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Continuing the TRC Project: The Use of Internal Reconciliation Commissions to Facilitate Organisational Transformation – The Case of Wits Health Sciences Faculty

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Introduction

As the TRC draws to a close, how will reconciliation be sustained and how will it be taken into institutions that were not involved in gross human rights violations? Many of the beneficiaries of apartheid have not adequately reflected on the impact that this system had, and still has, on their social structures and informal relations. Others also recognise that reconciliation is a dynamic process that cannot be captured in a single event but rather requires a series of events that build on each other.

The emergence of internal mini-TRCs adapted at the local level of institutions, businesses and communities holds great potential for enabling intra-organisational reflection, developing a commitment to the values of human rights, and facilitating transformation. Such initiatives are significant because they provide a space for people and organisations to confront the past. Moreover, these initiatives produce tangible recommendations for people and organisations to construct a future that is consistent with the overall political and social transformation of a post-apartheid society.

This paper analyses the University of the Witwatersrand Health Sciences Faculty's* (Wits HSF) Internal Reconciliation Commission. We examine the reasons for instituting such a process, the challenges encountered in establishing the Commission and its structure and process. We then assess the process in terms of the levels of participation, the perceptions of those who participated, the report produced and the relative importance of process versus outcomes. The conclusion draws out some comparisons with the national TRC, provides an overall assessment of the Wits IRC thus far, and highlights some lessons for other institutions that may wish to undertake a similar process.[1]

Methodology

The methodology of this study is based on qualitative analysis using data from participant observation and personal interviews as well as a review of documents produced by and about the Internal Reconciliation Commission (IRC). In May 1998, the Centre for the Study of

* Formerly known as the Wits Medical School until 1996 when the Faculty of Medicine and Faculty of Dentistry merged.

[1] This paper is part of a larger project by Tanya Goodman, studying institution level mini-TRCs to answer questions such as: What kinds of local models are being constructed? What adaptations do they make to the national TRC model? Do they adequately engage all stakeholders – victims, perpetrators, beneficiaries, and bystanders? How is success defined? And what are the ingredients that contribute to an effective internal reconciliation process? And perhaps the most important question is: Why does an institution undertake an exercise like a mini-TRC? Is it simply a means by which the wounds of the past can be healed or are there other motivating factors? Thus far, two other sites have been identified where such mini TRC's have taken place – a large manufacturing corporation and a national sporting body. Research at these sites has only just begun but already suggests interesting comparisons. Annexures 1 and 2 present a description of these sites and some preliminary comparisons with the Wits IRC.

Violence and Reconciliation (CSVR) was invited to evaluate the process and impact of the Wits HSF IRC. CSVR attended the three IRC hearings and was permitted to observe some of the discussions held by the Commissioners. CSVR also conducted personal qualitative interviews with key role players, people who made submissions, and administrative personnel. Interview lengths ranged from 20 minutes to 90 minutes in length. Most were face-to-face interviews and were taped with the consent of the interviewee. All interviews were transcribed and coded inductively. Interviews were conducted in July and August 1998, and follow up interviews were conducted in May 1999.

This data was supplemented by a review of the submissions made during the Truth and Reconciliation Commission's (TRC) special Health Sector Hearings and the debates that followed these hearings.[1] In addition, CSVR researchers have been intimately involved in evaluating the TRC, and some of this work has informed the current project. A seminar was held at CSVR in May 1999 where the IRC process was presented and discussed by the authors and a black* graduate of Wits who made a submission to the IRC (Dr Mohammed Tikly) and members of the public who were invited to attend. Some of the issues raised during this seminar are also included as part of this paper.

A major limitation to this paper is that the processes are still underway and clearly any evaluation of outcome and impact needs to be measured over time. This paper is an attempt to capture part of the process as it happens and elicit evaluations of the process from those engaged during and immediately after its first phase with a view to follow up with reflections and measures of success at a later date. It is an attempt to analyse the motivations, design and structure of the process, participants' expectations and initial reactions. Also, with a more practical purpose, this paper gathers details of challenges and obstacles perceived at the time, which other institutions may find useful in considering wither to embark on an IRC process.

1. Why undertake an Internal Reconciliation Process?

The Idea for an IRC

The need for an internal reconciliation process at Wits FHS was recognised when, in May 1997, the Faculty prepared a submission for the TRC's special hearings on the Health Sector. During the data collection stage and while interviewing faculty members, staff and students, it became apparent that many felt there was still a legacy of discrimination and that the "hurt caused by previous discrimination had never been adequately acknowledged by the Faculty."[2]

As part of their original submission to the TRC, Wits Health Sciences Faculty included a postscript that set out the reasons for implementing an internal reconciliation process and highlighted some of the specific issues cited by faculty, past students and staff. One of the main reasons for initiating the IRC process was in response to the anger and resentment expressed by many of those who had experienced discrimination as students and, to some extent, still experienced as staff members.[1] This bitterness was compounded by the legacy of discrimination in health services delivery, employment practices, and status differentials that

* In this report, the term "Black" refers to all those who were classified as African, Indian and Coloured.

[1] The authors of the submission indicate that these individuals blamed not only the Wits Health Sciences Faculty but also the Transvaal Provincial Authorities for certain discriminatory practices and policies. Another concern which was identified during the initial submission to the TRC was the university's limited and only recent effort to teach human rights and ethics, and its failure to protect university autonomy from the state.

are still present in hospitals today. When the authors set out their hopes for an internal reconciliation process, they proposed that:

> The privileged members of the faculty who were not the victims ... must listen to the accounts of their Black colleagues and former students. They must be reminded of the many ways in which they, wittingly or unwittingly, collaborated with the system. They must be prepared to experience and share some of the pain and hurts which their colleagues of colour experienced because of an accident of birth. In such a process we will all undergo changes and experience healing.[3]

Early ideas for the Wits IRC were thus based on the intention to involve members of the Faculty in a self-reflective process that would explore Wits' role in contributing to the context of apartheid. It was hoped that as part of this process, individuals would engage in personal reflection themselves.

Organisational Motives

Although Wits' HSF participation in the TRC Health Sector hearings served as the catalyst for the idea of the IRC, other reasons also motivated the faculty to embark on this process. Specifically, the IRC was designed to be part of an overall programme of reconciliation that would help the faculty deal with issues of discrimination, racial division and institutional transformation. These issues involved improving interpersonal dynamics, building allegiance among disaffected alumni, educating current students about the context of apartheid and the faculty's role, making space for redress, and identifying vestiges of apartheid as targets for new policies.

As late as 1997, the faculty was still struggling with division at an interpersonal level, fuelled by different perceptions of those who had been privileged and those who had been discriminated against at the university. Many white members of staff believed that Wits had offered a liberal environment and an oasis of freedom to black staff and students during the apartheid years. Black staff and students, however, felt that the legitimacy of their experiences of humiliation and hurt produced by discriminatory practices was being denied. To overcome this divide and to build loyalty and common goals, the IRC was structured to serve as a first step by enabling people to share and hear each other's stories.

A second issue was that the faculty's relationship with black alumni was strained because many had left with a sense of bitterness and felt no attachment to the institution. Launching a process such as the IRC would help to address this sentiment by offering people an opportunity to voice their bitterness and engage them in a constructive endeavour to deal with the past.

Although the Wits FHS has been teaching ethics and professional standards as part of their curriculum since the early 1980's, a third incentive for the IRC initiative was the educational potential of examining professional medical ethics and the role of health practitioners in challenging or resisting unfair legislation. Part of the IRC was therefore designed to explore the context that enabled people to ignore discrimination and to expose the circumstances in which people failed to act. Another part of the IRC aimed to recognise those individuals and occasions when the system of apartheid was challenged.

Making space for redress and building awareness of the need for such policies was a both a fourth motivating factor in the decision to launch an IRC and an outcome of the process. For example, implementing an Affirmative Action program around staffing can be very controversial and creates a lot of resistance especially from white or previously privileged staff. For those who are deeply involved in the issues, discussions and debates around affirmative action and redress, they understand what lies behind such policies. However, for people who are currently entering the institution or who gained positions due to skewed advantages, many claim that the system seems unfair. A process like the IRC can help to sensitise people to the history of discrimination and the opportunities that were denied to black staff and students. In the context of understanding the history of discrimination, an argument for redress makes sense and has legitimacy.

Finally, as part of the IRC process, the Wits FHS hoped to identify specific areas in which the legacy of apartheid and the marginalization of black students, staff or faculty continues to persist and thereby develop specific policies to address these issues.

Objectives and Mandate of the IRC

The Faculty Board agreed that an Internal Reconciliation Commission would help to ameliorate these conditions. The goals of the IRC as stated in public communications were multiple in that the objectives and mandate involved not only a retrospective examination of discrimination but also a prospective view of how to rectify the impact of Apartheid on social and educational conditions at the Faculty of Health Sciences.

The objectives for the IRC were set out in a memo from the Dean as follows:

1. To record the history of racial discrimination in the Faculty. The focus will be on systematic discrimination and institutional practices, rather than named individuals' behaviours and attitudes.
2. To record the history of resistance to apartheid by members of the faculty.
3. To allow those who were discriminated against to tell their stories.[4]

Building from the objectives as stated above, the mandate for the IRC was described as follows:

> Aside from the need for the Faculty to face up to this history and acknowledge the discrimination that occurred, there is the equally important task of ensuring that this is not simply perpetuated into the future, and that the legacy of unequal opportunities is addressed.[5]

2. Challenges Encountered in Establishing the IRC Process

Resistance and Apathy

Within the Faculty, while most people seemed interested in the IRC, there was a degree of resistance and apathy. There were also some negative responses to the idea of the IRC. Some people expressed the concern that resuscitating the past would lead to greater divisions in the Faculty.[6] Some of those who were resistant to the idea of the IRC were concerned because of the model's links to the TRC. Since the TRC was designed to investigate gross violations of human rights, some staff at Wits believed that the IRC would paint a picture of the practices

and policies at the medical school with the same brush as that used for gross human rights violations. There was a fear that the parallels with the TRC process would result in individuals being vilified and expected to seek some sort of amnesty. There was also some opposition among those who had suffered discrimination, saying that although their experiences were terrible, they had dealt with the past and they felt it was not worth the pain of raising these issues again.

Thus although approved in principle by the Faculty Board, the IRC process could easily have lost support from one or other grouping in the Faculty, which, if large enough, would have undermined the IRC's effectiveness. To address this, a steering committee was formed comprising members of the different constituencies but open to anyone who wished to participate. It was chaired by the Dean and considered such details as the choice of Commissioners, the wording of the mandate for the IRC, and issues such as confidentiality and privacy of submissions. In attempting to deal with the various sources of resistance, the steering committee agreed that the brief for the IRC should include an assessment of opposition to apartheid and should avoid becoming a witch-hunt against individuals. It ceased to function once the Commissioners began their work.

Legal issues

The IRC process was not covered by special legislation as was the case with the TRC. The Faculty was concerned about whether individuals who testified might be exposed to civil liability for defamation. This could occur, for example, if they named individuals as racist, as having participated in discriminatory practices, or in breach of professional or ethical standards. The University sought outside legal advice which confirmed that this risk existed but could be minimised if certain conditions were met. These were that the Commission should be given a quasi-legal status by accepting such evidence only on the basis that the purpose of the IRC was to serve the interests of truth and public benefit. The Commission had to be convened by a senior lawyer experienced in assessing evidence and testimony was to be submitted in the context of qualified privilege and fair comment, with the accused party being given the right of reply.

Confidentiality and anonymity

Another option that was considered was to hold hearings *in camera*. The University believed that hearing testimony behind closed doors might help prevent exposure to some of the controversial legal implications. In addition, the steering committee took the view that some wishing to make submissions might be intimidated by public hearings and by the presence of senior staff who may still have influence over their prospects. The first adverts inviting submissions in fact even suggested that anonymous submissions would be accepted since it was felt that in the context of a power structure which had not substantially altered within many departments, people would not feel that it was safe to come forward with critical comments. However, the panel of commissioners decided to privilege the principles of transparency and right of reply, and insisted that hearings be held openly. The Commissioners also decided they would not accept any anonymous submissions as this could result in the Commission accepting untestable allegations. Instead, the IRC stressed that the substance of submissions should be concerned with systematic and institutional discrimination rather than

individual behaviour, and that this would protect individuals legally and from informal victimisation, while still achieving the IRC's goals.*

Expectations of reparation

Another issue for which the IRC was not adequately prepared was the expectations and demands of some aggrieved parties for forms of reparation and redress. Although none of the IRC's publicity nor its stated objectives suggest that reparations are part of its mandate, because it is so closely modelled on the TRC, some may have assumed that the IRC has the capacity to perform such a function. At least two written submissions contained requests for financial compensation because of loss of salary due to discriminatory practices. In other submissions, a number of people hinted that reinstatement or some form of status reparation would be satisfying because they had been denied certain opportunities as students and professionals.

3. The Process

A Two Phase Process

The internal reconciliation process was planned in two phases. The first was the establishment of a Commission of Enquiry, the IRC, which would receive submissions from past students and staff, and gather archival material, with the objective of recording the history of discrimination and challenges to apartheid medicine at Wits. The output of the first phase would be a report recording the history and making recommendations to the Faculty on how to achieve reconciliation. Although in the process, any number of people might come forward to tell of their experiences, and this might in itself provide some catharsis and healing, it was not expected that the hearings themselves would be the forum for the wider Wits community to hear and acknowledge those experiences. That would form the second phase, and would consist of publishing and publicising the IRC report, and getting students and staff to engage with the report through seminars, debates, and finally a public assembly. The IRC also recommended other strategies for redress, reconciliation, and promoting different values amongst students and graduates which would all form part of the second phase.

The Panel of Commissioners

The IRC began its work in May 1998, held hearings in June and July 1998, and issued a Final Report with recommendations in November 1998.

The composition of the panel of commissioners in an internal process with specific goals faces the difficult challenge of balancing bias, objectivity and sensitivity. Wits HSF chose to nominate Advocate Jules Browde, Senior Counsel with a long and respected history of involvement in anti-apartheid activities and human rights advocacy. It was hoped that because of his "considerable legal experience" the Faculty would be able to "minimise the danger of

* Motivated by an overarching need to forge reconciliation, the IRC went as far as providing a space for one interaction between a "victim" and his alleged "perpetrator", a district surgeon on the staff of the Faculty who had allegedly not properly examined the victim who had been tortured. Although this incident went outside the stated mandate of the IRC because it specifically named one individual as being responsible for actions against another individual, the Commission permitted the testimony after informing the submittor of his legal exposure and informing the named individual of his right to reply. Both men appeared at the hearing.

legal action."[7] Adv. Browde was able to bring a mix of legal expertise, good communication skills, and a commitment to the reconciliation process. Dr. Jassat and Prof. Mokhobo were selected from a list of names proposed by the Wits Faculty. Both men had been students at Wits Medical School during the 50's and 60's and thus had direct experience of some of the discriminatory practices that were described in submissions. Having the Commission composed of a white, an Indian and an African person was seen by participants as being beneficial to the process. It was also important to have Commissioners who represented different religious and ethnic backgrounds.

According to those who made submissions, the Commissioners demonstrated sincerity for the process and respect towards them. Because two members of the Commission were graduates of Wits Medical School, at times the distance between Commissioner and submittor was bridged. On the one hand, this type of interaction allowed for the proceedings to be more intimate and informal. This shared history also may have contributed to fact that all the submittors interviewed agreed that they felt secure and comfortable in the environment of the IRC. On the other hand, the interaction may have compromised the Commissioner's objectivity and could open the opportunity for critics to suggest bias. In addition, since no Commissioner was a current member of the faculty or staff, recommendations which they generated sometimes lacked insight into the current workings of the Faculty.

It is important to raise the question of whether or not a Commissioner's bias is detrimental in this situation. The Commissioners sincerely believed that the IRC was a valuable exercise and they acknowledged that their own personal history served as a reference point. However, they believed the mandate was clear enough that they could adopt a technical attitude towards the process and evaluate the submissions in light of their directive.

Substance and Type of Submissions

Once the panel of commissioners was formed, a letter was sent from Dean Price to all current and past Faculty members, staff and students. An announcement was published in the May 1998 edition of the *South African Medical Journal* and articles were placed in the April and May 1998 editions of a Wits Health Sciences Faculty magazine, the *Wits Health Sciences Review* and also on the Faculty's alumni web page. People were invited to make written or oral submissions and could mail, fax or e-mail their documents. A research assistant was provided to the Commissioners to collect archival material.

A total of 25 submissions was used by the IRC, but four of these had been submitted previously as part of the Wits Medical School's submission to the TRC during 1997. Of these submissions, 25 were written and seven were oral. All seven who gave oral submissions also made written submissions. Of the total number of submissions, only one written submission expressed the view that the IRC was a "witch-hunt" and that the "past should be left alone." The majority of submissions were made by males who are graduates of the Faculty of Health Sciences and are currently practising medicine. Most them identified themselves as "Indian" or "Coloured" people. Very few submissions came from African people. The women who made submissions were either graduates of the Nursing Department or the Department of Occupational Therapy.

Five of the written submissions were received from doctors who are currently overseas on sabbatical. Only one department, the Department of Occupational Therapy, made a submission. Of the total submissions, eight people are currently affiliated to the University.

No recent graduates from the 1990s made submissions, and no current students made submissions. The only staff members who made submissions were those involved in teaching, and none were received from administrative or other support staff. There were no submissions made by anyone who could be classified as having been a "direct perpetrator" or even a "bystander" in Apartheid medicine. In addition, the research assistant conducted 10 interviews with past leaders of the Faculty (e.g. past deans and the vice chancellor).

The tone of the various submissions overall was quite similar. Most people engaged in reflection about their years as students at Wits and told very personal stories about the discrimination, racism and humiliation they suffered. A few people attempted to give a balanced review of the Faculty and were careful to note the exceptional individuals who did resist Apartheid. One joint submission focused solely on resistance and opposition by faculty members and the university as a whole.

The complaints outlined by the majority of submissions span the period 1940 to 1994, but most relate to the 1960s and 1970s. They include the following:

Students

- Unequal medical education – denied access to white health care facilities
- Students of colour were unceremoniously requested to leave pathology post-mortem sessions if white bodies were examined
- Denial of access to obstetrics and gynaecology rounds if patients were white, even after black students were allowed into white hospitals in the late 1980s.
- Black students were forbidden to conduct dental surgery on white patients
- Lack of academic attention to students of colour by heads of departments
- Lack of bridging courses
- Insensitivity to demands placed on students because of transportation and accommodation restrictions
- Forbidden to participate in sports activities and social events
- Separate honour rolls and awards for black students

Staff

- Salary and bonus inequities for provincial staff
- Denied promotion opportunities, marginalised within faculty structures.

Both students and staff

- No accommodation for black students in residences, overnight at hospitals, or in areas where jobs were offered
- Unequal and separate facilities – tea rooms, meals, entrances to buildings at provincial hospitals
- Disincentives to pursue higher degrees or specialisation

Some of the other issues mentioned in submissions involved more subtle forms of discrimination and the existence of an attitude of collusion with the Government's discrimination in the health services, despite the university's image of openness. One participant described the environment and the attempt to raise controversial issues while he was a student at Wits as follows:

> I think there has been the perception [among black students] that even an Open University like this, subtly, wittingly or unwittingly co-operated with the Apartheid regime. If you were non-white, that was the perception you had. Despite openness, there was a lot of support for the government at that time.[8]

Many of the themes were common across submissions. Although at first glance this might be viewed as redundant, the repetitive nature of the submissions gave credibility and weight to the claims that individuals made about discriminatory practices and humiliating experiences.

4. Assessment of the Wits HSF IRC

Level and Type of Participation

At the Faculty Board meeting where the IRC idea was first proposed and agreed to, apparently most people felt it was a worthwhile endeavour. Yet, one of the weaknesses of the IRC cited by most respondents was the lack of participation by a larger number of people. Three types of participation should be considered here: submissions by Departments and the "establishment"; submissions by African graduates; and participation as observers at the public hearings by students and staff in general.

Relating to all three aspects of participation, respondents suggested that there were logistical problems that might have contributed to a poor response. These included a perceived low level of advertising, the tight deadlines for submissions, the timing of the hearings, and poor communication about the nature and substance of the process.

Participation of Black doctors

Prof. Mokhobo and Prof. Veriava attended an alumni reunion where Black doctors were present and announced the IRC. At the time, many people seemed interested in participating. Other interviewees recalled interactions with people who considered submitting. Yet, there seems to have been a gap between the desire for an IRC, the contemplation of a submission and the actual act of participation. One respondent commented that: "there should be 150 or 100 Black [African] students [who could have submitted], but only two submitted anything. And those two are the ones who qualified before 1953. So it's very strange."[9] He also noted that not many African graduates of Wits testified at the national TRC.

Searching for reasons why black African health professionals in particular did not make submissions to the IRC, some respondents suggested that some people may either think that the IRC "is a pointless project" because they are sceptical about what it might achieve, or they may feel that it is "too much effort" to dredge up the past.[10] Some may be comfortable in their current positions and wary of creating conflict or simply afraid to come forward.[11] One respondent also suggested that the low participation might indicate that there is not as much unhappiness as some people think there is. Other African doctors may not have known that the IRC was underway. A further key issue may have been the perceived neutrality and safety of the space provided by the IRC Commissioners and the hearings. We address this issue in the discussion below.

The modest number of submissions from those disadvantaged by the system did not, in the opinion of the Commissioners, affect the content and validity of the report . There was

significant repetition in these submissions, with scarcely anything new being added by the time the Commissioners were considering the last batch.

Participation by "the establishment": Departments, "beneficiaries" and "bystanders"*

In addition to the lack of participation by those who suffered discrimination, another of the disappointments of the IRC was the lack of any contribution on the part of those individuals who co-operated with the Apartheid government or were beneficiaries of the system of Apartheid medicine. Part of reconciliation involves answering the questions of why people did the things they did and understanding the context that sanctioned certain attitudes.

If those who perpetrated or contributed to discrimination do not come forward, the IRC may be viewed as one-sided and able only to achieve a "small victory." As one respondent said,

> I am sick of this whole concept that victims must shoulder the "responsibility." That idea that "talk will heal your wounds." It has "religious" and "therapeutic" connotations and it's a bunch of bullshit. What needs to happen is that "both sides must participate." So "why didn't the people who were part of the system come forward?" This process is not "just about the victims telling their stories....we know what happened to us."[12]

Some respondents suggested that there were many in the Faculty who were not supportive of the IRC but did not wish to oppose it publicly. Their views about the need for an IRC ranged from "Wits should close the book since we are in a new SA" to "the past was OK so why investigate what happened", while many may have felt no need to participate personally on the grounds that "I was anti-Apartheid".[13]

The fact that only one department made a submission is significant and raises questions about why other departments did not use the opportunity presented to them by the IRC. Even in this case where a department did participate, the degree to which people were engaged within the department was low. For example, one respondent from this department suggested:

> For a whole lot of reasons, probably logistical as much as anything, the Department didn't ever use it as a real reconciliation process internally. We've never sat around a table. We've never compared notes. I don't think the eventual submission has been seen by more than two or three of us.... So I think the process fell a bit short in that sense. But I also think it's up to individual departments to make use of it. It's not something the Faculty could have driven or enforced because that would have been counter-productive.[14]

This low level of engagement by departments suggests that there may have been broad-based dissent about the IRC process within the Faculty, or the obligation to participate was not powerfully communicated.

In contrast to the minimal impact that greater black participation might have had on the content of the IRC report, the near absence of submissions from the "establishment" did leave a gap in the Commission's ability to understand why there was not greater resistance to

* This list of categories is an attempt to capture the range of those who benefited from or participated in Apartheid medicine rather than simply lumping people into the category of "perpetrator."

apartheid health care, or even how that group saw its values, ethics, and role with respect to challenging the discriminatory practices.

Participation by observers at the hearings

The mandate of the IRC necessitates providing a forum for those who experienced discrimination to tell their stories. However, another part of the mandate suggests that this process should be one of sharing and acknowledgement. Thus an integral part of reconciliation involves the commitment of all parties not just to talking, but to listening. For some of those who testified at the IRC, they were disappointed that more people did not attend the hearings.

It is likely that the minimal attendance at the hearings was largely due to the ambiguous message sent out to the staff and students about attendance. In the first instance, the steering committee had actually intended the hearings to be held *in camera* – thus there was no advanced publicity given to the dates and venues of the hearings. Once the Commission decided that the hearings should be open, it was still implicit that this was for the purposes of transparency, rather than mass participation. For example, the venue for the hearings was a committee room that could not have accommodated more than 15 people. The "sharing" component of the IRC's mandate was always intended, at least by the Dean, to be the second phase of the process, after the IRC report had been completed. However, clearly many others, including to some extent the Commissioners themselves, expected the hearings to follow the example of the TRC as the immediate forum for the wider Faculty community and media to be confronted with the stories of past discrimination.

Perceptions of Submittors and Safe Space

For all those interviewed who made oral submissions, the process was a valuable and worthwhile experience. All felt that the Commissioners treated them with respect and that the environment was intimate yet official. Asked to describe what some of the positive aspects of the IRC were for him, one respondent commented:

> The strengths were that it was open, nothing was hidden, and we could talk freely. It was informal. They accepted what you had to say in good faith and you could say what you wanted to say.[15]

For those who were ambivalent about the process, most were reassured by the sincerity and enthusiasm of the Commissioners. The notion of public acknowledgement and the reputation of the Commissioners seemed to contribute to some people's sense of satisfaction with the proceedings. For some, the IRC provided them for the first time with an appropriate space to confront the past.

For many, testifying at the IRC provided them with the opportunity for reflection and resolution. Most indicated that the incidents of discrimination and climate of racism that they experienced at Wits had remained in their everyday consciousness, although some people indicated that the exercise of remembering was somewhat traumatic. One respondent captured the significance of preparing for the IRC and the sense of closure and personal healing that the process enabled:

> At the same time, for me as an individual, there was a great sense of closure. It was really lovely to be able to reflect back. I went back and dug in my diaries - I kept diaries throughout my student life - and was absolutely amazed at some of what I read. I had completely forgotten about some of the things that had happened. And the two people that I spoke to both also said it had been a great opportunity. They didn't speak to me immediately, they both wanted digestion time. They slept on it, and they thought about it, and one jotted down notes. With both, it was an hour and a half of just talking. I think there was a kind of personal healing that was going on.[16]

Some people were anxious for the public recognition that they believed making a submission would bring. Others were a bit more reluctant to expose themselves or risk being labelled as a "radical" or "troublemakers" again. For example, one submittor described concerns about making a submission:

> All those memories did come back and I had a real reluctance to actually expose myself again to the department because it's almost all the same staff. There's been very little turnover.... So it's the same role players. I wasn't sure if they had shifted in their attitudes. The general message I got during my training was that I was a pain in the neck; that I was too radical; that I was not compliant enough; that I was not willing to go along with things; that I was too much of a questioner. So there were all those concerns that maybe I was going to get that label again after having worked very hard in the last six months to earn credibility and show that I am not completely weird and off the rails and throwing petrol bombs [laugh].[17]

Some people who came forward to the IRC did so of their own accord. Many, however, had some interaction with others who were influential in their decision to participate. Based on these interviews, it seems as if many people had to be persuaded to testify. Perhaps this is indicative of the fact that people need some form of encouragement or support from colleagues, friends, family or mentors to testify at an IRC.

However, even those who do receive support and encouragement may not choose to go forward with a submission. It is possible that some people may have felt too vulnerable exposing themselves in isolation. Describing the importance of feeling safe, one respondent explained why two graduates who had considered making a submission might have changed their minds:

> Probably hearing how the Head of Department had reacted [to the IRC] gave them pause for thought, I'm almost certain, because they both said quite critical things...that could have left them feeling very vulnerable. Although one [woman] has really moved out of the profession, partly because of her experiences, I think she still doesn't want to burn bridges. Unfortunately, because of the way the department is, you get your label and you're finished. So it's not a safe environment in which to speak out. There are lots of examples of people who have risked that and they've come out badly.... People have worked together for 15-25 years. To be different in any way is dangerous and it's very easy to get ostracised. The workload is such that you can't afford to be ostracised. You've got to be integrated into the team and be able to rely on other people. People are thinly, thinly stretched. .... So it's a survival strategy to actually be fairly compliant or conformist.[18]

In addition, there are some Faculty members in junior positions who reported, on condition of anonymity, that as much as they wished to testify before the IRC they chose not to because they feared adverse consequences from their seniors.[19]

Thus a significant element in structuring an IRC is the capacity to create an environment where those who testify feel safe and supported. The selection of Commissioners who have some basis of shared history with those who made submissions contributed to building a safe space for individuals to tell their stories. The Commissioners' fundamental level of empathy also helped nurture an environment of trust. However, the creation of safe space is not dependent only on the quality of the Commissioners. Building an environment for people to come forward to tell their stories requires an awareness of the psychological, social, and physical structures that enhance feelings of confidence and comfort. Those who gave oral testimony at the IRC all felt comfortable in the environment of the hearing. But the requirement of safe space extends beyond the moment of testifying. In situations where the power structure has not fundamentally changed, people have very real fears of revictimization and ostracism. Besides the perceptions of the current climate within departments and the University as a whole which might make people insecure, the legacy of Apartheid in general contributes to the degree to which people might feel comfortable engaging with the IRC process. As long as victims do not feel supported or protected in their own day to day worlds, the IRC's success will be compromised, either because people will not come forward or because those who testify will self-censor.

It is important to acknowledge that one of the critical challenges facing processes of transformation is how to build trust in an environment that has been fraught with mistrust.

A final lesson from the experiences of those who made submissions and the support needed in the Commission process draws on the singular encounter between Dr Naik and the District Surgeon he alleged had not treated him properly while he was in detention (see footnote on page 6). At the end of the testimony Adv. Browde suggested the two men "shake hands" and walk out of the room together as a symbol of reconciliation.

In an interview with Dr. Naik, the lasting impression of his interaction with the District Surgeon was a mixture of gratification, frustration and resignation. He said that part of his satisfaction with the IRC process rested in the fact that the IRC managed to arrange for a "face to face" meeting.[20] However, he was deeply disappointed that the District Surgeon neither remembered him nor was willing to ask for forgiveness. Although Dr. Naik decided to follow Adv. Browde's proposal, this symbolic action was not particularly satisfying. Dr. Naik explained how he felt somewhat unprepared for the encounter and indicated that rather than being compelled into a symbolic act of reconciliation by shaking hands he would have preferred some form of structured mediation and that he may not have been ready to offer forgiveness.

Based on the mandate for the IRC, the interaction between Dr. Naik and the District Surgeon could not have been anticipated. The Commissioners may not have been adequately prepared for the implications of bringing a direct "perpetrator" into a confrontation with his former "victim." It is important to be attentive in these situations to the power of a Commissioner to generate action. This incident highlights the misconception that many people might have that truth-telling leads directly to reconciliation. In fact, victims and offenders need to have support mechanisms and trained counsellors available to help facilitate such meetings.

Outcome of first phase

The Final Report of the IRC was completed and presented to the Dean and the Faculty in November 1998, concluding the first phase of the internal reconciliation process. The Report makes a number of findings and tables a set of recommendations. Most of the findings deal with the environment at Wits during the years under review and summarise the experiences of black students. Attention is also given to the degree and type of resistance to apartheid health policies which occurred. The report concludes that many of the practices at the university were unfair and racist and the "entire environment in the Faculty engendered perceptions of racial discrimination."[21] In terms of the Faculty's role, the Report finds that "the Faculty as a whole colluded with racial apartheid and enforced racial discrimination in the Faculty or at least conformed without any unified protest." Even those few "exceptional" individuals who did take a stand were not supported by the Faculty. For these reasons, the Report argues that "it cannot be said with conviction that the Faculty of Medicine at Wits was a 'liberal' institution."[22]

In their recommendations, the panel of commissioners outline 11 items for attention by the Faculty. Principally, the IRC stresses the need for the Faculty to issue an apology and publicly acknowledge past racial discrimination. The first three recommendations deal with the reasons for an apology and the groups to which such an apology should be made. The recommendations also call on the Faculty to increase the enrolment of underrepresented students and accelerate academic staff development with special emphasis on racial and gender inequalities. Also included in the recommendations is the need to encourage the development of trust and respect for diversity among students, faculty and staff. Suggestions are made for curricular changes that incorporate human rights awareness training and developing greater sensitivity to the socio-economic contexts of health care. The IRC also proposes that the Faculty recognise those who did challenge racial discrimination. Finally, the recommendations encourage further research "to achieve a better understanding of how the level of discrimination in the FHS came to be tolerated, even within an institution which professed to be liberal and anti-racist."[23]

There has been a broad range of responses to the IRC Final Report among the Faculty and those who participated in the process. Some have criticised the report as a "whitewash" and claimed that the IRC did not capture the full range of discrimination that occurred. Another group, comprising particularly some older white staff members, feel that the report is unfair and fails to recognise how difficult it was to oppose apartheid, given the dependence of medical education on the government hospital system. This group believes that they did what was possible under the circumstances and are now being asked to carry the burden of making an apology while others left the public sector, or even the country. Moreover, they are offended by the report's conclusion that Wits was not a liberal institution. They claim that Wits was a liberal institution precisely because it provided a space for, and indeed encouraged, individuals to speak out and challenge political authorities, but theyreject the idea that the institution as a whole needed to take a stand. Others are excited about the findings of the report, and more specifically, the recommendations that have been produced. They are looking to these recommendations, in combination with the SA Constitution, Bill of Rights, and legislation regarding higher education, as powerful tools for instituting change.

One gap is that the IRC process was unable to engage the provincial authorities which exercised so much control over segregated training, discriminatory position assignments and inequitable pay scales. Another gap that has been identified in the report is that in light of

some of these controversies, the IRC process has not been able to offer a compelling description of how discrimination and the failure to challenge apartheid policies was allowed to flourish at an institution that professed to be liberal. More research can be conducted in this area; however, it is also hoped that as part of the discussions emerging from the IRC report, some of these issues will be raised and explored.

Report vs. Process

There are mixed opinions regarding what the significant part of an IRC is – the process or the outcome. For many of those who contributed to the early stage conceptualisation of the Wits IRC, it seems as if the initial hope was that the *process* of conducting an IRC would engage people in honest, reflective, and healing interactions. However, because of the low level of participation, this intention has not been fully realised. For some, this equates with failure of the IRC. Asked about how he felt the IRC had progressed after the first two days of hearings, one key role player candidly remarked:

> It is "not achieving what I had in mind. The process is more important, not the report or analysis." I was "hoping that I would be part of a healing process listening to people's stories.... [because] there are many more." We "failed to get people there."[24]

For others, the emphasis has shifted toward looking at the *report* as holding potential for discussion, debate and transformation. For those who place the weight of the significance of an IRC on the process, the Wits IRC has only partially achieved its mandate and the degree of success is modest at this time. Others, however, believed from the beginning that the report would be the most critical part of the IRC. For those who see the report as a catalyst, the outcome and full evaluation has yet to be measured. Still others see the report as yet another step in a long process towards transformation and reconciliation.

> The Dean can only use it first to explore and quantify how much discrimination there is. And then try and rectify things. But I think it is a long term process really. The attitudes and practices have gone on for so long and some of them have become normal. Others are not easy to identify as discrimination; it's just a way of life. So it's a long term thing.[25]

If the IRC is simply about understanding and capturing a history, then a comprehensive report may be sufficient to satisfy these goals. However, if the IRC is about moving forward, either towards transformation or reconciliation, then the process is as important as the report, if not more so. And this process extends over time from the early stages of deciding to launch an IRC to the point of debating and accepting the Final Report findings and recommendations.

At this point, we cannot evaluate the final outcome of the IRC process, except to note that a critical ingredient in the process will be an approach towards the final report that stresses acknowledgement, ownership, and a commitment to change. A stand-alone report without corresponding dialogue and interaction will only be a small step towards changing the social and psychological environment in the Faculty. A stand-alone report with recommendations that have no mechanisms for implementation will do little to improve the demographic and educational context of the University. Finally, there are questions that remain in terms of what an official apology and broad-based acknowledgement means and whether this is sufficient to address the concerns of black students, staff and faculty. Institutional mechanisms for transformation have been identified, such as affirmative action, equity and

curricular changes; however, there may still be a need to create the space for individual and personalised channels of reconciliation.

5. Conclusion

Comparisons with the National TRC process

One significant change that the IRC made from the TRC was to extend the time frame of the period under investigation. Unlike the TRC's start date of 1960, the IRC decided to go back to the time when black students were first admitted, in 1940. By expanding the time frame, the IRC effectively opened the process and allowed for many more issues to be raised without an artificial time constraint. This choice reflects an understanding on the part of the IRC that discriminatory policies and practices were evident before Apartheid was officially sanctioned.

Unlike the TRC, by shifting the terrain from individual actions to systematic practices or policies, the IRC offers the potential to examine structural issues, particularly if the recommendations feed into new policies that are sensitive to these issues. The IRC can be viewed as a somewhat hybrid form of TRC sectoral hearings brought down to the level of individual experience in small-scale communities. Similar to the national TRC's sectoral hearings and in contrast to the TRC's gross violation of human rights hearings, the IRC adopted a mandate that called for an investigation into broader questions of context and education rather than individual violations of gross human rights.

Thus, the Wits IRC managed to expand the TRC mandate from issues of human rights violations to the wider context of generalised racism. However, they opted to focus on "racism and collusion with apartheid ... at an institutional level and not individual practice."[26] In part, the decision to turn the focus away from individuals was necessitated by the different legal issues attached to an IRC. But, is that a convenient excuse for an institution to avoid looking at the messy, ugly side of individual actors and actions or would this always be avoided? And is this focus on systemic rather than individual abuses satisfying to those who were victims? On the one hand, testimonies in the TRC by those who were victims/survivors of gross violations of human rights suggest that naming perpetrators and identifying offenders is a significant part of the process. On the other hand, if the work of the IRC is aimed at facilitating organisational transformation, then allowing personalised attacks on individuals may tear apart any basis or potential for sociability. Moreover, the evidence from the Wits IRC is that most of those victims who made submissions did find the process satisfactory, and even healing.

Overall assessment - Need for follow-up

Those who participated in the Wits IRC found it to be a worthwhile experience. The IRC has been able to document in detail many of the discriminatory practices, the climate of racism, and the sense of humiliation which Black students encountered at the Faculty of Health Sciences. The IRC has also been able to identify those instances where individuals resisted the Apartheid system and attempted to change policies and attitudes. People have been given the opportunity to tell their stories in a dignified and respectful environment, and the forum has been officially sanctioned by those in authority.

When dealing with issues of discrimination and racism, it is meaningful to note the range of policies, practices and attitudes that people find objectionable. The IRC was successful in

assessing not only the existence of discrimination in the form of policy and practice, but also the multiple experiences of discrimination and perceptions of racism. The submissions indicate that people resent not only overt racism, but also the lack of sensitivity and the failure to resist.

Certainly, we should contextualize these experiences over time and within particular political phases. Acknowledging what was considered "normal" is an important part of understanding discrimination and this was not adequately addressed by the IRC. Nor did the Commission explore how unfair and racist policies and practices are legitimated and allowed to persist, even in an environment that claims to be liberal and open. These shortcomings are highlighted by the range of responses to the idea of an IRC and the findings of the Commission. Yet arguably, the very process of the IRC, namely its fundamental dependence on who comes forward to make submissions as the basis of its evidence and conclusions, makes it unlikely that it ever would answer those questions. This suggests that tools for engaging those who contributed to the context of apartheid through acts of omission need to be developed so that all parties can be engaged in the processes of reconciliation and transformation. On the other hand, understanding how tolerance of racism relates to the social norms probably needs specialised researchers.

The experience of Wits Faculty of Health Sciences highlights the fact that as much as the national level TRC might have accomplished, there is still a need for mechanisms and models to carry the reconciliation process forward, particularly at the institutional level. The same might be said about the IRC. Just as the IRC has emerged from the TRC as a mechanism for realising change, so the IRC needs to create vehicles that will enable the Faculty to move from the hearings to transformation. As one respondent said,

> Follow through is very important. Otherwise it will be an exercise that was just there, and that's it, full stop. I think that is not the way to go. But how do you drive this so it perpetuates and actually has positive effects? You don't want negative effects. Conflict, unfortunately, will be there when people have expectations and these expectations are not met. So you need something to drive this process so that conflicts are minimised, but I'm not sure how.[27]

At this time, what is still lacking in the Wits IRC process, is the public acknowledgement of these findings and a broad based acceptance of the role that Wits played in maintaining Apartheid medicine. Perhaps the final report and the discussions that follow will facilitate this necessary step. Whether the social climate of alienation which black students and staff still experience will change will depend in part on this public acknowledgement, in part on how the IRC's recommendations are implemented, and in part on structural features such as the rate of demographic change in Faculty composition. It is therefore too early to make an assessment of the final impact of the IRC at Wits.

Lessons for other institutions

The launch of an IRC process at an institution such as Wits was driven by factors that will be found in many large institutions in South Africa. Other institutions, businesses and communities are considering establishing similar internal processes. But an IRC is only *part* of the solution. An IRC should not be adopted as part of a knee-jerk response to dealing with the legacy of Apartheid. Without corresponding discussion, debate, and the development of a culture of awareness, tolerance, and respect for difference, the implementation of IRCs run

the risk of becoming a non-reflective, "politically correct" option that may silence rather than open debate.

For those that do pursue an IRC route, the Wits case study has many lessons. To highlight just a few here, they include:

- the peculiar legal issues surrounding a quasi-legal commission
- the need to clarify the type and extent of participation desired, what the role of spectators is and the degree to which they can participate, – informed by the process/output debate, and by whether one is sampling experiences to describe the past or whether one is wanting to document all experiences. If wider participation is desired, specific attention and resources must be devoted to encouraging this, and policy is needed on whether pressure should be put on some groups that may be reluctant to contribute.
- the need to ensure the legitimacy of the process through agreement amongst different groupings on the objectives of the process, the brief to the commission, the selection of commissioners, the ground rules such as confidentiality issues
- the need to create a safe space for the hearings and for when people return to their usual work environments and hierarchies
- many logistic issues including choice of venue and times, advertising, time allowed to prepare submissions, how the proceedings will be documented, how different language preferences will be accommodated and counselling support

One of the benefits of an IRC is that a specific goal – such as organisational transformation or building human rights awareness – can be unselfconsciously injected into the process. If there is a strong commitment to implementing the recommendations that emerge from the IRC, then this model also becomes a more forward looking rather than a backward looking enterprise. As such, it may be a more effective mechanism for achieving change at the local level than the TRC was able, or expected, to be.

ANNEXURE 1. Other Internal Reconciliation Models - Dorbyl/Selcast

One case of local level reconciliation in a different context is the example of Dorbyl, an industrial holding company with multiple divisions and over [redacted] employees. Although the data for this case is limited to a single interview, the parallels and differences between the models used by Dorbyl and Wits FHS provides some insight into the key ingredients for an internal reconciliation process.

In a confidential interview with the Human Resources Manager of Dorbyl's divisions, she explained that the idea to launch a series of "mini-TRCs" (the Company's choice of terminology) emerged while the Company was engaged in trying to deal with the legacy of apartheid. Initially, the Company brought in a diversity management consultant to do "sensitising" work with Company personnel. After about four months of internal discussion and debate, they recognised that an important step in transformation required them to deal with employees' feelings of discrimination and prejudice:

> We realized that it was going to be even more difficult than we imagined to move from one place to another in transforming the Company, so the Consultant proposed the idea of having TRCs.

Like Wits Faculty of Health Sciences, after a period of initial reflection and discussion Dorbyl also recognised that people were deeply hurt and angry about incidents of discrimination. In contrast, however, Dorbyl seems to have laid a much firmer foundation for engagement in the mini-TRC process by devoting a large amount of time to workshops and debates prior to the launch of the Commission. In part this might be a product of the diversity training that was concurrently underway. Dorbyl chose as their main goal the provision of a forum that would open a space for people to discuss issues they were still resentful about. In the early stages, the Company endeavoured to get people involved and the idea was discussed in mixed groups of people throughout the Company.

In the construction of a committee of Commissioners, Dorbyl decided to compose the panels with "respected ex-employees." For example, one division had a retired Shop Steward and a retired General Manager on the Committee. Another division selected a highly respected preacher from the community. The Company was careful to ensure that a cross section of its employees was adequately represented. Thus, in a similar way to the Wits IRC, Dorbyl selected Commissioners with prior experience in the organisation but who were no longer stakeholders. This parallel suggests the significance of composing a Commissioner panel with people who have credible personal and professional backgrounds. The legitimacy and respectability of these individuals is most likely a critical ingredient in the success of an IRC.

In terms of publicising the project, Dorbyl advertised throughout the Company and assured people that their submissions would be confidential. Like the Wits IRC, Dorbyl framed their IRC "as an opportunity to address the whole workforce but tried to stay away from naming individuals and individual actions." Again, the tendency to steer the process away from individuals and towards systemic issues raises certain questions about the focus of an IRC. Dorbyl's justification for not dealing with individual actions was that an "amnesty-type process is not really an option."

As part of the reconciliation process, Dorbyl succeeded in documenting a range of complaints which included comments such as "you people are pigs!" to criticisms of a "lack of

affirmative action" and claims like "I didn't get my service award 15 years ago." The complaints were compiled into one large report. Next, the Company decided to create Stakeholders Forums for each Company group:

> These are elected representatives who review the whole list and decide which complaints apply to them and then decide what to do about the issues. They can also investigate certain complaints that are relevant to their department. For example, if it's an issue about service, then they can look into that. If it's about a lack of education or training, then they must come up with an action plan so that we can decide how, together, we can address this issue.

Essentially, the Stakeholders Forums provided a vehicle for review, evaluation, and implementation on a manageable scale. Thus far, Wits Faculty of Health Sciences has only the Curriculum and Equal Opportunities Committees to manage this step. No separate committee has been specifically established for the purpose of evaluation or implementation of the IRC's findings. However, the seminars and debates proposed by the Equal Opportunities Committee should help facilitate discussion and evaluation of the findings and recommendation.

Asked to evaluate the entire process, the Human Resources Manager commented:

> I think it was a good exercise. It was excellent for the Company and the employees. It gave them an opportunity to air legitimate complaints.... The TRCs did us the world of good in recreating trust. I haven't seen how in any ways it has deepened any bad feelings between people. These issues are very important to the guys. And there were white people as well who came forward. Overall, it was excellent. We were able to work together on this project, and that in itself was worthwhile. We came to see how, together, we can deal with these issues. And even on those occasions where we find that it is not a legitimate issue that the TRCs can deal with, we can at least agree to disagree. People feel as if they have been heard, their complaints have been addressed, and in some cases they have been compensated.

Reflecting on the failures of the process, the only issue the Human Resources Manager identified was that fact that she felt the Company is still quite autocratic and that it would take some time to change the culture.

Instituting an internal reconciliation process at Dorbyl thus provided a legitimate space for people to speak out, gave people the satisfaction of being heard in an official forum, and did not deepen animosity between people. The process brought people together working toward a common goal and helped to build a level of trust so that even open disagreement was tolerated. The Company is still engaged in analysing their mini-TRC process and the Stakeholders Forums are currently working through their recommendations.

ANNEXURE 2. Other Internal Reconciliation Models - The United Cricket Board

The United Cricket Board engaged in a series of mini-TRCs that were part of an overall program of transformation started in early 1997. The idea for structuring this forum for change as a mini-TRC emerged after discussions with a diversity management consultant group and in light of the slow progress that had been made since the unity talks in 1991.* Despite the fact that the various cricket organisations had come together in 1991 and merged into a new association while apartheid was being dismantled, the UCB found that there was still enormous tension and mistrust among people. Many felt that the unity talks had been rushed with too much emphasis placed on the future and an avoidance of the realities and vestiges of the past. Moreover, the large disparities in development and representation in cricket had not been rectified and much of the power structure in cricket organisations had remained the same.

The UCB divided their mini-TRCs by province and held a series of 15 workshops around the country spanning 18 months. These provincial workshops culminated in a national conference in November 1998 where a new vision and charter were created. At each two-day provincial workshop, stakeholders from all areas of cricket were invited. The first day of each workshop was split into two segments – one segment dealt with an "environmental scan" of the external issues facing different cricket clubs in their own socio-economic environment, and the second segment involved a "history session." Here, people were encouraged to speak about their "proud" and "sorry" moments during their years engaged in cricket. The intent of the history making session was to enable people to share their experiences of the past so that they could move towards a shared vision for the future. Black participants expressed the humiliation, indignity and anger of being denied the chance to play on national or provincial teams, being subjected to poor facilities and lack of training, and experiencing police harassment when playing across the colour bar. Many also decried the fact that the national team is still not representative and that development programs have not materialised. White participants who spoke apologised for being ignorant or silent about the conditions to which black people were exposed and acknowledged that black people had been denied equal opportunities to play. On the second day of the workshop, the groups came together to develop plans for transformation that incorporated their findings from the environmental scan and history sessions.

The UCB documented each provincial workshop and listed the complaints that were lodged at each workshop as well as the preliminary vision statements that emerged. These findings were compiled into a final report that was used to produce recommendations in the form of a Transformation Charter and a 10 point vision statement. This statement was issued to the public and announced at a major cricketing event in January 1999.† The Transformation Charter sets out a range of areas for action including: increasing democratisation, local ownership, transparency and accountability throughout the organisation; dealing with issues

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* Data for this section is based on an interview with Imitiaz Patel, Director of Professional Cricket, on 13 May 1999; a seminar with Dr. Ali Bacher, Managing Director of the UCB, on 29 April, 1999; an analysis of the documents used in the Gauteng Provincial Cricket Transformation Seminar in July 1998 and the UCB National Vision Conference in November 1998; and a review of media coverage in 1998 and 1999.

† In defiance of the UCB's official stand, President Raymond White ad-libbed a portion of his statement to the public, saying that interference in selection was neither wanted nor needed. He was formally admonished by the board and required to issue an immediate hand-written apology and retraction. An official UCB press release was issued the following day condemning White's comment and re-affirming UCB's commitment to its Transformation Charter.

of redress and representivity for disadvantaged communities; ensuring the sustainability of cricket through competitiveness and marketing tactics; recording the full history of cricket; broadening opportunities and integrating communities so that cricket becomes a "people's game."*

The model used by the UCB differs from the other mini-TRC models in that they did not hold hearings before a panel of commissioners, but rather had open face-to-face group sessions facilitated by a team of outside consultants and UCB executives. The history-making portion of the UCB workshops was the segment most similar to a TRC where a space was provided for people to tell their own stories and hear the personal experiences of others. Like the other mini-TRCs, UCB established a monitoring committee which is tasked with overseeing the implementation of the recommendations generated by the process. This Transformation Committee, however, seems to have been embodied with greater authority than those in the cases of Wits and Dorbyl. This structure has authority to delegate, audit and monitor the progress being made by its subcommittees and has a clearly articulated plan and schedule for reporting and assessment. Similar to the way in which Wits has structured their IRC, the UCB views their process as occurring over two-phases. In phase one, the UCB mini-TRCs are used as a mechanism to bring people together. In phase two, the Transformation Monitoring Committee and its subcommittees are tasked with the responsibility of taking the recommendations forward. The UCB has set a target of three years to ensure that all policies and practices for transformation are adopted and implemented.

For the UCB, the motivations and goals for initiating a mini-TRC process are multiple. Like Wits, the UCB is confronting the legacy of apartheid in interpersonal relations and institutional inequities. Many people who were denied access to the national and provincial teams, or experienced segregated and unequal facilities still carry much resentment and bitterness. For example, even today a number of black cricket lovers refuse to support the national cricket team, not only because of prior experiences of discrimination but also because it appears that the UCB has done little to improve the situation. Moreover, those who participated in the development of black cricket are angry that their history is unknown. On another front, the UCB has to balance the commercial demands for a competitive team with the obligation to redress past inequities. The UCB, however, claims to be committed to affirmative action type policies, and part of the reason for holding open forums like the mini-TRC may be to help those who were privileged understand the legitimacy and necessity of such forms of redress.

At this time, it is still unclear how effective the UCB mini-TRC has been in dealing with the resentment of those who experienced discrimination or how well they will handle issues of redress and representivity. One of the outcomes of the mini-TRCs is that the Transformation Charter calls for the UCB to acknowledge, respect and record the history of black cricket. To accomplish this task, UCB has commissioned a documentary project to produce videos† and a book on this subject. In terms of redress, more funding is supposed to be channelled to previously disadvantaged schools and clubs in urban as well as rural areas. Another project that UCB has conducted on a small level and is currently evaluating for expansion is a mentoring programme which matches current national or provincial players with young

* Mission Statement of the United Cricket Board of South Africa.

† The first set of history videos are due to be previewed during the SABC televised semi-final matches of the World Cup on 10 June, 1999 and 13 June 1999.

cricketers from disadvantaged communities. Quotas have also been established for black players at schools levels as well as under-19, under-21 and regional levels. However, the national level teams are still poorly underrepresented, and government pressure is building for faster transformation in the sport. How the UCB translates the Transformation Charter into tangible change that is satisfying to all stakeholders remains to be evaluated.

Notes and References

The endnotes provide the references, mostly to interviews. As we have not yet had the opportunity to have each quote confirmed by the respective respondent, we have withheld some references at this time.

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1 As part of a number of special sessions dealing with different institutional sectors, the TRC held hearings on the Health Sector during 17-18 June 1998 in their offices in Cape Town. During these two days, the Commissioners heard 25 submissions. As of 8 October 1997, almost 70 written submissions had been received. For more information on these hearings, refer to the TRC transcripts on the internet at www.trc.co.za. For an excellent review of the TRC Health Sector hearings, see Dr. Wendy Orr's "Address for the 8th International Congress of the World Federation of Public Health Associations" at www.truth.org.za/reading/wfpha. For a critical evaluation of the TRC Special Sectoral Hearings, see paper to be published by CSVR.

2 "Internal Reconciliation," WITS Health Sciences Review, April 1998, 5.

3 "TRC Submission," Wits Faculty of Health Sciences, 23 May 1997, 26.

4 Memo "Programme of Reconciliation in the Faculty of Health Sciences, University of the Witwatersrand," from Dean Max Price, 12 May 1998.

5 Memo "Programme of Reconciliation in the Faculty of Health Sciences, University of the Witwatersrand," from Dean Max Price, 12 May 1998.

6 Interview with Dean Price 11 June 1998.

7 "Internal Reconciliation," *WITS Health Sciences Review*, April 1998, 5.

8 Interview ..... July 1998.

9 Interview with ..... 1 July 1998.

10 Interview with ..... 3 July 1998.

11 Interview with ..... 17 July 1998.

12 Interview with ..... 3 July 1998.

13 Interview with ..... 3 July 1998.

14 Interview with ..... 7 July 1998.

15 Interview with ..... 12 August 1998.

16 Interview with ..... 7 July 1998.

17 Interview with ..... 7 July 1998.

18 Interview with ..... 7 July 1998.

19 From Lazarus Kgelema interaction with Wits people on campus, ?? May 1998.

20 All quotes from Dr. Naik are based on a personal interview 23 July 1998.

21 "Conclusions" in University of Witwatersrand Health Sciences Faculty Internal Reconciliation Report submitted November 1998, items 12.1, 12.2, 12.5.

22 Conclusions" in University of Witwatersrand Health Sciences Faculty Internal Reconciliation Report submitted November 1998, items 12.2, 12.6, 12.7.

23 Recommendations" in University of Witwatersrand Health Sciences Faculty Internal Reconciliation Report submitted November 1998, item 13.11.

24 Interview with ..... 26 June 1998.

25 Interview with ..... 1 July 1998.

26 Interview with Max Price 11 June 1998.

27 Interview with ..... 23 July 1998.