

African Herbalists & "Witch-doctors"

NOTE

I spoke to Mr. Uys of the General Section, Dept. of Native Affairs (Tel. 2-6421, Ext 120) about the position of African Herbalists & "Witchdoctors" in T.V.L., C.P. & O.F.S. (see File for Natal).

Position seems to be as follows:

1. They are prohibited from practising, in terms of the Medical, Dental & Pharmacy Act, 1928.
2. They may, however, sell herbs if they have the necessary licence (either trader's or general dealer's licence - obtainable from the Receiver of Revenue).
3. However, they must have the necessary permission - registration, etc. - to be in an Urban area.

J. Frankel
20/8/57

*Cabinet
file*

FEB. 28 - 1964.

The Hon. the Minister of Bantu
Administration and Development,
House of Assembly,
CAPE TOWN.

Dear Mr. de Wet Nel,

BANTU LAWS AMENDMENT BILL OF 1964.

While the Institute realises that there is a wide divergence in principle between the Government's objectives and those in which the Institute itself believes as being conducive to greater racial harmony and to the peaceful and prosperous development of the country, it nevertheless urges the Government to mitigate hardship and obviate human suffering by amending the Bill in the ways suggested below and reassessing the implications of certain of the proposed changes in the law.

1. Having studied the Bantu Laws Amendment Bill of 1964, the Institute considers that, while there are some welcome omissions of clauses contained in the 1963 Bill, to which the Institute together with many other bodies raised the strongest objections, the motive of the present Bill remains the same as that of 1963. Its general effect will be to increase controls over the presence and employment of Africans throughout all parts of the Republic outside the Reserves, to leave them with no enforceable rights of movement, employment and residence, to direct rather than to guide labour, and gravely to restrict the rights of urban Africans to live under conditions of family life.
2. The Institute expresses its deep regret and concern at this manifestation of Government policy because it is convinced that by its contemplated actions the Government will cause a further deterioration of race relations and by imperilling the security of the majority of Africans imperil the security of all peoples in the Republic.

The Hon. the Minister of Bantu
Administration and Development.

3. The Institute draws attention in particular to the additional powers with which the Government proposes to assume over Africans who under present legislation (Section 10 (1) (a), (b) and (c) of Act 25 of 1945) have acquired the right to reside in an urban area. The Bill (Clause 8, proposed new Section 21 ter (8) and (9) in Labour Regulation Act, and Clause 48) lays down the new provision that such Africans who have domiciliary rights in a prescribed area will require permission from a labour bureau to enter into or be in employment. Refusal by a labour bureau to register their contract of service or cancellation by a bureau of an existing contract service can, if the order is confirmed by the Chief Bantu Affairs Commissioner, entail their being ordered to remove from the town. The very introduction of this provision nullifies the value hitherto attributed to acquiring residential qualifications and seriously undermines the security of Africans with these qualifications.
4. The Institute regrets this deeply. It is of opinion that in addition to undermining security, it will heighten instability, discourage Africans from acquiring that sense of belonging to a community which is essential to the development of ordered social life, and inhibit the growth of an African middle class. The Institute is convinced that this middle class, demonstrably desirous of adopting Western standards and values, can play a decisive role in tempering and moderating extremist nationalism. By embittering this middle class, as the proposed legislation will undoubtedly do, the Government will alienate that section of Africans whose sound development and support are essential to the peaceful progress of the Republic.
5. The position of the dependants of Africans with urban residential qualifications has become increasingly ambiguous over the years. When the provisions relating to the right to be in an urban area were introduced in 1952, the wife, unmarried daughter, and minor son

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Administration and Development.

of a qualified African were entitled to remain in that area. A subsequent amendment provided that this right applies only if such dependant "ordinarily resides with that native". This provision has been differently interpreted by different local authorities and has in certain towns been interpreted to mean that unless a wife was resident with her husband from the time these influx control provisions came into force or qualified in her own right, she could be refused permission to be in the town or to enter the town to join her husband. The proposed amendment in the present Bill (Clause 47) provides that if such dependant "after lawful entry into such prescribed area, ordinarily resides with that Bantu in such area" the dependent will qualify to remain in the town. The White Paper states "that the proposed amendment sets out more clearly that before such qualification is acquired, that wife or child must normally reside with that Bantu in that prescribed area and furthermore that the wife or child must initially have entered that prescribed area lawfully".

6. The Institute submits that the proposed amendment does not, as suggested by the White Paper, clarify the position. The White Paper seems to imply that a dependant must reside with a qualified African before becoming qualified to do so. This cannot be intended. The amendment itself does not alter the existing position which, as already stated, is ambiguous, beyond stipulating that entry must be lawful. It does not make it clear, for instance, that an unmarried man qualified to remain in a prescribed area is entitled to marry a woman from outside that prescribed area and thereupon have her reside with him. It does not make it clear that the wife and children of a man who have been living outside the prescribed area are entitled to join him in that area once he acquires residential qualifications. In view of these difficulties and ambiguities, which allow of differing interpretations and open the way to the exercise of arbitrary discretion by officials, the Institute

The Hon. the Minister of Bantu
Administration and Development.

requests that the words "and after lawful entry into such prescribed area, ordinarily resides with that Bantu in such area" be deleted. Sub-section 10 (1) (a) and (b) of Act 25 of 1945 would then clearly mean that the wife or child of a qualified African has the right to be with him in the prescribed area. The tenuousness of marital bonds and instability of family life are already grave social problems in the creation of which the system of migratory labour has been a major contributory cause. While the amendment now under discussion applies only to one section of the 3½ million Africans in urban areas, and cannot therefore be regarded as dealing with the major problem of disruption of family life in general, the Institute stresses the necessity for refraining from placing further obstacles in the way of maintaining family life within at least this one group.

7. In terms of Clause 8 (proposed new Section 21 ter (6) (b) (vi) in Labour Regulation Act) a labour officer, with the approval of the Secretary of Bantu Administration and Development, may refuse to sanction the employment of an African or cancel the service contract if he considers that this service contract is not in the public interest. The provision constitutes gross interference with the right of employers and employees to manage their own affairs and enter into contractual relationships. Furthermore, it lends itself to abuse, particularly to the dangers of corruption and victimization. The Institute urges that this clause be deleted.
8. The Institute notes the new grounds on which Africans may be deemed to be "idle" or "undesirable", and, particularly, the fact that it is proposed that Africans who qualify to remain in a prescribed area may be dealt with under this Section, possibly thus forfeiting their residential rights. It urges that these provisions be deleted. (Clause 61).
9. It is stated in the White Paper that the proposed aid centres "will be no goals and a Bantu will not be

The Hon. the Minister of Bantu
Administration and Development.

compulsorily detained therein". The accuracy of this statement appears to be doubtful in view of the fact that arrested persons may be taken to such centres and that courts may be held there. (Clause 12, proposed new Section 28 ter in Labour Regulation Act).

10. The Institute reiterates its opposition to the proposed exclusion of all African traders, including hawkers and pedlars, from prescribed areas outside Bantu residential areas. (Clause 31). It submits that exclusive trading rights granted to Africans in Bantu residential areas are not the equivalent of trading rights granted to Whites in White suburbs. It reiterates its opinion that the commercial and industrial sections of the town should be open to all racial groups, for it is in these areas that persons of all racial groups conduct the bulk of their business.
11. The Institute notes that it is proposed to deprive all farm workers, including full-time employees, labour tenants and their dependants, of any security of employment and residence. It views with particular alarm the proposed provision enabling the authorities to issue a second removal order to an African convicted of being in an area unlawfully if, on arrival at the first place to which he has been removed, the Bantu Affairs Commissioner considers that there is no suitable accommodation for him there, or that he has no proper employment within a reasonable distance of the place concerned. (Clause 20, proposed new Section 26 bis (7) in Trust and Land Act. Also Clauses 23 to 35).
12. The Institute welcomes the suggestion that unqualified "pass consultants" should be prevented from practising for reward. It nevertheless trusts that the Minister will make it clear that the presumption contained in Clause 73 (proposed new Section 43 sept in Urban Areas Act) will not have the effect of depriving Africans of the advice and assistance at

The Hon. the Minister of Bantu
Administration and Development.

present given to them free of any charge whatsoever by the Institute or by a non-profit making organisation registered as such under any law for the time being enforced, or by any other recognised voluntary organisation acting solely on compassionate grounds.

13. The Institute is perturbed over the proposal that it should no longer be obligatory for the Government to consult with every tribe or community concerned before establishing a Bantu Authority (Clause 78). This would be a regrettable departure from previous practice.

We shall be very grateful if you will give consideration to these points.

Yours sincerely,

Quintin Whyte
Director

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(Mr. Drummond)
Legacy.

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Tabled.

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14 August 1969.

The Secretary,
 Department of Bantu Administration and
 Development,
 P.O. Box 384,
PRETORIA.

Dear Sir,

In the Johannesburg Star of 13 August 1969
 a report appeared about a circular sent to mun-
 icipalities and others on the provision of consulting
 rooms in African townships for non-White doctors.
 I shall be very grateful if you could send me a
 copy.

Yours sincerely,

Quintin Whyte
DIRECTOR.

St. 13/8/69

“No rooms for urban African doctors”

THE Department of Bantu Administration says that non-White doctors and other professional men should not be granted consulting rooms and offices in urban African townships because such communities were in White areas.

These professional services should be done by Whites in accordance with policy.

This information is contained in a circular sent last month from the office of the Secretary of the Department of Bantu Administration to Bantu Affairs commissioners, local authorities, magistrates and directors of territorial authority services throughout the country, including the Transkei and South West Africa.

To give consulting room and office facilities in urban African residential areas to non-White medical practitioners and other professional persons is, states the circular, to act in conflict with policy.

Local authorities and other bodies, to whom the circular has been addressed, are asked to ensure that professional non-Whites offer their services in the Bantu homelands.

The circular states: “It has come to the notice of the Department (of Bantu Administration) that certain local authorities, in conflict with policy, grant consulting rooms and offices in urban Bantu residential areas to non-European medical practitioners and other non-European professional persons.

“It should be borne in mind that urban Bantu residential areas, although set aside for the purpose of occupation by Bantu, are situated in White areas and taking into consideration the application of the principles of the policy of separate development, it follows that each national unit should be served by its own people in its respective homeland.

9.8.69

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RR. 99/69
RM. 18/8/69.

SOUTH AFRICAN INSTITUTE OF RACE RELATIONS (INC.)
SUID-AFRIKAANSE INSTITUUT VIR RASSEVERHOUDINGS (INGELYF)

J.E

STATEMENT FOR EVENING POST, JOHANNESBURG.

The extrusion of Africans from what may be de jure, but hardly de facto, "white" areas has been a gradual process. Many years ago we were assured that, should Africans be forced, as they were, to give up the running of eating houses in "white" areas, for example, in central Johannesburg, they would have all facilities to run them and all other kinds of businesses in African townships. Then African lawyers were told that they could not have rooms in "white" areas. In neither case were Soweto or any other African township regarded as "white" areas. Now, however, they have become "white" areas and non-white doctors are not to be allowed to have consulting rooms there: Whites are to dispossess non-white professional people. Or is it still possible for non-Whites to operate from their homes?

African initiative and enterprise in townships have already been constricted by the limitations imposed on shop ownership and commercial enterprise. No more garages and laundries; no owning of more than one shop; no chain stores; no opening up of businesses in other townships in the country. And now no consulting rooms; and, of course, no old age homes; no commercial colleges; no teacher training colleges; no more high schools, in urban ("white") African townships. And if primary schools are wanted, the municipalities and the Africans must find money themselves but from African pockets. How far can fanatical devotion to a white derived ideology go in its drive towards an unrealisable end?

How can the municipalities ensure that professional non-whites offer their services in the Bantu homelands? Must professional social welfare workers, for example, do social welfare work by telepathy from their respective homelands?

I hope that the "white" medical profession will discuss with the government the ability of that section of the profession to provide adequate medical services needed in African townships.

I only have a news report to go on, but if correctly reported, it is virtually unbelievable.

QUINTIN WHYTE.

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B.A. 284.

Telegrafiese Adres }
Telegraphic Address } "BANTU"

No. A. 12/1



Posbus }
P.O. Box } 384.

REPUBLIEK VAN SUID-AFRIKA.—REPUBLIC OF SOUTH AFRICA.

DEPARTEMENT VAN BANTOE-ADMINISTRASIE
EN -ONTWIKKELING,
DEPARTMENT OF BANTU ADMINISTRATION
AND DEVELOPMENT,
PRETORIA.

Enq. : Mr. Lötter.
Tel. : 39711 - 272.

5-9-1969
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The Director,
S.A. Institute of Race Relations,
P.O. Box 97,
JOHANNESBURG.

Sir,

URBAN BANTU RESIDENTIAL AREAS : CONSULTING ROOMS FOR
NON-WHITE DOCTORS : YOUR LETTER OF 14 AUGUST 1969.

1. The Department's circulars to local authorities are not made available to organisations or individuals. I, however, subjoin for the information of your Institute the Department's policy in this connection.
2. The Bantu national units have their own homelands in the Republic and bantu are consequently only permitted to be in the White areas for the purpose of offering their labour. Although urban bantu residential areas are set aside for occupation by bantu, they are situated in the White areas and form part and parcel thereof.
3. The Government's policy of separate development requires that each national unit should be served by its own people in its respective homeland or proclaimed group area. It, therefore, follows that non-white medical practitioners and professionals should practice amongst their own people.
4. The establishment of bantu townships, hospitals and clinics on a large scale in the bantu homelands and the general development of such homelands have created excellent opportunities for bantu medical practitioners and professional bantu.
5. The Department has consequently accepted a policy that non-whites who render professional services should not be granted consulting rooms and office accommodation in urban bantu residential areas. It is not the intention to take away existing rights, but bantu medical practitioners and professional bantu should, by way of persuasion, be activated to establish themselves amongst their own people in the

homelands.

6. Professional services including that of medical practitioners in urban bantu residential areas, being part of the White area, should, therefore, be rendered by Whites. As in the past, these medical practitioners will require ministerial approval in terms of section 42(f) of the Bantu(Urban Areas) Consolidation Act, No. 25 of 1945, to rent consulting rooms in urban bantu residential areas.

Yours faithfully,


SECRETARY FOR BANTU ADMINISTRATION
AND DEVELOPMENT.

C O P Y

17 September 1969.

The Secretary,
The Medical Association of South Africa,
3 St. David's Place,
Parktown,
JOHANNESBURG.

Dear Sir,

You will have read in the Press that the Department of Bantu Administration and Development has issued a circular directing that municipalities do not provide consulting rooms for non-white doctors and other professional people in African townships and asking that doctors already practising there be persuaded to go to the homelands. The circular defines such townships as "white" areas and says that white doctors and professional people should provide services.

While the Institute would like to see a more even distribution of medical services throughout the country, it finds it difficult to see how white doctors and professional people will be able to provide adequate services, e.g. in Soweto with its 700,000 - 800,000 inhabitants.

When one looks at the population projections to the year 2000 A.D. and realises the extent of existing demand for professional and technically qualified personnel in many fields in South Africa, one wonders whether the medical profession can see itself doubling and trebling in the next 30 years in order to maintain the present ratio of doctors to inhabitants.

It would appear to the Institute that there will be the greatest need for the training of African and other non-Europeans if future needs are to be met. The Institute is aware of the cost and the difficulties involved but feels that deliberate planning should take place now. It is becoming increasingly obvious that the white population cannot supply all the skilled manpower needs of

The Secretary,
The Medical Association of South Africa 17 September 1969

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the country,

These matters are probably very much in the mind of your Association and we hope that it will pursue these matters with the Government.

Yours sincerely,

Quintin Whyte
DIRECTOR.

Statement

I have now seen a copy of the circular sent to urban local authorities about consulting rooms and offices for non-European doctors and other non-European professional persons in urban Bantu residential areas.

It specifically states that professional services in urban Bantu residential areas should be rendered by whites, that non-Europeans be not granted consulting rooms and office accommodation, and that Bantu presently legally exercising such rights be allowed to continue, but every effort should be made to get them to move to the homelands.

These and other measures constitute pressures by the Government to secure the implementation of its policy for which it claims acceptance by Africans. If the homelands are as attractive as glowing speeches make out why must there be this pressure?

Africans were told that they must serve their own people in their own areas. "Their own people" are now only the people in the homelands, and the 700-800,000 people of the southern townships of Johannesburg and 1000's in other white urban areas are apparently not "their own people". White people must now serve the African population in urban areas.

With the shortage of manpower of all kinds, how is the white population going to do what this circular so confidently requires? After all, Soweto and other townships will be with us for many years, to say the least. Do we have enough white doctors, dentists, pharmacists, social workers, and midwives, lawyers, to give professional services to all the increasing millions of Africans who live in our urban areas?

Dr. Erick Leistner has calculated that by the year 2000 A.D. our African peoples will number 30 million, of whom not more than 9 million are likely to be in the homelands. Will the white professions be able to serve the remaining 20 million as well as the white population?

A man may believe in any race relations policy he pleases - but he cannot escape the hard fact that what is required today is a dynamic programme of education and training of non-Europeans. We must face the brute realities of a rapidly expanding economy and an increasing population. White skills are spread quite thinly enough today. White skills will not be able to cope in the year 2000 A.D. - which is only 30 years away. So let's be realistic. We have no choice but to plan today to meet the real needs of tomorrow.

Telegrafiese Adres }
Telegraphic Address } "BANTU"

Posbus }
P.O. Box } 384.



REPUBLIEK VAN SUID-AFRIKA.—REPUBLIC OF SOUTH AFRICA.

23 OCT 1969 B.A. 284.

No. A 12/1.

DEPARTEMENT VAN BANTOE-ADMINISTRASIE
EN -ONTWIKKELING,

DEPARTMENT OF BANTU ADMINISTRATION
AND DEVELOPMENT,

PRETORIA.

20-10-1969

Tel. 39711 - 463.
Enq.: A.M.J. van Rensburg.

The Director,
South African Institute of Race Relations,
P.O. Box 97,
JOHANNESBURG.

Sir,

I have to acknowledge the receipt of your
letter of the 16th September 1969, the contents of which
have been noted.

Yours faithfully,

M. J. van Rensburg
SECRETARY FOR BANTU ADMINISTRATION AND DEVELOPMENT.

23 OCT 1969

Tel. 39711 - 463.
Enq.: A.M.J. van Rensburg.

20 -10- 1969

The Director,
South African Institute of Race Relations,
P.O. Box 97,
JOHANNESBURG.

Sir,

I have to acknowledge the receipt of your
letter of the 16th September 1969, the contents of which
have been noted.

Yours faithfully,

M. G. LÖTTER

SECRETARY FOR BANTU ADMINISTRATION AND DEVELOPMENT.

The Secretary,
Bantu Administration and Development,
P.O. Box 384,
PRETORIA.

Dear Sir,

I write to thank you for your letter A12/1 of September 1969, on the matter of consulting rooms for non-white doctors. Our great concern is the ability of white doctors and other professional people to serve large and increasing Bantu communities in urban areas. As far as I can make out, to maintain the present ratio of doctors to inhabitants, the next 30 years would have to see a doubling or trebling of the number of doctors practising. I refer to the Report of the Commission of Inquiry into High Cost of Medical Services and Medicines (RP. No. 59/1962), and to the population projections contained in the 1968 Report of the S.A. Bureau of Statistics.

The Institute is further concerned.

Towards the end of 1955 the Institute wrote to the Secretary for Native Affairs in connection with the Department's instruction (District file No. 9/6/2) which required municipalities to ensure that Africans occupying business sites in areas outside those set aside for Native occupation were removed. The then Secretary replied to the effect that the Bantu would henceforth be obtaining an exclusive monopoly to cater for his own people in the separate self-contained townships set aside for them and emphasized that there were areas in which provision "is made for practically every possible type of human activity". I submit that this has opened up to them a field of unlimited opportunity". He went on to refer to the protection from exploitation and competition that this would give the Bantu in the urban townships.

Then, in 1963, a circular No. A12/1 - A8/1, 14 February 1963, was directed to local authorities which completely reversed this policy. It stated that existing dry-cleaners, garages, petrol filling stations and other "non-essential" businesses might be allowed to continue until opportunity arose to close them or persuade the owners to transfer to the homelands. It stated, too,

16 September 1969.

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that the carrying on of more than one business by any African trader must not be allowed. It stated that where the needs of Bantu in townships could be satisfied by businesses in white business areas, there was no reason for the establishment of trading concerns in urban Bantu locations.

In August 1966 the Institute again wrote on the same matter and drew attention to the June issue of BANTU (p. 179).

In 1968, the Institute wrote on the abolition of the right of urban Africans to own houses.

And now it is the expressed intention of the government to exclude non-European doctors and other professional people from African townships. When there is added to this the suggestion of a pending abolition of rights under Section 10 of the Urban Areas Consolidation Act contained in the Bantu Boards Administration Bill, it will be appreciated that the Bantu people in urban areas are far from developing a frame of mind conducive to accepting and venturing into their officially-planned future.

The Institute has advocated for many years the rapid development of our under-developed areas for it considered it desirable to have some balance between town and country and some decentralisation. Since its establishment it has been highly aware of the medical and other needs of rural areas and its own way has tried to help. But this measure of agreement with government aims as they are at present does not preclude dissatisfaction and concern regarding what seem to be inadequacies in the implementation of official policy. First, for example, while the Institute would be happy to see a greater and more even spread of medical and other services, it feels that what is required immediately is a dynamic and maybe expensive programme of education and training.

Secondly, we feel that African doctors and others would have to have real assurance that the facilities are available in the homelands to enable them to earn a livelihood comparable with that possible in urban areas.

And to bring the matter down to realities, - what happens in cases of emergency at night with no resident doctors on call in the townships.

Yours sincerely,

Quintin Whyte
DIRECTOR.

30 September 1969.

Dr. A.H. Smith,
The Medical Officer of Health,
Department of Health,
18 Hoek Street,
JOHANNESBURG.

Dear Dr. Smith,

The Institute has been very perturbed by the circular which the Department of Bantu Administration and Development sent to local authorities recently about the provision of consulting rooms for Bantu doctors and professional people in the urban Bantu townships. I enclose a statement issued to the press and, for your personal information, a copy of a letter sent to me by the Secretary for Bantu Administration and Development. I have also written to the Secretary of the Medical Association of South Africa to find out the reactions of the medical profession.

In light of the nature of Soweto, the present South African ratio of doctors to inhabitants, and the need for emergency services, e.g. at night, do you think it is feasible for the white section of the medical profession to provide all the medical doctor services of the 700 - 800,000 people of Soweto? According to information supplied in December last year by the municipality, there were 11 Bantu doctors and 11 white doctors in private practice in Soweto, with other 5 applications from Coloured, Asiatic, White, and Chinese pending. At the same date, I understand that the City Health Department employed no African doctors, only one part-time African dentist, and one Coloured doctor in Moroka.

The Institute find it difficult to see how the white section of the profession can extend itself satisfactorily to cover Soweto adequately and it would be glad to know your views and those of the City Council which has such enormous responsibilities for its citizens in Soweto. I will, of course, treat this as confidential should you so wish.

Yours sincerely,

Quintin Whyte
DIRECTOR.

Handwritten: B.H. attach to copy with MB?

Die Mediese Vereniging van Suid-Afrika

Geaffilieer met die Britse Mediese Vereniging
en die Kanadese Mediese Vereniging
Lid van die Mediese Vereniging van die Wêreld



The Medical Association of South Africa

Affiliated to the British Medical Association
and the Canadian Medical Association
Member of the World Medical Association

PERMANENT-GEBOU, PAUL KRUGERSTRAAT, PRETORIA
TELEGRAMME: „SERPENT” PRETORIA
POSBUS 1521, PRETORIA TELEPHONE: 2-7735, 3-2455

PERMANENT BUILDINGS, PAUL KRUGER STREET, PRETORIA
TELEGRAMS: "SERPENT" PRETORIA
P.O. BOX 1521, PRETORIA TELEPHONES: 2-7735, 3-2455

2 October, 1969.

1-6 OCT 1969

The Director,
South African Institute of Race Relations,
P.O. Box 97,
JOHANNESBURG.

Dear Sir,

A copy of your letter dated 17 September, addressed to the Secretary of the Southern Transvaal Branch of the Medical Association of South Africa, has been forwarded to me for attention.

The Medical Association of South Africa is not only aware of the circular issued by the Department of Bantu Administration and Development directing municipalities not to provide further consulting rooms for non-white doctors and other professional people in African townships, but this matter has also been referred to the Association's Parliamentary Committee who have studied all the implications, and will bring this to the notice of the Cabinet Minister concerned.

Regarding the last two paragraphs of your letter relating to planning, I will bring this to the notice of the Secretary of the Medical Association.

Yours faithfully,

J.W. Esterhuizen.
INFORMATION OFFICER.

Alle mededeling moe aan die
STADSGENEESHEER gerig word.

All communications to be addressed to
THE MEDICAL OFFICER OF HEALTH

STAD JOHANNESBURG
STADSGESONDHEIDSAFDELING

3 NOV 1969

CITY OF JOHANNESBURG
CITY HEALTH DEPARTMENT

HOEKSTRAAT 18,
JOHANNESBURG.
POSBUS 1477
TELEFOON 28-1363

18 HOEK STREET,
JOHANNESBURG.
P.O. Box 1477
TELEPHONE 28-1363



Spreek asseblief/Please ask for

U verw. _____

Your ref. _____

Ons verw. _____

Our ref. 13/27

Director,
South African Institute of Race Relations,
P. O. Box 97,
JOHANNESBURG.

30. 10. 1969

Dear Sir,

Your letter dated 30th September 1969 refers.

It is extremely difficult to assess the actual medical cover available to the Bantu in Soweto as well as the ideal requirements for medical cover for this population.

One of the factors which must be taken into account is that of night communication and transportation. As you are aware very few homes in Soweto have a telephone with the result that individuals are disinclined to venture into the streets at night to call their doctors after normal working hours. General practitioners practising in Soweto do not, as a general rule, draw their clientele from the immediate residential area, but have a following drawn from the whole area with the result that whether the doctor is resident in Soweto or not he is relatively inaccessible to his patients at night.

The Council also provides a 24-hour domiciliary midwifery service for the whole of Soweto excluding Meadowlands, Diepkloof and that area served by Tladi Provincial Clinic. This service relieves the general practitioner of a considerable number of midwifery calls after hours. The Municipal Clinics, of which there are six in Soweto, offer full medical services during normal office hours and a nursing service for the remaining hours of the day and night. Should a patient be brought to the Clinic in need of medical attention, an ambulance is summoned to transport the patient to hospital. The Baragwanath Hospital also offers a 24-hour service.

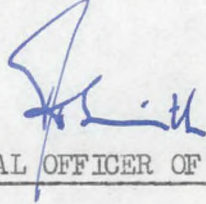
It is also difficult to assess the number of doctors serving this population in view of the fact that many of the residents of Soweto make use of the services of doctors in town or of the specialised service provided at Baragwanath Hospital. Our estimate is that that medical cover for the whole of Johannesburg, in terms of general practitioners, is 7.5 per 10,000 of the population. In Soweto there are 27 general practitioners and approximately 27 medical officers employed by the Province and the City Council providing general practitioner services (this figure is for the area under the control of Johannesburg City Council only). The medical cover is thus approximately 1.3 per 10,000 of the population. This does not include the medical practitioners stationed at the Baragwanath Hospital, who also serve this population, nor does it take into account the use of general practitioners consulting in the city area.

Using the most recent available figures of world distribution of medical practitioners, one can only estimate the number of general practitioners by the empiric formula of 3 general practitioners to 1 specialist.

It is

It is interesting to note that countries such as the United Kingdom, Australia and France have 7.5 general practitioners per 10,000 of the population. Czechoslovakia, Denmark, Israel and Norway have 8 or more general practitioners per 10,000 of the population, while Rhodesia, Malawi and Tanzania have 0.6 or fewer general practitioners per 10,000 of the population.

Yours faithfully,



MEDICAL OFFICER OF HEALTH.

SOUTH AFRICAN INSTITUTE OF RACE RELATIONS

HEAD OFFICE: AUDEN HOUSE, 68 DE KORTE STREET, JOHANNESBURG
REGIONAL OFFICES AND BRANCHES IN
CAPE TOWN, DURBAN, EAST LONDON, GRAHAMSTOWN, PIETERMARITZBURG AND PRETORIA

PRESIDENT: PROFESSOR I. D. MACGRONE
DIRECTOR: QUINTIN WHYTE

P.O. BOX 97, JOHANNESBURG
TELEGRAMS: UBUNTU
TELEPHONE 724-4441

ALL COMMUNICATIONS
TO THE DIRECTOR.

9 September 1969.

The Secretary,
Bantu Administration and Development,
P.O. Box 384,
PRETORIA.

Dear Sir,

I write to thank you for your letter A12/1 of 5 September 1969 on the matter of consulting rooms for non-White doctors. Our great concern is the ability of white doctors and other professional people to serve large and increasing Bantu communities in urban areas. As far as I can make out, to maintain the present ratio of doctors to inhabitants, the next 30 years would have to see a doubling or trebling of the number of doctors practising. I refer to the Report of the ^{Commission of} ~~Medical Training~~, 1962, to the population projections contained in the 1967 Report of the ^{S.A.} Bureau of Statistics.

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*Inquiry
into High
Cost of
Medical Services &
Medicines
RP No 59/62*

The Institute is further concerned.

Towards the end of 1955 the Institute wrote to the Secretary for Native Affairs in connection with the Department's instruction (District file No. N/9/6/2) which required municipalities to ensure that Africans occupying business sites in areas outside those set aside for Native occupation. The then Secretary replied to the effect that the Bantu would henceforth be obtaining an exclusive monopoly to cater for his own people in the separate self-contained areas set aside for them and emphasized that there were areas in which provision "is made for practically every possible type of human activity. I submit that this has opened up to them a field of unlimited opportunity". He went on to refer to protection from the exploitation and competition that this would give the Bantu in the urban townships.

were removed

12/11

A 12/1 - A 8/1

Then, in 1963, a circular No. A/12/168/8/1, 14 February, 1963, was directed to local authorities which completely reversed this policy. It stated that existing dry-cleaners, garages, petrol filling stations and other "non-essential" businesses might be allowed to continue until opportunity arose to close them or persuade the

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Secondly, we feel that African doctors
often would have to have real
assurance that the facilities are available ^{in the} ~~in the~~ ^{homelands}
to enable them to earn a livelihood
comparable ^{with} ~~to~~ that possible in urban
areas

Y

Handwritten notes:
D.H. + ...
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Handwritten: m/b G.P.E.

Stamp: - 3 OCT 1969

Die Mediese Vereniging van Suid-Afrika

The Medical Association of South Africa



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P.O. Box 10102

25th September 1969.

Mr. Quintin Whyte,
Director,
S.A. Institute of Race Relations,
P.O. Box 97,
Johannesburg.

Dear Sir,

Thank you for your letter of the 17th September, regarding a circular from the Department of Bantu Administration and Development.

We feel that this is a matter which concerns the whole of South Africa, and not merely the Johannesburg area, and we have accordingly sent a copy of your letter to our Head Office in Pretoria, for the attention of our Information Officer, Mr. J.W. Esterhuizen.

We have asked Mr. Esterhuizen if he will reply to you direct, and you will no doubt be hearing from him in due course.

Yours faithfully,

R. POLAKOW
HON. SECRETARY.

RP/WP

G.P.R.

17 September 1969.

The Secretary,
The Medical Association of South Africa,
3 St. David's Place,
Parktown,
JOHANNESBURG.

Dear Sir,

You will have read in the Press that the Department of Bantu Administration and Development has issued a circular directing that municipalities do not provide consulting rooms for non-white doctors and other professional people in African townships and asking that doctors already practising there be persuaded to go to the homelands. The circular defines such townships as "white" areas and says that white doctors and professional people should provide services.

While the Institute would like to see a more even distribution of medical services throughout the country, it finds it difficult to see how white doctors and professional people will be able to provide adequate services, e.g. in Soweto with its 700,000 - 800,000 inhabitants.

When one looks at the population projections to the year 2000 A.D. and realises the extent of existing demand for professional and technically qualified personnel in many fields in South Africa, one wonders whether the medical profession can see itself doubling and trebling in the next 30 years in order to maintain the present ratio of doctors to inhabitants.

It would appear to the Institute that there will be the greatest need for the training of African and other non-Europeans if future needs are to be met. The Institute is aware of the cost and the difficulties involved but feels that deliberate planning should take place now. It is becoming increasingly obvious that the white population cannot supply all the skilled manpower needs of

The Secretary,
The Medical Association of South Africa 17 September 1969

- 2 -

the country.

These matters are probably very much in the mind of your Association and we hope that it will pursue these matters with the Government.

Yours sincerely,

Quintin Whyte
DIRECTOR.

C/A/4/1

14 November 1969.

Mr. M.A. Hough,
P.O. Box 4587,
JOHANNESBURG.

Dear Mike,

Enclosed is a copy of a letter from the
Medical Officer of Health for information.
The M.O.H., Dr. Smith, will see us on Monday,
24, at 2.15 at 13 Hoek Street.

Yours sincerely,

Quintin Whyte.

14 November 1969.

Mrs. Felicia Kentridge,
72 Houghton Drive,
Houghton,
JOHANNESBURG.

Dear Felicia,

Enclosed is a copy of a letter
from the Medical Officer of Health for
information. The M.O.H., Dr. Smith, will
see us on Monday 24, at 2.15 at 18 Hoek
Street.

Yours sincerely,

Quintin Whyte.

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