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University Of N atal

M edical Studentst Representative Council

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Cde Nelson Mandela

May I extend warm greetings fram students of University of Natal Medi-
cal School.

We are writing to you to inform you of the official
position of our student body regarding the status of our 'Blacks only'
Medical School and our position on admission of 'white students to this
Faculty.

We are prompted to write to you on the eve of ycur honourable presence
at the official opening ceremony of Albert Luthuli Residence. We are
concerned that you might be asked to comment on this issue by the Ad-
ministr tion, without the knowledge of our student body's position on
the said issue.

At present, there are waves by tha Administration to reverse this
policy - which starkly contradicts with the stand by students. it is
at this juncture that we farvard to ycu this memorandum which
highlights the historical and present day realities of our institution
as regarding its Blacks-only admissions policy.

Yours sincerely

Maidi Teffo

PRESIDENT - MSRC

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In 1951, by government order, the UND Medical School was established for the benefit of the African, Coloured and Indian students and was therefore exclusively non-white despite mild opposition from the University itself.

In 1957, the Separate Education Bill legislated for UND to relinquish control over the Medical School so that under government control it could drive out its Black students from an institution (Med. School) which they then realized was an anomaly in a White institution, seen against the blueprint of apartheid education.

The University proved ineffective to persuade the government to withdraw this move. The result was a 5 week boycott by students and the threat of en masse resignation by staff and other intense protests.

. The government succumbed and withdrew this proposal.

In 1976 Medunsa was established for Africans. The government then ruled that African students are to be phased out of UND Medical School to Medunsa and Coloured and Indian students were to follow when alternatives were available for them. Another indirect move the government adopted to effect the same diabolical move was an amendment to the Universities Act of 1957 (gazetted 16/3/79) that state bursaries and interest free loans be offered to all students in South African universities except those attending UND Medical School - designed to make a telling financial impact on the African Medical applicant/student at UND Medical School.

Students and staff resisted again with success to maintain the status quo that Africans and Indians/Coloured be admitted according to a 50/50 quota.

Students then were faced with the following realities:

. . There was only 1 Medical School training Africans compared to the 5 training whites.

. The doctor patient ratios were: 1:400 (whites)

1:900 (Indians)

1:40 000 (Africans)

There were: 110 white doctors/ million

70 Asian doctors/ million

1 African " ./ million

. Glaring disparities regarding medical training and services between Blacks and Whites.

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'. That UND's multi-racial policy was just an attempt
eto create a false front internationally.

. Financially Whites were more able to travel across the
country to attend a Medical School.

. UNB and newly formed Medunsa were the only institutions
training Black doctors.

Subsequently well in excess of 2000 graduate doctdrs have been prOn
duced - a significant contribution to the country Black health perv
sonell.

Today:

. The admission of Blacks at other Medical faculties ere
token admissions the composition of which does not
reflect our demographics.

. The country's health carefsystem is still in crisis. We
are still in dire need of Black doctors.

e Doctor/Population ratios today.

: 400 (White)

: 650 (Indian)

. . 17000 (Africans).

Therefore instead of giving places to white graduates, more places
should rather be reserved for African students.

. Significant numbers of white graduates leave the ccuntry.

The crisis in primary and secondary school education
deepens.

Admissions at UND do not take cognisance of the
educational disadvantages of Blacks especially
Africans. . .

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THE PROBLEM SURROUNDING THE ADMISSION OF WHITES AT NATAL MEDICAL SCHOOL.

THE FACTS

Our rejection of the admission of whites to our medical-school is not a racial one but a practical one. the reasons are as follows:

i The only time this med-school produced more than 45 African doctors was in 1980 (47) and in 1990 they produced only 21 African doctors.

i Our education systems have, not changed, the African students are still disaadvantaged from the poor high school education.

. i: The admission criteria here is still solemnly on academic merit though this university say they acknowledge that black metric results do not determine potential.

e This country still has a gross shortage of black doctors.

t Access to other medical schools for Africans is almost impossible or if you enter you get excluded in the early years of your study

With this few reasons you don't have to be a genius to see the reasons why the admission of whites at this medical school will further compromise Our goal of training and producing black doctors.

There are few statistics which will substantiate my argument:

Between 1980 and 1983 WITg'admitted a total of 1026 medical students in their first 4 years of study; 832(81.1%) were whites; 106(10.3%)

. were Indians; 55(5.4%) were Africans and 33(3.2%) were 'coloured'.

Out of this admissions, a total of 822 students graduated between 1985 and 1988: 695(84.5%) were whites; 82(9.9%) were Indians; 31(3.8%) were Africans and 14(1.7%) were coloureds.

In comparison: between 1985 and 1988 Natal medical school had the following figures; in total 408 students graduated in these period, there were 276 Indians, 111 Africans, 21 "coloureds".

this shows that in 4 years natal produced more than three times the number of graduates than WITS could in a similar period.

(Yearly breakdown of the statistics below)

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People should remember that at that time wits had already started using a new admissions procedure and it was said to be an "open" university.

Therefore you should realise that introducing whites at this campus will not only compromise the production of African doctors in this country, but also that of Indians and coloureds.

Again this is no way of redressing the imbalances that apartheid has created.

The motivation for having more black doctors is not a racial one but a practical one especially regarding people who will be prepared to stay in this country when they are qualified.

In a study conducted on Wits (white) graduates some 4 years ago of the class of 1982 it was shown that a 1/3 had emigrated, another 1/3 was considering emigrating and only a 1/3 were sure to stay even if things would go bad in this country.

In other words I'm saying that black graduates are more likely to stay in this country however things may become, the difference will whether they are in private sector or public sector which is not the issue in discussion now.

NATAL MEDICAL SCHOOL: GRADUATIONS.

YEAR AFRIC COLOU INDIAN WHITE

1985 24 5 74 0

1986 40 6 57 0

1987 23 7 70 0

1988 24 3 75 0

TOT 111 21 276 0

NATAL MEDICAL SCHOOL: ADMISSIONS

The admissions have been in a quota system; Total into first year was 80 students (viz. 40 Africans and 40 Indians/coloureds). this was until 1989.

(The exact numbers were not available)

WITS MEDICAL SCHOOL: GRADUATIONS

YEAR AFRIC COLOU INDIAN WHITE

1985 2 1 21 169

1986 9 3 18 184

1987 6 2 21 170

1988 14 8 22 172

TOTAL 31 14 82 695

WITS MEDICAL SCHOOL: ADMISSIONS.

YEAR AFRIC COLOU INDIAN WHITE

1980 6 9 31 208

TOTAL

103

103

100

102

408

TOTAL

193

214

199

216

822

TOTAL

254

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Looking closely at Natal; since 1957 it has produced 670 African doctors; 108 coloureds and 1244 Indian doctors.

There is no doubt it has produced the most number of black doctors in the country; this is because it is only open to blacks.

It else 56 happens that this medical school is the only one that admits students in a quota system, even though the end result is not necessarily representative of that initial quota

Medunsa on the other hand has between 1982 and 1990 produced 326 most of them were africans (aprox. 96%); this number is almost half of what natal could produce in its entire existence.

Looking at the 4 year period between 1985 and 1988 we Can easily compare Wits; Natal and Medunsa.

UCT in its existence has never producea a local efrican doctor.

The important thing t3 note is that same of us are here because of sacrifices made in the past; by those who had this vision and fought so as te keep this medical school "black", and i believe the status quo should remain ae it is becaUSE I see it as part of affirmative action.

The universitye' miseion Statement states that the introeuction of whites into thie medical echool should only happen as a process of expansion; which meane that we can not introduce whites at this junc- : ture: since expansion here means the conetruction of a new medical school.

As it has been rumored that the white students, intake will be in the "Indian/coloured quote " of admissions, we would like to argue that the "space" that the the faculty is seeing in that quota be given to African students.

When white schoels are euppased to be opened te all races 90% of white parents have to agree even if they are empty schoolerbut the same cannot be done when its' a black institution, why?.

The faculty claims that they are being pressurised by white parents to 'open' the medical scheol hechuee its expensive for them to same their children to ether provinces to study medicine, yet they forget that most african students at this place are not from Natal

When all of us have got equal high school education there will be no reason to keep this medical school black anymore.

if there is anything that has to be done in this country is to empower those who have been historically disempowered and keeping this medical school black is one of the ways; another one is to get a mew Chaniem of increasing the number of admissions of blacks in the other medical scheols especially Wits and UCT.

The task that I would like to give the committee of university principals (CUP) is that we are giving them at least 10 years to change the demographics of their universities to reflect the countrys' demographics

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The 'changes' 53 t are occurring are only seen by intellectuals and academics; thaAl the street does not see those things because they age Only on paper and he can not read.

Non-racialism is not equal to multiracialism.

For this problem to be resolved it must be seen as national issue not a problem of UND-medical school only.

If the university Of Natal wants to set a precedence to all other in3 titutions of tertiary education: it must not be at the expense of black students. We need assuarances and guarantees in this regard as the absolute minimum.

There must be a commitment not only by Natal, but by all other medical schools to adopt aclearly defined common affirmitive action policy.

This should include the Afrikaans campuses and they should change to english as a medium of instruction to be available to all.

AL?WH

IN CONCLUSION WE RE-AFFIRM OUR POSITION OF AFFIRMITIVEATO REDRESS THE IMBALANCES CREATED BY APARTHEID BY MAINTAINING THE STATUS. QUO WE ENVISAGE ON EMBARKING ON A NATIONAL PROGRAMME NEXT YEAR TO HIGHLIGHT OUR POSITION

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NE, the Studbnt Body of the University of Natal, Faculty uF
Mbdiclhe gathered ln L2 an 18 April 1991,

NUTING:

1. The Stuabnt Body resolution on aahisstn of unity.

studbnts In this Faculty;

2. The Dean's recent movea to admit white stuabnaa Lu Aha
Faculty by:

a) guing to the media and Inviting Prtn:ipais uF high
schools to discuss the Issue with him wilhuuL FUrnu!
discussions with the Studhnts Council.

b) Purging ln\$brmal "#2:: Finding" discussluns wILh Lhu
Gauncil to arm his office with facts From Lhe uLuUUHL
siab with a view to prepare countar-argumencs Lu Lhu
position put Fbrward. '

FURTHER NOTINE:

1. The aritish Medical Assmciation threat of huL ruuuguiuinu
our Faculty degrees.

2. That there are 7 medical schaaazs ln the cauu&ry, 2 cf
which aawit black studants only against 3 whiuh
aFFbctivaly take white stuabnts only.

3. The low intake OF black students in 2 OF Lhu su-uallud
open universities and the high Failure rate u?
black studants with subsequent low praduuliuu uF black
dbctars at these institutions.

4. The tatelly discrepant chtor-ta-patient raLiu in s.n.
an the basis of race.

5. The Unlvarsityhs dblay to open a new Medical Suhuui and
the severe shortage of space and Facilities aL Lhu
Medical School.

6. The racism In ths Faculty whith Is seen and faii ln Lhu
Adhinstration and certain dbpartmnts.

RESOLVE TD:

1. Endbrse cur resolution ta reject any moves Lu awnii thLu
studbnts until conditions are Favouracle ouch in Lhu
country and in the University.

2. Reject the Boardhs propasal ta incluah white sauuyniu
within the quota resarved Fbr Indian students and muvu
that these places rather be given ta AF?iuau dppiiuaHLu.

3. Present this motion to the Eaard and Indiugtu LhaL 1L :3
m; usaame. '