

Cape Town Municipality

CHAIRMAN: Why do you favour these villages outside your own control? - Because the present system is uncontrolled. First of all, there is no land available.

Why do you want the Native Affairs Department to control them rather than have your own control? - It means increasing our area and our administration and we could not possibly take on more.

DR. ROBERTS: Do you really think that knowing Korsten and New Brighton, the Native Affairs Department could do that reasonably? - No. I have not got sufficient knowledge from the practical point of view to express an opinion, but what I do say is this, that if it is desirable to have Natives near Municipal areas, that seems to me the only way of providing for them and not to permit what is the position at present.

Do you not think that you are raising a very great difficulty there? We have these places like New Brighton which, in the opinion of almost everyone, amount to a "non possumus"? - Yes, there may be that about it. I quite realise there are many difficulties, but it is not practical from our point of view. Whether it is practical outside is a matter for further investigation and for the opinion of those who have made a greater study of the subject. If an area is to be allowed at all, they should be under some control. (Mr. Cooke): It is preferable to what is happening at present. At present, our people can buy land at Windermere and Elsie's River and those places. You go right across and you have a belt of ground being sold on the borders of your City area, not under proper supervision.

Yes, but how can the Native Affairs Department deal

Cape Town Municipality

with that?- That is outside the municipal area, and they are the body to undertake the supervision of places like that. If it is intended to allow Natives to buy ground, it should be under their supervision.

MR. MOSTERT: Is it possible to bring that area within the municipality?- Everything is possible. (Mr. Brinton): It would have to be bought up by the Municipality.

MAJOR ANDERSON: They have the same problem in almost every town of the Union?- Yes.

I suppose these Natives work in the town?- Yes, a lot of them do, and there we have no power of control over them. They can come within the area and work, but we cannot control them if they go out again. (Mr. Cooke): The newcomers come, and they come into Langa and we give them a permit to look for work and we give them free accommodation if they are newcomers, and as soon as they get registered, it does not suit them at Langa and they go and live in the outside area. They live outside and they work in the area.

Is there any control in these outside areas by the Public Health Department?- (Mr. Brinton): No, not by our Public Health Department.

MR. MOSTERT: Are they within each reach of that area -- is it not farther than Langa?- (Mr. Cooke): I can quote you the case of a man, which will give you an idea. He has to walk 500 yards through the sand and then he has to get onto a bus to get to Athlone Station, and from there he goes into town.

So it would appear that Langa is not so far?- No, it is not so far as where these people are now.

At Langa, they have the railway?- Yes, but these

Cape Town Municipality

outside areas are undoubtedly a sore from a different point of view. Here we have the fact that the City Council is responsible for Natives working inside this area, but there you have a Native who comes along, he works here, he gets his money here, but he does not want to be under supervision and he lives in an outside area. There are reasons for that, apart from the rent reason. As you know, they want their liquor and there is a tremendous lot of liquor running going on there.

Then there is another fact. The minute the Native gets sick in these outside areas, he comes in to the town. He knows where to make for. He does not go to the Native Affairs Department, but he comes to us, and the City Council has to pay. We have to nurse them and bury them when they die. (Mr. Brinton): They come in extremis to Mr. Cooke. We had one man who arrived last Friday night. He died within an hour of his arrival, and we do not know anything about him. The result is that the hospital at Langa gets a bad name. You see, these people only come in in that state, when there is nothing more to be done for them.

(Mr. Cooke): My own view is that if power could be given to the City Council to say that all Natives working in the area must reside in an authorised place in the area, that is, in the location or in the hostels, or on the premises of their employers, the situation would be improved. According to the Urban Areas Act, the City Council are compelled to provide for all Natives working in the area---- that is to say, for all Natives normally employed.

MR. MOSTERT: But you have the pressure of those not working in your area ?- Yes, and a lot of these who

Cape Town Municipality

work in the area, but live outside ----.

It is all very well to control those working in the area, but you cannot control those working outside the area ?- That is so.

And you would still have that population ?^(Mr. Brinton) We cannot touch them, but we can touch those who come in every day. There are people who get the benefit of employment in the area and yet are not under our control - those are the people who live outside.

MR. LUCAS: Are Kensington and Windermere in your area ?- No.

CHAIRMAN: How do these people come in ?* Do the bulk of these people work inside Cape Town or outside ?- Oh, the bulk of them work in Cape Town.

SENATOR VAN NIEKERK: But as regards your European population, there are a large number who work in the area of Cape Town, but who live right outside ?- Yes, but you must remember we are not compelled to give them hospital accommodation.

But you are not compelled to do that for the Natives either ?- No, we are not compelled to; not for the Natives who do not work here and who do not live here.

But in practise you have to attend to these people, these people who come to the hospital ?- Yes. Supposing supervision under another authority took place, say, five miles out of the City Council area, and they were so strict that they said, "We are going to have our own location --" you might have hundreds coming in ----.

Your proposal to make it incumbent on anyone working inside the area to live inside the area, would have a very much wider application ?- Yes, but whether it would be

Cape Town Municipality

approved of ----

You would want control over those who live outside the area ?- Yes, say within six miles.

Would you apply the same thing to Europeans ?- I do not know. I am afraid I could not answer that question.

I have a statement here of the arrears of rent, etc., at Langa township, up to the 30th September 1930, shewing the following amounts:-

Main Barracks	£1,478. 1. -
Special quarters	707. 1. 3
Married quarters	1,896.17. 6
Spinsters quarters	-
Eating houses	53. 5. -
General dealers	54. 7. 6
Butcher shops	16. 5. -
Water accounts	4. 6. 8
Stables	<u>10. -</u>
making a total of	<u>£4,210.13.11</u>

I shall put in copies of our estimates of revenue and expenditure and also figures in connection with population at Langa and Kdabeni, shewing revenue received at both these places, and giving whatever other details are in our possession which may be of interest. I also have a statement here giving the number of inhabitants in the various locations, which I shall put in.

The Commission, at this stage, adjourned for lunch, until 2.30 p.m.

Cape Town Municipality
Dr. Higgins

1

On the Commission resuming at 2.30 p.m., the examination of the Representatives of the City of Cape Town was continued.

CHAIRMAN: Perhaps it will be convenient if the Medical Officer of Health were at this stage to make the statement which he has prepared for us in regard to health conditions among Natives at Langa and Ndabeni, and also in the City itself ?- (Dr. Higgins): I have a statement here, Mr. Chairman, in accordance with the request made by you, and it might be best if I were to read it to you before you put any questions to me.

In regard to population, at the Census of 1926, the total Native population of Cape Town and Wynberg (now comprising the extended municipality of the City of Cape Town) was 11,822, of which the Natives in the only location (N'dabeni) made up 5,294, and the Natives living elsewhere in the Municipality 6,528.

The average monthly Native population of the N'dabeni and Langa locations during the year ended 31st March 1931, was 5,368 (N'dabeni 3,581, Langa 1,787), so there are now less Natives in the locations than there were in 1926.

Separate statistics for Natives as a whole in Cape Town are not available, but there are such statistics for the Natives resident in the two locations. These are embodied in the appended extract from my Annual Report for the year ended 30th June 1930.

It should be noted that the death rates must be considered in the light of the age constitution of the populations in the two locations. Both of them consist largely of young adults, which tends to produce a low death rate. The fact that the death rate of Langa is higher than that of N'dabeni is probably accounted for by the fact that there is a greater proportion of young adults at N'dabeni than at Langa. The

infant mortality figures are misleading: for instance, the 19 deaths under one year of age which took place at Langa were probably not restricted to infants born at Langa.

I also enclose a schedule shewing the common causes of death amongst Native children under one year of age.

On the question of non-European vital statistics: generally speaking, the Natives who reside in the Municipality outside of the locations live under the same unfavourable conditions (including housing, sanitation and social and economic conditions),^{as} the poorer type of Cape Coloured people. The non-Europeans in Cape Town and Wynberg at the last census, 1926, exclusive of the location (N'dabeni), comprised Natives 6,528, Asiatics 2,769, and "mixed and other Coloured" 99,630; total 108,927. There were 124,407 Europeans, making a total population of 233,334 (exclusive of the location).

The following are a few salient statistics for the whole Municipality exclusive of the locations of N'dabeni and Langa:-

	European	Non-European	<u>Non-European</u> <u>European</u>	
Birth rate	21.8	48.8	2.2	as great as European.
Death Rate	10.7	24.6	2.3	
Infant mortality rate	60.7	160.0	2.6	
Tuberculosis death rate	0.7	5.0	7.2	

These disparities between the Europeans and non-Europeans are, in my opinion, largely due to social and economic differences between the races. A similar difference is seen in the rates of Europeans of different wards in the City. For instance, over five years 1922 - 1926, the European death rate in the worst ward was twice, and the European infant mortality rate three times, the corresponding figure for the best ward.

Municipal Council
Dr. Higgins.

3

I would say, in regard to specific diseases, there are no industrial diseases conspicuous amongst Natives in Cape Town. So far as other diseases are concerned, the Natives are in a somewhat similar condition to the lowest class of Coloured people in Cape Town.

In regard to the question of the general medical treatment of Natives in Cape Town, the salient point is that the Natives in the two locations are better off in this respect than any other section of the poor. They receive free medical treatment, including not only outpatient treatment, but also, where necessary, home visitation by doctor or nurse, and there is an excellent little modern hospital for their in-patient treatment. Otherwise, all the Natives in Cape Town, including those who do not live in the locations, are in a similar position to the Coloured population. There are no special wards or clinics for Natives either in the General Hospitals or special hospitals, but they are admitted to

Coloured wards or clinics on much the same terms as the Coloured people. I do not know that there are obstacles placed in the way of their admission. So far as the Council work, in regard to infectious disease, tuberculosis and venereal diseases is concerned, the Natives have the same facilities as the rest of the population, and when a suitable case is found, he is sent for treatment at Nelspoort Sanatorium.

Regarding the sanitary state of the locations, I enclose a copy of a report on N'dabeni location, which I submitted in July 1929. It will be seen from this that sanitary conditions generally at N'dabeni are very unsatisfactory and that most of the dwellings there I reported as being insanitary.

At Langa the conditions are in great contrast. The

Cape Town Municipality

roads are well constructed; there is water-borne sewerage and the dwellings are well constructed of brick. I am putting in my statement now on non-European vital statistics for the year 1929/30:-

	<u>City of Cape Town minus locations of Langa and N'dabeni</u>	<u>Native Locations of Langa and N'dabeni</u>
Population	108,120	5810
Infant Mortality Rates	161.91	436.36
Birth Rates	23.67	19.01
<u>Infants (under 1 year)</u>		
Deaths from common causes:-		
Measles	1	-
Scarlet fever	1	-
Whooping Cough	3	6
Diphtheria	2	-
Erysipelas	2	-
Tuberculosis: Meningeal	18	-
do. Abdominal	2	-
do. Other forms	15	-
Syphilis	86	2
Rickets	3	-
Simple meningitis	2	1
Convulsions	17	1
Bronchitis	106	4
Pneumonia (all forms)	129	8
Gastritis	1	-
Diarrhoes and enteritis	251	17
Congenital malformations	21	-
Congenital debility	45	-
Premature birth	140	3
Injury at birth	9	2

Cape Town Municipality

	City of Cape Town	Native Locations
Atelactasis	16	2
Lack of care	2	-
Suffocation	Nil	-
Other causes	<u>76</u>	<u>2</u>
Total	<u>94</u>	<u>48</u>

CHAIRMAN: You say here that over five years, from 1922 to 1926, the death rate in the worst ward was twice and the European infant mortality rate three times the corresponding figure for the best ward ---- I see that you first had "worst" where it should be "best" ?- Yes, these words were transposed. As you read it now is correct.

DR. ROBERTS: Where do the Natives go who work at the Dynamite Factory at Somerset West ?- They have their own hospital there.

Because you know there has been a good deal of complaint about the conditions there ?- I have heard about that.

I take it that we would be able to get the facts from the De Beers Company ?- Yes, they would give you all the information.

MR. LUCAS: Taking Ndabeni and Langa together, infant deaths there would mean children born in one or other of these two ?- Well, I should like to make that clear. There would be a certain number brought in from outside also and then quite a large number would be brought from the one location to the other. I think Mr. Cooke was saying this morning that most of the new inhabitants of Langa do not transfer immediately from Ndabeni, but first of all go elsewhere, and then would probably come back to Langa. (Mr. Cooke): Yes, that is so. (Dr. Higgins): Anyhow, these figures of infantile mortality, if accepted at their face value, would

Cape Town Municipality

be enormous and would be out of proportion to the other mortality statistics. You will see that the figures for tuberculosis are slightly less than the figures for tuberculosis in the non-European portion of the community as a whole. I do not think that does appear, but it is so. I have got that figure. The death rate from tuberculosis from the town as a whole, exclusive of the location, for Europeans, is 0.7, and for non-Europeans 5.0. That compared with 4 in the Native location. Of course, the population is very different. In the one you have a selected population. Of course, as regards tuberculosis, it is more prevalent among the one section of the population than among the other -- it is more among the young people than among the others. That is, 5 per 1000 of persons living.

DR. ROBERTS: Do you consider that that is high or low? - It is very high indeed and so is this other figure 4.3 very high. 5 is seven times the rate which obtains among the Europeans of the town.

Now, do you think that that is a representative figure of the general Native population? - This figure which I have given for the whole non-European population is a representative figure. Our experience over a series of years has been very similar. It must be remembered that these figures for the Native location as in respect of a very small population and I think one might say of a very shifting population.

And, therefore, your ratio might be a very shifting or moving one also? - Yes. In the previous year, it was 2.4, and this year 4.3.

And would the average be about 3.4 or 3.5? - That I could hardly answer. I have not got the figures over a large

Cape Town Municipality

series of years.

CHAIRMAN: In the statement put in by Mr. Cooke, you shew the births and deaths of Ndabeni and Langa for 1930. I should like to know whether that is for the calendar year ?-

(Mr. Cooke): Yes, that is for the calendar year.

And Dr. Higgins' is for the health year ?- (Dr. Higgins): Yes.

That would account for the discrepancies ?- I suppose so.

In the calendar year ---- I notice a very much lower infantile mortality given in the six calendar years than in the health year ?- Is that so.

In the calendar year, there were 123 births and 42 deaths of infants in the two locations together, whereas your infantile mortality rate for the health year is 436 per 1000, which is a good deal higher than the rate would work out on the figures for the calendar year? - Yes, I do not know how that is.

Would that be due to the smallness of the number of cases under observation and the shifting nature of the population ?- Undoubtedly, it must be due to something of the sort. We have not had any epidemics or anything of that sort.In the previous health year, the figure, instead of being 436, was 314.

So it has gone up by over 100 ?- Yes, sir; and apparently, if one takes the calendar year, which is six months later, it would have gone down by that.

In other words, one cannot draw any deductions from these figures ?- No, not for a single figure.

That applies much more to statistics for a small number ---? - Yes, I might lump the figures for a few years for you as far as I can.

Cape Town Municipality

Can you exclude in any way a factor which is introduced by Natives born outside your area being brought in here and dying here before they are one year old ?- No.

I take it that that does happen ?- Yes.

And does the converse happen ~~ix~~ of infants, under one year, being taken away out of your location ?- I daresay that happens, too.

In other words, your Native married population, once it gets down here, sticks ?- (Mr. Cooke): Yes.

So the tendency would be to swell the mortality rates ?- (Dr. Higgins): Yes.

More entrants than departures ?- Yes.

MR. LUCAS: Is the difference likely to be large ?- (Mr. Cooke): No, it would not be large, but if I may say so, in our deaths of adults there are figures here which are put down to the location. I just want to give you an example. A man comes in from outside with some disease or another. He makes for his own people in the location. These men get into the hospital and, if they do not go to the Langa hospital, they might go to the City hospital, but all the same, they are all down to the location, although they are not residents of the location. We had the case of one man who came in on Friday night. That man arrived on Friday night, we do not know where he came from. He was only an hour in the location when he died, before we could do anything for him. Now, that man is put down to the location.

CHAIRMAN: So you have a certain number who should really be transferred out ?- Yes.

MR. MOSTERT: That really falls outside the Municipal population ?- (Mr. Brinton): For statistical purposes, certainly. (Dr. Higgins): Of course, on the other hand, you

Cape Town Municipality

also have people who go away from here sick and die elsewhere, and that pulls in the opposite direction. That applies especially to Natives suffering from tuberculosis. There are a certain type who will not go to a medical man, they prefer to go straight away to their own people to be treated there and to die there often. They go home.

CHAIRMAN: As far as you can see now, Cape Town is likely to be faced with a running deficit on Langa for a long time ?- (Mr. Brinton): I am afraid so, unless, by the putting up of new buildings, we can compensate ourselves in some way for the deficit.

That depends on the transference of the population from Ndabeni to Langa ?- Yes, decidedly.

So, in any case, a number of years will have to elapse before you can get clear with your expenditure, not to speak of losses ?- Yes.

And that will have to be met out of rates. There is no other way of meeting it ?- No.

This, then, means a fairly considerable subsidizing of Native housing as against the housing of other people in the community. That is to say, other people have to subsidize Native housing ?- Yes, I suppose it amounts to that.

In building your location, I think you built is entirely by White contractors ?- Yes, there is a reason for that. I cannot say much on that myself, because I was not on the Council at the time, but I understand that we were compelled to do so, we were compelled to employ European labour.

DR. ROBERTS: Compelled, by whom ?- We were compelled by the Government under the Industrial Conciliation Act. That is a point which is constantly made by Councillors who were on the Council at the time, when the question is put to them, "Why

Cape Town Municipality

did you not use Native labour?"

CHAIRMAN: But what about Coloured labour, was there any Coloured labour used? - I think it comes under the same category.

SENATOR VAN NIEKERK: It was not a class of labour, but the rate of pay? - Yes.

CHAIRMAN: As a matter of fact, was not Coloured labour used? - (Mr. Cooke): Yes.

Skilled workers? - Yes.

What was the predominant labour that was used, European or Coloured? - Coloured, I should say; all skilled, of course.

But the high cost is due to the high rates of pay that were in force then? - Yes.

Now, that brings the City Council to the position that owing to the use of that labour, the place was over-capitalised at the beginning and, therefore, over a long series of years, they will have to pay a subsidy towards the township? - (Mr. Brinton): Except this, that we have written off £97,000 in the way of streets and drainage. We were entitled to charge it against the township under the Act, and approved of by the Minister. We have spent the money, but it was written off.

Therefore, the Borough rates will have to find the money somehow? - Yes.

But the writing off does not change the fact that it is a levy on your rates? - It is not a continuing levy because it is not charged against Native Affairs any more. Our sinking fund charges on the original capital expended, £238,000, was £14,171 per annum. That charge is now £8,469.

Instead of paying so much per year, you paid so much of the capital sum in the beginning when you wrote it off? - Yes.

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