1980s and early 1990s, fighting between supporters of the UDF/ANC and Inkatha⁶³ became fierce, with many on both sides losing their lives, as these organisations competed for control of peoples and territories. This conflict even impacted on the health sector, as one white doctor working at King Edward VIII Hospital, the Durban medical school's teaching hospital, during the mid 1980s remembered:

... [I]n 1985 ... King Edward ... was like a battle ground. And every evening or every day that I went to work you'd deal with the effects of the level of military involvement in the townships; people getting shot. And we had to be very careful about putting people into separate wards for Inkatha and the UDF or ANC. ... [I]f you put an Inkatha person in an ANC ward or visa versa by mistake, then they might not be alive in the morning. That happened twice while I was there.⁶⁴

Since African students on the medical school campus were an ethnically-mixed group that came to study in Durban from around South Africa, the majority became SASO and later ANC-supporters. This group tended to see themselves as a solid grouping as Africans or as Blacks in opposition to apartheid separate development classificatory schemes. They were against any collaborationist apartheid-created institutions and politicians that created the fragmentation and oppression of Africans.⁶⁵ The majority of Africans on this campus were thus very much against any ethnically-based political organisations, like Inkatha. They saw these organisations and their leaders as traitors and sell-outs that undermined the anti-apartheid liberation cause.⁶⁶ Two African students – one a Zulu student and another from a different

⁶² Barber, *South African in the Twentieth Century: A Political History*, 189-191. Shula Marks has argued that African Bantustan leaders like Buthelezi were ambiguous figures as they were both critics of the apartheid state and collaborators. Their ambiguity emerged from their structurally dependent position within the apartheid political economy. See Shula Marks, *The Ambiguities of Dependence in South Africa: Class, Nationalism, and the State in Twentieth-Century Natal* (Baltimore and London: The Johns Hopkins University Press, 1986). Also see Mark Sanders, *Complicities: The Intellectual and Apartheid* (Durham and London: Duke University Press, 2002).

⁶³ Inkatha, it was later confirmed in the TRC hearings, received covert financial support from the apartheid state.

⁶⁴ Interview with Prof. Steve Reid, Hillcrest, 24 May 2003. Tape 1, Side B.

⁶⁵ See Biko, "Fragmentation of the Black Resistance" and "Let's Talk about Bantustans" in Biko, *I Write What I Like*.

⁶⁶ Biko, "Let's Talk about Bantustans," 82 and Hirson, *Year of Fire, Year of Ash*, 113-117.

apartheid-designated ethnic grouping – told me about Inkatha’s influence at the Durban medical school:

[Inkatha] ... was almost tabooed ... There were a few ... sympathisers, especially people who would come from across the Tugela River or the North Coast of Natal, but they were in such a minority and they were completely you know unmentioned in political speak.⁶⁷

... [It] just didn’t have support ... I think those who belonged to Inkatha they must have done so privately ... but they were quiet about it because there was going to be no support. Remember, people who were at medical school came from all over the country, so we were not thinking provincially or Bantustans ... We were thinking nationally ... [so Inkatha] wouldn’t have appealed to the masses ... [W]e had to have something that was very inclusive.⁶⁸

Because of its unpopularity with the majority of African students on the Durban campus, students spoke out actively against Inkatha on a number of occasions.⁶⁹ One of the biggest issues of conflict that was remembered by a number of my interviewees was the Inkatha Loyalty Pledge. While the acceptance of central state bursary/loans by African students were always regarded problematically, because of the strings that tied them to the state for a number of years in service once they graduated, many African students did not have a choice but to accept these grants.⁷⁰ This issue was raised by Dr. Maila J. Matjila:

⁶⁷ Interviewee’s name omitted to protect his/her confidentiality. Because of the politically-sensitive nature of the material discussed, and as Buthelezi and his political party are still powerful forces in post-apartheid politics, my interviewee asked that his/her name not be quoted when his/her opinions about Inkatha were discussed.

⁶⁸ Interview with Dr. May Mashego, Ashburton, Pietermaritzburg, 18 October 2003. Tape 2, Side B.

⁶⁹ For example, Durban medical students voiced their opposition to Buthelezi and Inkatha for their vigilante activities to punish students who did not support Buthelezi on the ethnic University of Zululand (Ngoye) campus. On 29 October 1983, four students were killed and scores more injured when some of Buthelezi’s Inkatha supporters attacked students at Ngoye. On this issue see Interview with Prof. Hugh Philpott, Kloof, 14 July 2003, Nkosinathi Gwala, “State Control, Student Politics and the Crisis in Black Universities” in *Popular Struggles in South Africa*, edited by William Cobbett and Robin Cohen (New Jersey: Africa World Press, 1988), 179, Lawrence Boya, “History of Black Student Organisation,” NUSAS July Festival Speeches, 1987, 48, Wits Archives, SAHA, South African Political Materials 1964-1990, Karis-Gerhart Collection, Part III: Political Documents, Folder 583, NUSAS and Debby Bonnin, Georgina Hamilton, Robert Morrell and Ari Sitas, “The Struggle for Natal and KwaZulu: Workers, Township Dwellers and Inkatha, 1972-1985” in *Political Economy and Identities in KwaZulu-Natal: Historical and Social Perspectives*, ed., Robert Morrell (Durban: Indicator Press, 1996), 161.

⁷⁰ During the 1950s, the bursary/loans given to medical students were £150 p.a. for the first two years and £200 p.a. for each subsequent five years, resulting in a total of £1,300 at the end of seven years. This was an enormous amount for graduates to have to repay (with an additional 4% interest) once they graduated, if they decided not to work for the state. See “Summary of the Conditions of the Award of a Bursary/Loan Offered by the Government of the Union of South Africa at the University of Natal,” 2, UN Campbell Collections, Gordon Papers, File 21, KCM 25878, UN Medical School – Committee for Admissions, Bursaries, Scholarships and Prizes, 1955-1956.

[At] the medical school the student body was far more questioning of the establishment [homeland institutions]. ... But of course, immediately after qualifying when you have to get a job, whether you like[d] it or not, the fact remain[ed] that it ... had to be in one of the homelands. ... If you came from the Eastern Cape [with a bursary/loan], whether you liked it or not ... after qualifying you had ... to go and work there ... or pay back the money.⁷¹

Dr. May Mashego made the following comment about the uncomfortable situation African students were placed in by being forced to accept state bursary/loans:

I didn't have to use my homeland's [bursary] ... I didn't like the strings which [were] attached to [it]. ... [But if] you come from families where there's no money, you had to accept scholarships with strings attached. ... Remember we were not very happy with the homelands. For me it was fine to say, I've got a bursary from South Africa, I can work anywhere in South Africa. But to say you're got a bursary from this homeland ... I mean it was perpetuating the apartheid structures. ... But many people, they had no choice, they had to take [it]. So at the end of the day they ... found themselves having to service those particular [homeland] governments ...⁷²

Many African students went into private practice after graduating so that they could earn enough money to pay back their loans in full, rather than work in Bantustan-controlled institutions.

However, this whole arrangement became more complicated during the late 1970s, when these bursary/loans became administered, not by the central government, but by different Bantustan governments in the country. This meant that medical graduates, who accepted bursary/loans from specific Bantustan government, were to return to that specific Bantustan after they graduated to serve in a public health institution in that specific Bantustan area. If they did not, they were forced to pay back these large bursary/loans and with interest. In addition, during the early 1980s, Chief Mangosuthu Buthelezi stipulated that African students who accepted KwaZulu bursary/loans and wanted to work in KwaZulu-administered hospitals and clinics once they graduated,⁷³ were required to sign a pledge of allegiance to Buthelezi and Inkatha.⁷⁴ African

⁷¹ Interview with Dr. Maila J. Matjila, UNMS, Durban, 22 September 2003. Tape 3, Side A.

⁷² Interview with Dr. May Mashego, UNMS, 14 October 2003. Tape 1, Side B.

⁷³ The health care system in South Africa by the 1980s was highly fragmented. During this period, South Africa had fourteen Departments of Health in its white, Indian, Coloured and African Bantustan areas. Thus, while the KwaZulu homeland controlled a large number of hospitals and clinics in areas that fell under their control, other hospitals and clinics, such as King Edward VIII Hospital was controlled by the province of Natal's health department. Thus graduates, who wanted to stay in hospital medicine and did not want to sign the Inkatha Pledge, had to try to get positions in other provincial "non-European" hospitals or clinics in Natal or in other provinces where the Inkatha pledge was not in effect.

doctors who had graduated already, and were working in KwaZulu hospitals, were also required to sign the Inkatha Pledge. While many African doctors rationalised their working in Bantustan hospitals as providing an important health service to patients who otherwise would have had no health service, and that these patients living in the Bantustans were as much victims of apartheid as anyone else, the introduction of the Inkatha Pledge was an issue many African medical students and doctors would not agree to, as one African woman doctor told me:

... [M]y husband didn't work at Mshiyeni [Hospital] because they wanted him to sign the pledge. ... I mean if you were going to be working in the hospital, you needed to be faithful to Buthelezi. It was ridiculous! ... In fact it was during our time when they came and they addressed all the Zulu-speaking [students] and they had to sign the pledge and it was a big thing. ... They came here to address them and they told them that ... if you want our money, you've got to sign the pledge ... of allegiance. ... A lot of people ... just refused to work [in KwaZulu].⁷⁵

This pledge made accepting a bursary from the KwaZulu government and working within KwaZulu hospitals a highly political issue as it meant directly aligning oneself with an ethnic political grouping like Inkatha. Many African medical students refused to sign the pledge, which resulted in students either losing their bursaries and/or were forced to pay back their bursaries in full.⁷⁶ A number of African doctors were fired from their jobs in KwaZulu hospitals when they refused to sign the pledge. Many African students at the medical school boycotted the new bursary/loan conditions, which heightened the ill-feeling between Inkatha and ANC-aligned medical students, as two African doctors remembered:

In fact they regarded us as enemies. ... [W]e had fights with [Inkatha] ... [This medical school had] mostly ANC supporters.... They didn't like the medical school. They thought we were breeding hooligans here. If you st[ood] against Gatsha then you're not good, even if you've got a point, you can't disagree with him. That was the feeling in those days.

⁷⁴ The pledge was a law passed by the KwaZulu Legislature in the early 1980s and was implemented via the public service commission as a condition of service. It required all KwaZulu public servants to sign an undertaking not to vilify or denigrate the KwaZulu government or its leaders. In effect, it was an oath of personal allegiance to Buthelezi and his Inkatha political party. It affected all civil servants including nurses, teachers, clerks and doctors. See UN Board of the Faculty of Medicine Minutes held on 13 January 1984, 1-2 and 25 March 1984, 1-2. Also see *Apartheid Medicine: Health and Human Rights in South Africa* (Washington, D.C.: American Association for the Advancement of Science, 1990), 29-30.

⁷⁵ Interview with Dr. K, Durban, 14 November 2003. Tape 1, Side B.

⁷⁶ Interview with Prof. T, Pretoria, 21 August 2003. Tape 1, Side B.

... [Inkatha] hated the University of Natal. ... They hated the medical school in particular in fact, and I think there were some very hot exchanges between the [Inkatha] and the medical school [students]. ... [The students] were very outspoken against [its] ... policies, very, very outspoken. ... [The medical school] was always a hive of activity and those students were always known as hotheads politically, very much you know ANC-affiliated.⁷⁷

This situation resulted in very negative feelings about KwaZulu and its health system and created a severe shortage of African doctors in this homeland, as most chose to work outside KwaZulu administered institutions.⁷⁸ Those who did work in these hospitals were viewed as sell-outs who propped up the homeland system.⁷⁹ The unpopularity of the pledge eventually resulted in it being withdrawn by the KwaZulu government in the late 1980s.

For those Zulu medical students who were supporters of Inkatha during the late 1970s and early 1980s when this controversial Inkatha Pledge issue was being debated and boycotted, it was best to keep their political leanings hidden from their fellow students.⁸⁰ Their intentions to work in KwaZulu would not have been supported by the majority of ANC-aligned African students in the Durban medical school, who did not tolerate support for apartheid ethnic structures or the existence of collaborationist political organisations like Inkatha. The stories of these Zulu Inkatha nationalist students – who later accommodated themselves to work within apartheid-created homelands, some of whom were able to further their economic interests – were thus rendered silenced during their years at medical school. However, they are also, importantly,

⁷⁷ Both interviewees' name omitted to protect their confidentiality. The second quote was by a Zulu graduate of the school. Also see Fatima Meer, ed., *Resistance in the Townships* (Durban: Madiba Publications, 1989), 145. Meer provides an example of students at the Alan Taylor Residence being forced to flee the residence during a weekend in August 1985 following rumors that Inkatha vigilante groups "we're coming to deal with them" during a weekend of Inkatha-provoked political violence in the African townships of Umlazi and KwaMashu.

⁷⁸ Steve Reid and Janet Giddy, "Rural Health and Human Rights – Summary of a Submission to the Truth and Reconciliation Commission Health Sector Hearings, 17 June 1997," *SAMJ* (August 1998), 980-981 and Y.K. Seedat, "The Health Crisis in Natal – A Personal View," *SAMJ* (7 July 1990), 3. Also see Cedric de Beer, *The South African Disease: Apartheid Health and Health Services* (London: Catholic Institute for International Relations, c. 1984, 1986), 59. According to De Beer, during the early 1980s, KwaZulu health institutions had vacancies for seventy doctors.

⁷⁹ Interview with Dr. Janet Giddy, Hillcrest, 2 June 2003. Tape 2, Side A. Dr. Janet Giddy and her husband, Prof. Steve Reid, were forced to work in a KwaZulu hospital during the late 1980s and early 1990s as punishment for Dr. Reid's stance as a conscientious objector to military service. Dr. Giddy remembers that they were labeled as sell-outs by some black ANC doctors for working in KwaZulu.

⁸⁰ Unfortunately, I was not able to interview any African doctors who were Inkatha supporters during this period. I did write to a few of them to participate in my study, but I did not receive answers from them. A few African Durban medical graduates, who were Zulu nationalist supporters, went on to work in the homeland of KwaZulu. Some became centrally involved in KwaZulu's government structures, such as Drs. Ben Ngubane and Frank Mdlalose who held positions in the KwaZulu Ministry of Health.

silenced in the present post-apartheid context, where the larger collective memory narratives that focus on a unified SASO and ANC-aligned political history of the Durban medical school, are promoted.⁸¹ African students were also divided amongst one another by social class aspirations, ethnic distinctions and different political beliefs. Separate development played on, and hoped to build up, tribal identities, and it also exploited class cleavages among Africans to ensure a divided African majority population, which affected students at the medical school too.

The 50th Anniversary Banquet

I will end this paper with two contentious issues from the past – but it also remains a controversial present issue – that individual African graduates had silently stewed about for many years, and which burst out as a very public issue at the medical school's 50th anniversary banquet. The issue centred on the numerous obstructions that some Africans remembered experiencing as postgraduates and later as faculty members at the medical school. During the post-apartheid period but also during the later apartheid years, a common perspective held by the faculty at the medical school was that Africans were not interested in specialising and were more interested in entering private practice to make as much money as possible. While it is true that most Africans did enter private practice as general practitioners, many of whom felt enormous pressure to earn money as quickly as possible after graduating to pay back their loans and to help their financially-struggling families, there were other reasons many did not specialise. One African graduate, who wanted to specialise in ophthalmology at the Durban medical campus, told the audience at the 50th anniversary ceremony that he experienced many obstructions there:

At a postgraduate level, we are accused of running to private practice and not really caring about post-grad. Nothing could be further from the truth. There's obstruction in terms of obtaining posts, there's harassment whilst in training, there's no support ...⁸²

During the 1970s and 1980s, more and more Indian medical graduates specialised at the Durban medical school and went on to fill positions in the faculty. By the late 1980s, the medical

⁸¹ It is interesting to note that the new democratic South African state's collective memory narratives of reconciliation and nation-building worked to subsume deep divisions and disharmonies between the ANC and Inkatha in the years after 1994. This is evident at the TRC hearings.

⁸² Speech given by Dr. Kgotsi Letslape at the University of Natal, Nelson R. Mandela School of Medicine, 50th Anniversary Banquet. Dr. Letslape eventually did not do his postgraduate studies in Durban. He left for Johannesburg and did his specialist training and exams there.

school's faculty was dominated by whites and Indians. An African doctor asserted in his interview:

There's a lot of animosity between Africans and Indians ... [Y]ou see lots of Indians stayed behind here because Durban is their home. And as such they have occupied important positions. They socialised within Indian circles and within Indian structures. ... [A]nd I think it creates tensions with the small group of Africans that are there who are not, who see themselves now being ruled by a new power. And the new power ... is black [Indian] and not white.⁸³

Many felt that Indian students were shown favouritism and had received much more academic support and guidance from the faculty, but particularly certain Indian faculty members. Some felt that the atmosphere for specialising in Durban was hostile and unsupportive for Africans.⁸⁴ An African professor, who does not work at the Durban medical school, told me that he experienced such discrimination by his Indian postgraduate colleagues and certain Indian faculty members, that he was forced to leave half-way through his specialist training to continue elsewhere. I quote him at length to highlight some of the issues African postgraduates faced while training at the Durban medical school:

... [T]he atmosphere under which you specialized ... was hostile and people didn't want you there ... I did postgraduate studies in Natal [but] I had to leave ... I could stand it only for two years and I couldn't take it any more. ... [W]hat I didn't like was that there was a certain group ... of Indian students who were in my group that were also going to write [the specialist exam]. I was excluded from the tutorials, I was never told where the tutorials were going to take place ... I remember one instance distinctly when a friend, who was an African registrar in Paediatrics, phoned me this Saturday afternoon [to tell me that my group was] having a tutorial ... [So] I drove from Umlazi back to King Edward, go up there and there was this group having a tutorial. Then ... [they] looked at each other ... and they said, "Look guys, I think we must abandon this tutorial ... we'll contact each other telephonically." And they all stood up and left. I remained sitting there. And then ... they would have a tutorial around patients. You see we doctors are taught around patients. Then we would hear that these guys ... have been allocated patients to go and examine and they'd be questioned by the consultants you know, after hours. ... I would hear about these ... [tutorials], maybe somebody in the ward [saw] them ... [and] phone[d to tell me]. ... So I would come in there, I wouldn't be allowed a patient, and two, I wouldn't be asked a question. ... I would just get there and stand at the

⁸³ Interview with Prof. M, Durban, 28 July 2003, Tape 1, Side A.

⁸⁴ See Interview with Prof. T, Pretoria, 21 August 2003, Tape 1, Side A. These issues were also mentioned in Interview with Dr. K, Durban, 14 November 2003, Tape 1, Side A. Also see Dr. Mtuzuzeli Nyoka, "Day of Shame for NU Medical School: Selfishness has Sullied the Glorious History of a Fabled Institution," *Mercury* (11 August 2000).

back. ... But then there came a time that my own self-pride would not allow that ... to be insulted like that where every time I must keep listening where is the tutorial, then I go, I won't be asked questions, [and I] stand at the back ... [A]nd then when they move to the next one you just see them moving [to the next case], they don't tell you ... they know where it is, so you just follow them, you know behind, and go and just stand there at the back. ... So then I left before I completed my fellowship. I went ... to Garankuwa, MEDUNSA and prepared for my fellowship ... until I passed.⁸⁵

In the September 2004 Medical Students' Representative Council (MSRC) Racism Report that summarised information collected from past and present African students and faculty of the medical school, it was found that most of the people interviewed felt that it was an "open secret" that Indians came to play a dominate role as faculty members in the Durban medical school, particularly during the 1980s and 1990s period, and came to "oppress" Africans:

... [T]here are forces working very hard to make it impossible for African doctors to come back or even [to] remain within the academic setting because there are [Indian] consultants who want to monopolise this medical school ... We have had to witness our senior colleagues (students) vow never to come back to this medical school to specialise because of the racism they have endured in this faculty.⁸⁶

For those few Africans who did manage to get through specialist training in Durban and were appointed to faculty positions within the medical school, they also experienced barriers to promotions at the school. Until the post-apartheid period, there had never been an African appointed to the position of Professor or Head of Department, and there has never been, as of yet, an African Dean at the school, despite African Durban medical school graduates having been appointed in these positions at other medical schools in the country. During the apartheid period, many felt that the medical school overlooked (and continues to overlook) highly qualified African doctors who were forced to leave their alma mater to become professors at other medical schools. Because of apartheid restrictions of working in white universities, when MEDUNSA was opened to train African doctors from 1978, a number of African faculty members, disgruntled with promotion prospects in Durban, left to start up departments at MEDUNSA. In 2003, I asked a present African faculty member who was a senior lecturer at the medical school since the late 1970s and is presently Deputy-Head of the Department of Obstetrics and

⁸⁵ Interview with Prof. T, Pretoria, 21 August 2003. Tape 1, Side B.

⁸⁶ Ali Modiba, MSRC Racism Report presented to the Faculty and Students of the University of Natal, Nelson R. Mandela School of Medicine, 26 September 2004.

Gynecology at the Durban medical school, of his views about Africans having been by-passed for promotion at the medical school. He told me about the experiences of his friend and colleague, Prof. Ephraim Mokgokong, one of the early African graduates of the school who specialised in Obstetrics and Gynecology and got his Ph.D. too:

... [Y]ou're touching another sore point ... [I]n this university, blacks [Africans] were not given their rightful promotion ... [Ephraim] Mokgokong was a very senior man in this university ... and he was not given the right to be a professor in this place. To extend that, there were certain people he taught and brought up in this university, who then became, when the professors left, they were asked to be acting heads over and above Mokgokong ... because he was black [African], okay. ... So when this apartheid thing came [MEDUNSA], I think as a desperate move, he opted out to move out, to start MEDUNSA. ... [A]nd here he was not professor but the minute he landed his foot there, he was professor. And then not only him, a lot of guys who were here, who could not get promotion and they moved out ... and became professors at MEDUNSA. ... [They] got disgruntled here because of promotion and discrimination. ... [T]here was [an] ... ill-feeling that was ... developing in this university, that there's a cabal ... [a] small clique ... [that have] got the power to run [the place]. ... [I]n this university, there [was] ... an Indian cabal. And they were promoting their people ...⁸⁷

At the 50th anniversary celebrations, the interjections made by African doctors to critique the history of their medical school and to raise their experiences about the deep divisions that existed amongst different students, as well as hurtful inequalities experienced by Africans, were done in an attempt to get the school to transform. As Dr. Kgotsi Letslape asserted strongly in his speech: “We plead for the systematic persecution of our people in the institution to stop.”⁸⁸ By “our people,” Letslape meant Africans.

Conclusion

Contentious and divisive issues raised at the 50th anniversary banquet highlight in poignant ways themes that David William Cohen has addressed in his book *The Combining of History*. In Cohen's opinion, the production of memories are as much about silences as they are

⁸⁷ Interview with Dr. S.B. Pitsoe, UNMS, Durban, 17 July 2003. Tape 1, Side A. In the mid 1970s, Prof. Ephraim Mokgokong was by-passed for promotion to Head of Department of Obstetrics and Gynecology, despite having all the necessary postgraduate qualifications i.e. specialist training, publications and clinical experience, and having been with the Department for 13 years. Dr. Kenneth Margolis, who became the acting head until another permanent white professor was appointed, had only been a specialist for 17 months. See Thoko Mbanjwa, ed., *Black Review*, 1974/1975 (Black Community Programmes, 1975).

⁸⁸ University of Natal, Nelson R. Mandela School of Medicine, 50th Anniversary Banquet at the International Convention Centre, Durban (University of Natal Audio-Visual Centre, 29 July 2000).

about recollections, and there is often remembering in the very “forgetting” that takes place: “Remembering and forgetting are not opposed and reciprocal programs; they are deeply intertwined ... interest and power run through the entire topography of ‘forgetting.’”⁸⁹ It took the 50th anniversary commemorative event for larger numbers of African alumni to speak out publicly about the particular discriminations they experienced at their alma mater that was qualitatively different to their Indian and Coloured colleagues, and indeed even caused by some of them.

Of course, these memories were not only limited to the past. They burst out because they are very much alive as contentious issues in the present post-apartheid era. Indeed, although students have become more representative and fallen into line with wider demographic population trends,⁹⁰ Africans are still marginalised, especially at higher faculty levels at the medical school.⁹¹ While these feelings may have been silenced or actively “forgotten” in public discourse during apartheid and through the reconciliatory post-apartheid 1990s period, they were not forgotten in private memories. The year 2000 marked the end of public silence around controversial and divisive memories about the Durban medical school’s past. For years, we can imagine, there had been individual “remembering” despite the public “forgetting.”

This paper has focused on some of the deep schisms and contentious issues that centrally influenced the history of the Durban medical school and its students, but which have been silenced in collective memory narratives told about the school. While larger harmonious and celebratory social and discursive frameworks are important influences on many stories that have been produced and told about the history of this institution and its students, alternative memories continued to exist for many years in the minds of individuals. As the case of the 50th anniversary celebration demonstrated, these individual and private memories have the power to erupt into the public domain at certain key historical moments and can potentially undermine the common collective memory narratives told. The past and present are centrally intertwined in shaping how,

⁸⁹ Cohen, *The Combing of History*, xxiv, 22.

⁹⁰ A majority (at least 55%+) of African students have been admitted to the school since 1995 onwards, which reflects this population group’s greater demographic numbers in the South African population. The remainder of spaces is divided between Indian, Coloured and white students.

⁹¹ There have only been a handful of Africans who have headed departments at this medical school, and while being a historically “non-white” medical school, it has never had an African dean. This is not an issue of limited academic ability as during the post-apartheid period, numerous African Durban medical school graduates have achieved these high positions at other medical schools around the country.

when and why people remember different (and often divisive and contentious) aspects of the past.

Analysing contentious individual memories, which counter-pose more common collective memory narratives told about the Durban medical school and its students, are pivotal to better understanding and thus writing about the divergent and much more messy remembered histories of different black medical graduates of the school. Divisive memories around racial inequalities and discrimination, cultural differences and class stratifications produced conflictual educational, social and political experiences amongst the African, Indian and Coloured student body. While some students in Durban sought radical political solutions to apartheid inequalities (with a few even jeopardising their aspirations to become doctors in the process), others were not active politically. This latter group of students tried to stay out of politics and concentrate on their studies as a way to improve their life chances after graduating. They were prepared to settle for professional advancement within the confines of the apartheid state. Still others were prepared to actively collaborate with apartheid institutions and structures to improve their economic options.

Black medical student interactions and political organisation was complicated by class relations and aspirations. These divisions and tensions highlight the complicated history of the Durban medical school, which was both a site of struggle and contradiction. At key moments, student interactions at the Durban medical school could produce commonalities and unity among Africans, Indians and Coloureds in the student body, but also ensured the continuance of deep-divisions and tensions that had a pivotal effect on the continuation of apartheid policies, and continue to influence the Durban medical school in the post-apartheid South Africa.