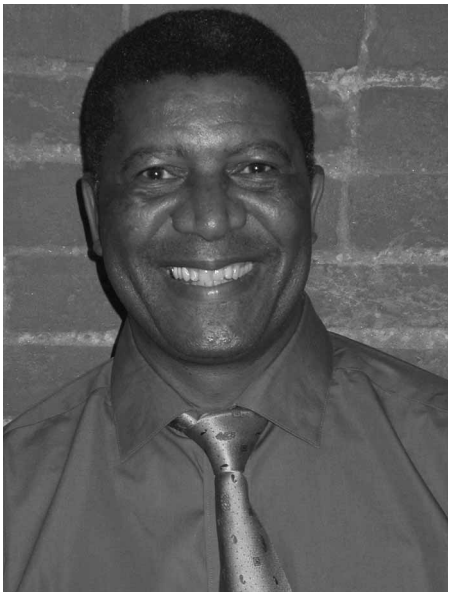
Education for Health, Vol. 18, No. 1, March 2005, 89–95

MAKING A DIFFERENCE

An Interview of Lizo Mazwai



Dr Lizo Mazwai is Dean and Professor of Surgery, Faculty of Medicine and Health Sciences, University of Transkei (UNITRA). He is a member of the Executive Committee of The Network: TUFH. I interviewed him at the 2004 meeting of The Network: TUFH in Atlanta, Georgia. This edited, abridged article is based on the interview and subsequent email exchanges.

Jane Westberg,
Associate Editor,
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What drew you into medicine?
Two things. One was the lack of doctors in the rural area in which I grew up. When the itinerant doctors came once a week, people had to queue up. The conditions under which they were examined were not good. Second, my father had a friend who was a doctor. He was kind of a role model though I don't recollect talking to him directly. I was 11 years old when I decided to be a doctor.

How did your family react to your decision?
My parents encouraged me. Both my father and mother came from three generations of educated people. Education was an established tradition in my family. I believe my father wanted to study medicine, but in the 1930s that wasn't easy. My father was born in 1916 on the day that the University of Fort Hare was established. My grandfather was one of the invited VIP guests at the opening. He named my father after Dr Alexander Kerr, the first principal of this black university.

My father studied at Fort Hare, but in 1937 he was rusticated from that university. In those days you had to do a Bachelors of Science degree before doing medicine. My father and others were told that they couldn't take the

Education for Health ISSN 1357-6283 print/ISSN 1469-5804 online © 2005 Taylor & Francis Group Ltd
http://www.tandf.co.uk/journals
DOI: 10.1080/13576280500042929

courses that led to medicine. Instead they had to take a 4-year course and become medical aids. My father publicly opposed this policy. He was kicked out at the end of the year. He studied law privately and worked as a public civil service. Ultimately he became a magistrate.

The University of Fort Hare became a great center for the education of South African leaders, such as Nelson Mandela, but I didn't go there.

Why was that?

In 1960 when I finished high school the Government had introduced Separate Universities Education, which meant education was going to be segregated at the university level. (Primary and secondary education were already segregated.) In protest I decided not to attend Fort Hare because it would change. So in 1962 I went directly from matriculation to the University of Natal to study medicine.

In 1953 a Black Faculty of Medicine had been established within the ''white'' University of Natal. When I entered the school, out of 40 students only 10 were Africans. The rest were South African Asians who were more advantaged and dominated in numbers until 1978. At Natal's medical school, blacks had to do 7 rather than 6 years. The rationale was that blacks weren't sufficiently educated. In spite of a first class pass in the matriculation exam, I had to study medicine for 7 years.

In 1978 the Nationalist Government created Medunsa (Medical University of South Africa) to take care of all the blacks in the south, including neighboring countries. The school was established, not because the government had a change of heart but rather the white electorate wanted the medical school at Natal for themselves.

An Act of Parliament called for removing all black students from Natal and taking them to Medunsa in the 1970s. The black students protested and threatened to bring the place down. This was an historical event. A militant black student organization was born. This was the line of the Black Consciousness Movement sweeping over South Africa.

In 1994 the new democratic government abolished all segregationist policies. All medical schools were open to blacks. There was a new mandate to train more blacks. Admissions were to represent the national demographics. At that time whites were only 20% of population but 80% of the doctors were white.

By 2007 there must be full demographic representation, i.e. 67% to 70% black. Many of the medical schools are already at 40% or 50% black. They are under tremendous pressure to meet National Targets.

What about the University of Transkei – your university (UNITRA)?

It has a unique history. It was started in 1985 in the old homeland of Transkei. We had a separate medical council. UNITRA was incorporated into the new South Africa in 1996. We have a 97% black student body. The faculty is about

90% black. Seventy percent is still foreign because when the school started it didn't have the support of local people (South Africans). This was because the area was rural and inhospitable.

Were you among the founders of the University of Transkei?
No. Why I wasn't there is part of my story. During medical school, I was very active as a Christian student leader. I was Chairman of our Student Christian Fellowship for 4 years. During my fourth year of school, my Pastor informed me that the Methodist church was looking for young Christian leaders to send to the first Methodist Youth Conference in Bath, England. I had to write an essay and have interviews. The church wanted to send a multiracial team – one African, one Indian, one Colored, and one white. I won the category for the African group.

Good for you!
I was also asked to represent the South African medical students at the International Conference of Christian Medical Students, which was taking place in Oxford, England, In the 6 weeks between the two conferences, my professor arranged for me to do an elective in obstetrics/gynaecology at Oxford. I prize the fact that I was the first and only student from our medical school to do an elective in Oxford.

When I returned from England, I toured South Africa giving talks to young people, informing them about my experiences and encouraging them in the Christian movement. I was so inspired by these experiences that I decided that when I finished medical school I would do three years of mission hospital work, which I did.

In 1972 I was recruited to work in a private practice in Lusikisiki, Transkei. I was called a District Surgeon – doing forensic work for 5 years, including social security and disability.

I went back to medial school in 1977 to specialize. I had been out of medical school for 8 years and had family and children so I wanted to spend the minimum amount of time possible. I registered in January and wanted to write the examinations by October. My teachers said that wasn't possible, that I needed to spend at least a year before writing the exams. I was upset.

In September 1977, I attended the College of Surgeons Course in London. Meanwhile, before I left South Africa I had registered to take the exams at the University of Edinburgh. So I wrote the exams in Edinburgh in 1977 and passed the first time. I packed my things and went home because I didn't have to finish the course in London.

Even though the faculty of medicine at University of Natal was designated to promote blacks, there was still a lot of discrimination. The head of my department kind of apologized for the way they treated me. For example, when I passed my exams, they said, ''You're lucky''. I replied, ''Well maybe I'm lucky

but fools are seldom fortunate''. So the professor was saying in a way, ''What can we do to make up for this?''.

I said I wanted to do an elective abroad. He organized for me to work in Glasgow, Scotland. But in 1979 when I was ready to go to Glasgow, there had been a political change in South Africa. My homeland of Transkei was now an independent state. When I went to England in 1977 I had used a South African passport. In 1979 when I tried to renew my passport, I was told that I was no longer eligible for a South African passport. Because I was born in the Transkei, they told me that I needed to get a Transkei passport, which I did. When I went to the British consulate, they said they didn't recognize Transkei as a state and so couldn't recognize my Transkei passport.

Fortunately, I talked to an old and wise friend who said he thought there was an international law that if you have a problem in a country that was formerly a colony, you can go back to that country and apply for some help. Great Britain was the last colonial power in South Africa. They issued me some special traveling documents. But I had to be declared a ''stateless citizen''.

That must have been very difficult!

Yes. I did an exchange registrarship program for a year at Glasgow Royal Infirmary. I also successfully wrote my exams after two years, even though the course was 4 years long.

I realized that things weren't right for me at home. I wanted to work abroad and had an invitation from Canada. When I applied for a visa, they said that I needed a South African passport. Fortunately, the ambassador in the South African Embassy in Scotland was a progressive man who said I could have a South African passport provided that Transkei had no objection. Transkei, however, had an objection. They said it was unconstitutional and would undermine the sovereignty of the Transkei government. They said if I came home they could arrange for me to travel. Unfortunately, I believed them and did not ask for political asylum. In retrospect, I think it was good for me and my community.

What did you do?

I returned back home to complete my two years, I gave up the idea of working abroad. In 1982 I returned to my old village Lusikisiki where I had a private practice and did some hospital work.

When did you get involved with the University of Transkei?

In 1985 when the idea of a medical school came up I was offered the position of Founding Dean, which I declined politely. I was still very angry that Transkei had objected to my travel.

In 1986, I was invited to be Head of the new Department of Anatomy, which I declined politely. I was under more pressure now. I had to take them off my

back so I said, ''Come back to me in three years time when you establish the Department of Surgery''.

They came back. Students were going into their clinical years. I didn't have any excuses. My anger had simmered, and I had matured. I was somewhat reluctant. The medical school still didn't have the kind of recognition that it should have had. Its establishment was a political decision. Strategic planning and the basic work of building the infrastructure had not been done. I didn't see the future clearly.

But I said, I'm in Africa. I'm an African. Let me leave out the politics and look at the broader picture. We needed more black doctors. I was the only surgeon for a population of 300,000 people. What happens after me? Maybe my task should be to train more doctors and let bygones be bygones (to quote Madiba).

I was supposed to start work in January 1990, but I kept postponing. In February, Nelson Mandela was released from jail. I knew then that the future of the university and this medical school were secure, that politically South Africa would never be the same again, and that things could only get better. On 1 April 1990, I joined the University of Transkei. I was Professor of Surgery, but not Head of the Department because someone was there. In 1991 he left and I became Head, and I still am.

In 1991 I was made Chairman of the Medical Education and Selection Committees. In 1993 we established a medical education unit. In 1994 I was elected Dean. The deanship runs on a 3-year cycle. I've had three 3-year cycles. I'm on my tenth year. The last year was by mandate because we are merging with two teknicons (polytechs). They are tertiary institutions that traditionally offer diplomas and national certificates in technology. We are forming the Walter Sisulu University of Technology and Science.

What are you most proud of during your tenure as Dean?

Two things. Firstly, establishing a successful community-based, problem-based program and popularizing it among the medical schools in South Africa. Credit needs to go to the Founding Dean, Professor Xaba Mokoena. When the school was first started, people asked, ''Why are you starting another medical school? Having more doctors is fine, but how are you going to address the rural/urban imbalance?''. So the founders had to come up with an innovative curriculum. Professor Xaba Mokoena was the visionary who put forth the concept and established the medical school along those lines.

In 1991 when I was made Chairman of the Medical Education Committee, it was my job to help implement the curriculum. This included running workshops, visiting other institutions.

Secondly, in 2000 we started the postgraduate program. Now in 2004 we hope some specialists will graduate this year. We've actually been doing family medicine for quite a time, and we have people who have qualified. Also, we started the MPH (Master of Public Health) program this year.

You and your colleagues have much to be proud of. What has been the impact of your school on your community?
The community has been so involved with the faculty that they see it as theirs. There's a sense of ownership. Mind you at one time (1999) the former Minister of Education threatened to close the University of Transkei. The community stood up in arms and supported the university strongly, with political lobby.

Our total student population was something like 5000 full-time students and about 2000 part-time students. The Minister of Education told us that we needed 15,000 or 20,000 students to be a viable institution. ''What's going to happen to the medical school?'' we asked. They replied, ''The medical school can move to another university. We said, ''The Department of Health has spent 350 million rands on a new Nelson Mandela Academic Hospital. How can they close that?''. In the end the minister himself admitted that the medical school was the only reason that he couldn't close our university. So when you ask, ''What is the impact of the medical school on the community?'', the answer is, ''It's tremendous.''

The medical school gives access to poor disadvantaged children who would otherwise have no access to medical school were it not for UNITRA. Our target is 120 graduates by 2010.

Your school wants to produce more rural physicians. Roughly what percentage of your graduates are practicing in rural areas?
More than 50%. We think it's not just the training. Students who come from rural areas seem more ready to practice in rural areas, so we're recruiting 50% of our students from rural environments, and 40% are staying there because it's their home. Some will also want to go to the bright lights of the city. That's natural. We think students stay longer in rural areas and function more effectively, if we give them the skills they need.

What do those skills include?
Advocacy in public health and human rights. We want students to have a sense of responsibility. For example, it's not good enough for physicians to sit in the clinic and give out malaria tablets. They should be talking with public health authorities about issues that are going to improve people's living conditions.

Health education promotion is important. More than 50% of the population of South Africa lives in rural areas. This is largely a poor black population that isn't highly educated.

More clinically relevant research is needed. For example, we're fighting HIV/AIDS, but we have to find out why the trends aren't going down, why people aren't taking advice regarding prevention and antiretroviral therapy (ART).

Students are taught research in the community early in the third year. Students are self-directed life-long learners who can function equally in third and first world environments. We train them with a holistic approach.

You are also the President of the Colleges of Medicine.
South Africa has Colleges in 25 specialties in medicine and dentistry. However, in the mid 1960s, since some of the colleges are quite small, they decided to amalgamate and found one organization that embraces all of the colleges.

After 1994 the colleges went through a transformation. They were asked to look for people with leadership potential. That's why in 1998 I was invited to become part of the College of Surgeons. I was elected to become a member of the senate, which consists of the presidents of all of the colleges plus the representatives. I served on the senate for two trienniums (6 years). In the third triennium, I was elected as the senior vice president for about 18 months. Then last year in October, I was elected President of the Colleges by the 52 members of the senate. (I was unopposed and elected with acclamation.) I'm the first black to become the president of the Colleges of Medicine.

That's wonderful! What are you most proud of regarding the Colleges of Medicine?
The Colleges were seen as a colonial offshoot of the Royal College of Surgeons of England. We have maintained good links with the colleges in the Commonwealth Committee. Our fellowships are well recognized worldwide. However, the Colleges of Medicine is also committed to becoming a truly South African body that is invested in Africa. We want to help African countries train their specialists. So part of my mandate in the next three years is to make contacts with African colleges and offer our assistance in training and retaining South African specialists and preventing the ''brain drain''. Next year we're celebrating our 50th anniversary. I'm going to visit all the provinces. I've already contacted colleges in East and West Africa with the idea of offering assistance and encouraging them to write our fellowship examinations.

You're part of the regional group of The Network: TUFH? What do you hope to accomplish?
We want to translate and implement some, if not all, of the ideals of the Network in the African context. I see the African regional group doing more than networking. We need to practically assist each other in implementing problem-based learning (PBL) and community-based learning (CBL). This means sharing human and other resources.

PBL will always take the character of the environment of the people. It's not possible always to directly transplant things from North to South or West to East. So we're trying to find something that will work for Africa.

You are involved in many worthy endeavors. Thanks for sharing your story. Best wishes in all of your important work.