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South African Historical Journal

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t793706093>

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Online publication date: 25 May 2010

To cite this Article Hadfield, Leslie(2010) 'Biko, Black Consciousness, and 'the System' eZinyoka: Oral History and Black Consciousness in Practice in a Rural Ciskei Village', South African Historical Journal, 62: 1, 78 – 99

To link to this Article: DOI: 10.1080/02582471003778342

URL: <http://dx.doi.org/10.1080/02582471003778342>

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Biko, Black Consciousness, and ‘the System’ eZinyoka: Oral History and Black Consciousness in Practice in a Rural Ciskei Village¹

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Abstract:

Part of a larger research project on the community development programmes of the Black Consciousness movement (1969–1977), this article focuses on the relationship between the Zanempilo Community Health Centre and the people of Zinyoka, the village where Zanempilo operated. The article begins with an overview of community work within the Black Consciousness movement and the formation of the Black Community Programmes (BCP) organisation. It then follows Steve Biko to King William’s Town, where he established a branch of the BCP. The article turns to Zinyoka as it explains why and when Zanempilo was built there and analyses its influence on the community. Drawing upon oral history interviews of Zinyoka residents and BCP employees, it argues that Black Consciousness action in the form of the clinic physically and economically improved Zinyoka, if only temporarily, and instilled a sense of human dignity in the residents. Situating this story in Zinyoka brings into relief the dynamics of Ciskei politics in the village in the 1970s and the role of the apartheid ‘system’, a landed, educated black class and the church. It adds to our understanding of the Black Consciousness movement as it demonstrates that oral history and the history of grassroots movements is important to liberation movement historiography.

Keywords: Black Consciousness; Steve Biko; community development; Zanempilo; Zinyoka; rural Ciskei; Mamphela Ramphele; Benjamin Tyamzashe; oral history; liberation

The village of Zinyoka lies nine kilometres from King William’s Town, near the old Ciskei capital of Bhisho. It has a small number of residents who work at a nearby brick manufacturing plant, earn wages in King William’s Town, or depend on social grants. Few Zinyoka residents,

1. I would like to thank Lindani Ntenti, Social History and Leadership Development Officer at the Steve Biko Foundation, for his research assistance as a translator and co-interviewer and for insights he has shared. Palesa Mothlabane aided in translating and transcribing interviews conducted in Xhosa. I am also grateful to my advisor, Peter Alegi, and Lungisile Ntsebeza, Sifiso Ndlovu, Raymond Suttner, Peter Limb, Walter Hawthorne, Natalie Bowen and anonymous reviewers for their comments and suggestions in the revision process of this article. My research during 2008 was supported by a Fulbright IIE grant.

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apart from composer Benjamin Tyamzashe, have risen to any fame. For the most part, Zinyoka has remained an obscure village in the history of South Africa. Yet, from 1974 to 1977, it was a hub of activity. People from neighbouring villages, political activists, businessmen, philanthropists, international visitors and the security police of the apartheid government all came to the Zanempilo Community Health Centre, a project of the Eastern Cape Branch of the Black Community Programmes (BCP), run by Steve Biko.

Zinyoka was both typical and atypical in the 1970s. As a rural village in a historic 'native reserve' moving towards independence under apartheid's policy of so-called separate development, it suffered from the effects of migratory labour and state neglect like many other rural locations. Yet, unlike most of its neighbours, Zinyoka hosted a project of the Black Consciousness movement.² This article tells the story of the Zanempilo Community Health Centre by situating it in its place: the rural, Ciskei village of Zinyoka. Doing so provides a better understanding of the under-explored community work of Black Consciousness activists as well as insights into the dynamics of 1970s politics in the rural Ciskei. In many ways, Biko is at the centre of this story because of his role in the Black Consciousness movement, the BCP organisation, and the memories of Zinyoka residents. Yet others also shaped how history unfolded there: the BCP staff, the church, and a landed, educated black class. State security police forces (part of the apartheid 'system') also played a key role.

Zinyoka residents and BCP staff members have an important place in the story. Listening to their voices tells us how these rural black South Africans in the Ciskei, particularly women, experienced apartheid and encountered the Black Consciousness movement. This movement is often seen as restricted among an urban intelligentsia. While this is largely true, in the Eastern Cape, Black Consciousness activists ran their major projects in rural communities. Examining the nature and consequences of those projects can add a rural perspective to a South African historiography that has an urban bias. It also demonstrates how the perspective of those involved at the grassroots level can provide valuable insights into the impact of South African liberation movements in general.³

2. For more on political movements in Eastern Cape homelands, see, in particular, L. Switzer, *Power and Resistance in an African Society: The Ciskei Xhosa and the Making of South Africa* (Madison: University of Wisconsin Press, 1993); L. Ntsebeza *Democracy Compromised: Chiefs and the Politics of the Land in South Africa* (Boston: Brill, 2005); B. Magubane *et al*, 'Resistance and Repression in the Bantustans', South African Democracy Education Trust (SADET), *The Road to Democracy in South Africa*, Volume 2, 1970–1980 (Pretoria: Unisa Press, 2006), 749–802; and B. Maaba, 'An Eastern Cape Village in Transition: The Politics of Msobomvu', in UCT Historical Studies Department, *From Apartheid to Democracy: Localities and Liberation* (Cape Town: University of Cape Town Historical Studies Department, 2007), 12–48.
3. Ineke van Kessel makes a similar argument about the dynamics between local and national liberation movements in '*Beyond Our Wildest Dreams*': *The United Democratic Front and the Transformation of South Africa* (Charlottesville and London: University Press of Virginia, 2000). Luvuyo Wotshela also argues this while linking urban and rural in 'Insurrection and Locally Negotiated Transition in Stutterheim, Eastern Cape, 1980–1994', in UCT Historical Studies Department, *From Apartheid to Democracy*, 49–68. See also W. Beinart and C. Bundy, *Hidden Struggles in Rural South Africa: Politics and Popular Movements in the Transkei and Eastern Cape 1890–1930* (London: James Currey, 1987); H. Bradford, *A Taste of Freedom: The ICU in Rural South Africa, 1924–1930* (New Haven: Yale University Press, 1987); and P. Delius, *A Lion amongst the Cattle: Reconstruction and Resistance in the Northern Transvaal* (Portsmouth, NH: Heinemann, 1996). Some of the works that deal with the Ciskei in the 1970s (and related time periods) in addition to those cited elsewhere in the article include S. Bekker, P. Black and A. Roux, *Development Issues in Ciskei* (Grahamstown: Rhodes University, 1982); N. Charton, ed., *Ciskei: Economics and Politics of Dependence in a South African Homeland* (London: Croom Helm, 1980); A. Mager, *Gender and the Making of a South African Bantustan* (Portsmouth, NH: Heinemann, 1999).

Oral history, despite its limitations, is crucial to constructing the history of the Zanempilo Community Health Centre. The written record offers little evidence for such a history, as many documents confiscated by the apartheid government in 1977, when all Black Consciousness organisations were declared illegal, are seemingly missing.⁴ Oral history can provide information on organisations such as the BCP that have a thin paper trail. Moreover, how the programmes changed the lives of people in Zinyoka does not appear in the available documentation. Nostalgia and praise of Biko may have made for overly positive memories of Zanempilo; yet, how Zinyoka residents and BCP staff interviewed for this article remembered Zanempilo tells us how they view the impact it had on their lives.⁵ Testimonies reveal that, although short-lived, Black Consciousness activists succeeded in improving the economic and physical health of Zinyoka and restoring a sense of human dignity in its residents. Because of this, Zinyoka was a place where Black Consciousness became a reality.⁶

Community Development and the Black Consciousness Movement

The Zanempilo clinic⁷ had a heritage. Community work was an integral part of the Black Consciousness movement, begun by Steve Biko, Barney Pityana and other black students who formed the South African Student Organisation (SASO) in 1969. SASO community development projects often involved health care work, since many of the core students in the organisation studied medicine. The Black Consciousness emphasis on uplifting the black community and black self-reliance influenced the formation of the BCP in 1972, sponsored initially by the South African Council of Churches and the Christian Institute. It was this organisation that provided the structure and support to implement Black Consciousness community work on a greater scale and build the Zanempilo clinic in Zinyoka.

In a 1970 SASO newsletter, Steve Biko defined Black Consciousness as a philosophy and movement ‘to make the black man come to himself; to pump back life into his empty shell; to infuse him with pride and dignity’.⁸ Part of ‘pumping life’ into black South Africans and infusing them with pride and dignity was community development. This aspect has received little attention in the academic literature on South Africa’s Black Consciousness movement that

4. Aside from BCP pamphlets and reports and a few random papers in archival collections (mostly held at the William Cullen Library at the University of the Witwatersrand and the African Studies Documentation Centre at the University of South Africa), none of the BCP records confiscated by the police can be found in government archives.
5. See, for example, SADET, *Road to Democracy*, particularly *Volume 2*, xvii–xix; H. Pohlandt-McCormick, *I Saw a Nightmare’: Doing Violence to Memory: The Soweto Uprising, June 16, 1976* (New York: Columbia University Press, 2006); and S. Nuttall and C. Coetzee, eds., *Negotiating the Past: The Making of Memory in South Africa* (Cape Town: Oxford University Press, 1998).
6. This phrase comes from a conversation I had with Daniel Magaziner in San Francisco, 2006.
7. Zanempilo was officially named a ‘Community Health Centre’ representing its broader aims. I use the more widely used colloquial word and current name – ‘clinic’ – for convenience.
8. Frank Talk (Steve Biko), ‘I Write What I Like: We Blacks’, *SASO Newsletter* (September 1970), 16.

has largely focused on its political and ideological dynamics.⁹ Yet, it is clear from organisational reports, minutes of meetings, and interviews of former SASO members that community development was part of the Black Consciousness philosophy and SASO's mission from its inception. Proponents pointed to white racism with its psychological, structural, and material impact as the foremost problem in South Africa. Black Consciousness philosophy sought to refashion black people through an awakening to their inherent worth and potential. It taught that awakened or 'conscientised' black people, if free from stifling white liberal leadership, could then build 'a new culture and value orientation' which would 'articulate the priorities and needs of the black people and act in terms of those needs'.¹⁰ Community work was integral to the Black Consciousness vision of a complete transformation of South African society that would have psychological, cultural, and economic implications.¹¹ Community projects were an immediate and practical way of working towards that transformation and addressing poverty.¹² Through the projects, students would identify with the 'daily struggles' of the oppressed and spread Black Consciousness. Community members would be enabled both psychologically and materially to take control of their lives and reach their full potential.¹³

Work in black communities served to alleviate black poverty and prepare students to 'act in terms' of the priorities and needs of their people. At their first training meeting, SASO students described 'work among the people' as one of their 'primary occupations' that was 'designed to help alleviate the suffering so apparent amongst mainly the nonwhite people'.¹⁴ When speaking

9. See, for example, G.M. Gerhart, *Black Power in South Africa: The Evolution of an Ideology* (Berkeley and Los Angeles: University of California, 1978); C.R.D. Halisi, *Black Political Thought in the Making of South African Democracy* (Bloomington: Indiana University Press, 1999); and R. Fatton Jr., *Black Consciousness in South Africa: The Dialectics of Ideological Resistance to White Supremacy* (Albany: State University of New York Press, 1986). Mamphela Ramphlele wrote the single evaluation of Black Consciousness movement and community development, 'Empowerment and Symbols of Hope: Black Consciousness and Community Development,' in B. Pityana *et al*, *Bounds of Possibility* (Cape Town: David Philip Publishers, 1991). M. Mzamane, B. Maaba, and N. Biko acknowledge Black Consciousness community work in 'The Black Consciousness Movement', SADET, *Road to Democracy Volume 2*, 99–159.
10. Barney Pityana as quoted in D. Woods, *Biko*, 3rd ed. (New York: Henry Holt and Company, 1991), 39.
11. For a discussion on the Black Consciousness vision of creating a new world, see D. Magaziner, *The Law and the Prophets: Politics, Faith and Hope in South Africa, 1968–1977*, New African Histories Series (Athens OH: Ohio University Press, forthcoming 2010).
12. See SASO, 'Report on Seminar on Community Development involvement, including: V. Mafungo, "Some Aspects of Community Development"', 10 July 1971, accessed from DISA – Digital Imaging South Africa, www.disa.nu.ac.za, August 2006 (hereafter DISA); 'Community Development Project Proposals (Prepared in September 1971), fundraising proposals for community development, literacy, student benefits, publications' (DISA); and 'Report on the Commission on Community Development', 1971/1972, Historical Papers, Cullen Library, University of the Witwatersrand (hereafter Cullen), SASO Accession A2176. See also H. Nengwekhulu, 'Community Action and Development', 1972 (Cullen A2176), and 'Conference News', *SASO Newsletter* (August 1970), 3; Harry Nengwekhulu, interview by the author, 31 July 2008, Pretoria; and Dr Mncedisi W. Jekwa, interview by the author, 11 May 2008, Beacon Bay, East London.
13. See Biko, 'Black Souls in White Skins' and 'We Blacks', in *I Write What I Like* (Randburg: Ravan Press, 1996), 19–32.
14. SASO, 'Report on the 1st National Formation School, held at the University of Natal Black Section, 1–4 Dec, 1969' (DISA).

about the role of community development in the Black Consciousness movement, Barney Pityana explained that

community development initiatives were an inherent part in our view of the ideology and thinking of Black Consciousness, in that, the essence of Black Consciousness was to connect students with their roots and their communities and with the struggles – daily struggles – of their people.

For them, blackness was ‘that inner sense of identification with black life, with black communities, black aspirations and struggles of the oppressed’. Thus, by encouraging students to help build public facilities and houses, and volunteer in clinics and literacy projects, they not only filled a need, but hoped to ‘address the problem that students become an elite that is disconnected from their communities’.¹⁵

SASO students felt a responsibility to use their skills and education to help build black self-reliance and initiate a transformation of society. They defined community development as ‘making a community conscious of their need to undertake a venture jointly,’ resulting in people ‘undertaking [their] own schemes geared at corporate action, self-reliance and self-help’.¹⁶ Peter Jones and Mamphela Ramphele, former students from the University of the Western Cape and the University of Natal Medical School (respectively), both recalled the sense of the need for students to uplift and empower their people that developed among the SASO membership. Jones stated that as the students met in study groups to discuss social and economic theories and methodologies, ‘it was almost a logical thing that when we [looked] at the world and when we [looked] at the people, that we would see people that we recognized, we knew and understood, and we knew we had to work with people’.¹⁷ Ramphele explained that SASO students

became quite convinced that the only way we were going to have freedom in this country [was] to engage in restoring the dignity of people and encouraging people to be their own masters and mistresses, to be agents of history rather than its victims. And so during the vacations we used to have what we called creative development work camps...¹⁸

In their quest to refashion black South Africans into ‘agents of history,’ SASO students recognised the relation between a sense of human dignity and one’s material circumstances.

SASO’s programmes sought to address a range of pressing educational, economic and health needs. Their first programmes included ‘physical projects’ – students repaired schools or built houses during school holidays. They also proposed to provide instruction on home finance management and agricultural techniques.¹⁹ SASO students discussed ways to improve the content of and access to education and held leadership development seminars (or ‘formation schools’) and various youth programmes.

15. Barney Pityana, interview by the author, 20 March 2008, East London.

16. SASO, ‘Report of Leadership Training Seminar, Edendale Lay Ecumenical Centre, Pietermaritzburg, 5–8 Dec. 1971’ (DISA).

17. Peter Jones, interview by the author, 22 April 2006, Athens, Ohio.

18. Mamphela Ramphele, interview with Mary Marshall Clark, 2 August 1999, Cape Town, South Africa, Carnegie Corporation Oral History Project http://www.columbia.edu/cu/lweb/digital/collections/oral_hist/carnegie/video-interviews/, last accessed 16 January 2009.

19. For example, ‘Report on the 1st National Formation School’ and ‘Commissions presented at 5th GSC’, 1974 (DISA).

The University of Natal, Black Section (UNB) acted as the unofficial headquarters of SASO. Medical students at UNB naturally formed a SASO stronghold with Steve Biko and his fellow medical students among the first advocates of SASO and Black Consciousness. They placed importance on health issues and included health projects in almost all of their community development plans. They saw a particular need for primary and preventative health care.²⁰ They used their education and skills to uplift black communities by volunteering at health clinics, distributing health educational material, and hoped to provide mobile clinics in certain areas.²¹

As the black student movement grew in the early 1970s, non-student activists formed the Black People's Convention (BPC) and the Black Community Programmes (BCP) organisations. The BPC acted as a primarily political organisation. The BCP focused specifically on providing access to health care and education and fostering black economic self-reliance. It was largely an ecumenical initiative. From 1969 to 1971, the Christian Institute and the South African Council of Churches sponsored a Study Project on Christianity in South African Society (SPRO-CAS 1). Six commissions (Economic, Social, Legal, Politics, Church, and Education) drew upon social science research to analyse the impact of apartheid on South Africa. They studied the consequences of the migrant labour system, the erosion of civil liberties, and access to and the quality of education. At the end of 1971, those involved in SPRO-CAS 1 decided to put the recommendations of the six commissions into action. They formed the Special Project on Christian Action in Society (SPRO-CAS 2) with three main initiatives: publications, white community programmes, and black community programmes.

The bulk of SPRO-CAS 2 resources went to BCP. SPRO-CAS director, Peter Randall, emphasised the need for black initiative, writing that the radical change called for by SPRO-CAS 1 would be most effectively led by black South Africans.²² Randall appointed Bennie Khoapa as the head of BCP, which brought the programme into the Black Consciousness movement. The directors of SPRO-CAS knew Khoapa through his work as the national secretary of the Young Men's Christian Association (YMCA), based in Durban. He was also known to Biko and SASO students who had developed a relationship with Khoapa after Biko had invited him to participate in a conference on black identity. Khoapa agreed to direct the BCP if he was given a free hand to focus on what he considered to be the concerns of his people and the core problem in the country – the way black people were treated.²³ The goals of the BCP were clearly Black Consciousness. They aimed 1) to help the black community become aware of its own identity; 2) to help the black community to create a sense of its own power; 3) to enable the black community to organise itself, to analyse its own needs and problems and to mobilise its resources to meet its needs; 4) to develop black leadership capable of guiding the development of the black

20. SASO medical students did not seem to reject western medicine, despite the Black Consciousness emphasis on adhering to African values. This will be dealt with more in my forthcoming dissertation.

21. See, for example, 'Report of Leadership Training Seminar at Edendale Lay Ecumenical Centre, Pietermaritzburg, 5–8 Dec. 1971', 9, and SASO General Student Council meeting reports on projects in New Farm, Phoenix, Dududu, and Winterveld projects (DISA; Cullen A2176; and Karis Gerhart Collection).

22. P. Randall, *A Taste of Power* (Johannesburg: SPROCAS, 1973).

23. Bennie Khoapa, interview by the author, 4 June 2008, Durban.

community.²⁴ In short, in Ramphela's view, the BCP '[gave] practical effect to the philosophy of black self-reliance, self-help, and liberation through development of the whole person'.²⁵

The BCP operated under SPRO-CAS 2 for just under two years before becoming an independent organisation. In January 1972, it began by coordinating, communicating and cooperating with black groups already working to uplift the black community. For example, the BCP held conferences with black clergy and published a catalogue of black organisations. They also conducted youth and worker programmes in conjunction with SASO and drew up plans to provide health services.²⁶ In September 1973, the BCP became an autonomous organisation, known as BCP Limited. It still received funding from the Christian Institute and the South African Council of Churches and operated virtually in the same way; however, in all other respects, as a Black Consciousness-aligned organisation, it worked free from the white liberals who directed SPRO-CAS. Other significant funds were donated by Scandinavian churches, organisations such as the International University Exchange Fund (based in Geneva), and the Anglo-American Corporation.²⁷

The BCP Goes to Zinyoka

In 1972, the BCP hired two SASO students as field workers, Steve Biko and Bokwe Mafuna. Biko was expelled from medical school at the beginning of the year, and his employment by the BCP allowed him to continue his political and community work. In February 1973, the South African government banned SASO leaders in an attempt to curb the influence of Black Consciousness which was growing into a movement outside of universities and taking a more political stand against apartheid. The state sent Steve Biko to the King William's Town district in hopes that his banning orders would end his involvement and influence. Yet, instead of Biko becoming isolated from the BCP, he made the King William's Town area a centre of Black Consciousness activity. Biko established an Eastern Cape branch of the BCP, based at 15 Leopold Street in King William's Town, and the Zanempilo clinic became a symbol of Black Consciousness.

According to Khoapa, the BCP had drawn up plans to build a community health centre before funds were secured and a site was chosen. Biko initiated the idea for a black-managed and staffed

24. 'Black Community Programmes (Spro-Cas 2)', pamphlet, 1972, in 'The Black Consciousness movement of South Africa – Material from the collection of Gail Gerhart', filmed for CAMP 1979.
25. M. Ramphela, *Across Boundaries: The Journey of a South African Woman Leader* (New York: The Feminist Press, 1996), 94.
26. See 'SPRO-CAS 2 (the Study Project on Christianity in Apartheid Society)', concept paper and report, 1971; BCP pamphlet, 'SPRO-CAS 2 BLACK Community Programmes – suggestions for action', 1972; 'Black Community Programmes (Spro-Cas 2)', pamphlet (Gerhart filmed collection); 'BCP Year Report, 1973', Documentation Centre for African Studies Unisa Archives, AAS20, Black Community Programmes (hereafter Unisa AAS20), and B. Khoapa interview, 4 June 2008.
27. For discussions on the Black Consciousness movement and funding, see T. Sellström, 'Sweden and the Nordic Countries: Official Solidarity and Assistance from the West', in SADET, *The Road to Democracy in South Africa*, Volume 3, *International Solidarity* (Pretoria: Unisa Press, 2008), 471–476, and T. Karis and G. Gerhart, *From Protest to Challenge, Volume 5, Nadir and Resurgence, 1964–1979* (Bloomington: Indiana University Press, 1997), 120–123.

clinic. With the greatest input from Biko and Ramphele, the BCP developed a proposal.²⁸ The funds came when Angela Mai, a German citizen born in South Africa, approached the BCP with a sum of inheritance money frozen within South Africa that she was interested in donating to a worthy cause. When she met with Khoapa in Durban, he presented their recently completed plans for a clinic and won her support. She gave the BCP between R20 000 and R30 000 to cover the start-up costs.²⁹ The BCP recruited Ramphele, then a qualified doctor working at the nearby Mt. Coke Mission Hospital, to act as the head medical officer.

After gaining financial resources, the next step was to find a place to build the clinic. The BCP could have chosen almost any place in the Ciskei region surrounding King William's Town and it would have filled a great need for health care and poverty alleviation. After decades of serving as a labour reserve for white South African farmers and industry, the Ciskei further suffered from a shift in policy by the apartheid state in the 1960s and 1970s. In the 1960s, the government started implementing 'separate development' by preparing ten designated homelands (comprising only thirteen per cent of South Africa's geographical area) for 'self-government'. Ciskei and other homelands already suffered from the effects of migrant labour, decreased agricultural sustainability, and state neglect of basic services. The relocation of thousands of people to these regions and the transfer of government administration to sometimes incompetent and often corrupt 'tribal authorities', contributed to the economically depressed situation for residents of the homelands. Supposed agricultural 'betterment' programmes did not help.³⁰ In the long run, this top-down plan to move the majority of black South Africans into ethnically defined regions would allow the white government to 'resettle unwanted African labor, establish new mechanisms of political control' and abdicate the state of responsibility for providing infrastructure and basic services for black South Africans.³¹

As the 'principle dumping ground' for Xhosa-speakers, the Ciskei was particularly hit hard.³² An Anglican priest, David Russell, brought attention to the destitute area of Dimbaza in 1972, when he lived on the rations of those resettled there (R5 per month). Resettlement in the Ciskei resulted in areas still considered rural 'because of their remote geographical location which is generally the countryside', becoming as densely populated as urban areas.³³ Like urban areas,

28. B. Khoapa interview, 4 June 2008, and 3 November 2008, Durban.

29. Khoapa said R30,000, while Ramphele wrote that the sum was R20 000. The BCP yearly report for 1975 puts the start-up costs at R30 000 but does not indicate where the money came from. See B. Khoapa interview, 3 November 2008; M. Ramphele, *Across Boundaries*, 95; and BCP '1975 Report', 4 (Unisa AAS20).

30. C. de Wet, *Moving Together, Drifting Apart: Betterment Planning and Villagisation in a South African Homeland* (Johannesburg: Witwatersrand University Press, 1995), esp. 52; P. McAllister, 'Resistance to "Betterment" in the Transkei: A Case Study from Willowvale District', *Journal of Southern African Studies*, 15, 2 (January 1989), 346–368.

31. L. Switzer, *Power and Resistance*, 313.

32. *Ibid.* See also L. Platzky and C. Walker, *The Surplus People: Forced Removals in South Africa* (Johannesburg: Ravan Press, 1985).

33. L.E. Wotshela, 'Homeland Consolidation, Resettlement and Local Politics in the Border and the Ciskei Region of the Eastern Cape, South Africa, 1960–1996' (PhD thesis, Oxford University, 2001), 14 (see also 4).

people were no longer ‘dependent on agriculture’ (hindered also by drought³⁴) but lived ‘on wages and pension payouts’.³⁵ Furthermore, the Ciskei lacked adequate health services to accommodate the existing population, let alone the influx of victims of forced removals. Rural health clinics and mission hospitals, scattered ten to twenty kilometres from other health facilities, were few and far between. These facilities generally lacked medical supplies and personnel, particularly doctors.³⁶

Zinyoka fit within the larger trends in 1970s Ciskei. A BCP brochure produced after the first year of the Zanempilo clinic’s operation stated that the people served were ‘mainly rural people living on trust lands, freehold lands and white farms between King William’s Town and Frankfort’. Many women relied on wages from husbands who had gone to work in mines on the Rand while others worked as domestic workers in neighboring towns and farms. The BCP reported: ‘Most of the patients come from families averaging six in number and living on an income of between R5 and R10 a week.’ It continued: ‘The patients are mainly women and children and men over the age of 50 since most young men are away on migratory labour.’³⁷ Residents in Zinyoka and neighbouring villages had limited options for health care. Grey Hospital in King William’s Town mainly served white people. Mission hospitals were far from Zinyoka and under-resourced. The Mt. Coke Mission Hospital, nearly twenty kilometres east of King William’s Town, reportedly

34. Meetings of Headmen and People, 30 December 1965, Victoria East; 26 June 1968, District Administration meeting, Eastern Cape Archives and Records, Box N1/15/4; Sabra Study Group of Fort Hare, *The Ciskei – A Bantu Homeland: A General Survey* (Alice: Fort Hare University Press, 1971); Rev. David Russell, interview by the author, 15 May 2008, Cape Town; Nontobeko Moletsane, interview by the author, 16 June 2006, Amalinda.
35. Wotshela, ‘Homeland Consolidation,’ 14. A study conducted by a team from the University of Fort Hare in the villages surrounding Middledrift and Alice in the late 1960s alluded to the high rate of young male (and to a lesser extent, young female) urban-to-rural migration in search of wages: P.J. de Vos *et al* ‘A Socio-Economic and Educational Survey of the Bantu Residing in the Victoria East, Middledrift and Zwelitsha Areas of the Ciskei’ (Alice: University of Fort Hare, 1970).
36. See files on Ciskei Regional Authorities clinics and hospitals held at the Eastern Cape Provincial Archives and Records Services, such as Boxes 198, 224–226, 535, and 539. In 1980, the Ciskei had half of the minimum number of beds per Africans set by South Africa’s Department of Health and a ratio of one doctor to every 8 707 people: Switzer, *Power and Resistance*, 339–340. See also Southern Africa Labour and Development Research Unit, ‘Health and Health Services in the Ciskei’, Working Paper No. 54 (Cape Town: The Unit, 1983). For discussions on the glaring shortage of resources, doctors, and clinics in the homelands and the political economy of health, see L. Baldwin-Ragaven, J. de Gruchy and L. London eds. *An Ambulance of the Wrong Colour: Health Professionals, Human Rights and Ethics in South Africa* (Rondebosch: UCT Press, 1999), 20–22; and *Journal of Southern African Studies*, 13, 2 (January 1987), Special Issue on the Political Economy of Health in Southern Africa.
37. BCP Brochure, ‘Zanempilo Community Health Centre’, Unisa AAS20; also, Dr Nomonde Xundu, granddaughter of Benjamin Tyamzashe, interview by the author, 26 July 2008, Johannesburg. Zinyoka also absorbed people from surrounding areas. Stanley Roji came from a white farm and Nonzwakazi Dleb’usuku from neighbouring villages to work at the Tyamzashe home. Some Zinyoka residents said the village has only become a ‘location’ within the past 30 years.

had unsanitary and crowded nursery and maternity wards.³⁸ The next closest mission hospital was at St. Matthew's Mission in Keiskammahoeck, 35 kilometres from King William's Town.³⁹

Out of all the villages that could have benefited from a clinic, Zinyoka was chosen because of Biko's association with the Anglican Church. Biko's mother, Alice Duna Biko, attended the Anglican Church and her family had a strong connection to the church through her. The Anglican Church was a pillar of the Border Council of Churches that was running home industry, food rationing, and other community welfare and upliftment projects in the region. SASO and the BCP found a home at 15 Leopold Street in King William's Town, the Anglican's St. Chad's Church. There, they were given office space by Reverend James Gawe and Russell.

In Zinyoka, the church owned a sizable piece of land adjacent to the Tyamzashe farm. What Dr L.M. Msauli, a board member of the Eastern Cape BCP, described as a 'dilapidated mud structure that passed as a church' stood on the plot.⁴⁰ The Anglican Church leased the land to the BCP and allowed it to build the clinic there. In return, Biko and the BCP arranged for a new chapel to be built. Biko hired Barney Flusk, an acquaintance of his from the King William's Town Coloured community, to build the clinic, staff quarters, and church. Construction was completed near the end of 1974.

Benjamin Tyamzashe became an important ally in Zinyoka. Tyamzashe (also known as 'B ka T') was part of a progressive class of Africans, drawn from a Xhosa mission-educated elite family.⁴¹ He was the grandson of a counselor in the King Sandile court (based at Mngqesha, the Rharhabe Great Place) and was educated at Lovedale College. His father was a teacher, missionary, and intellectual who had married another missionary of Scottish, French, and Coloured descent. After his father's death, Benjamin Tyamzashe and his brothers were sent to live with their uncles in the Eastern Cape. Like his father, Benjamin Tyamzashe studied at Lovedale and became a teacher. Musical talent and an interest in learning European music also ran in the family. Benjamin Tyamzashe's training through formal schooling and from family members helped him become a respected composer. He wrote numerous songs and was asked by both the Anglican and Catholic Churches to compose Xhosa adaptations of the liturgy.⁴²

Tyamzashe spent most of his teaching career in Cala in the Transkei. When he retired in 1950, he became a revered elder of the Zinyoka village where he bought the land of his brother, James.⁴³ In 1968, Deirdre D. Hansen described Benjamin Tyamzashe as a respected member of the community who, although not holding official judicial authority, 'adjudicated on numerous occasions' and was called 'the Peacemaker'.⁴⁴ Zinyoka residents described the deference that Tyamzashe commanded from Ciskei president L.L. Sebe and Zinyoka headmen, claiming that

38. N. Moletsane, interview by the author, 22 May 2008, Amalinda. See also Ramphele, *Across Boundaries*, 89.

39. Dr Trudi Thomas, who had been stationed at St. Matthew's, wrote *The Children of Apartheid: A Study of the Effects of Migratory Labour on Family Life in the Ciskei* (London: Africa Publications Trust, 1974).

40. Dr L.M. Msauli, interview by the author, 24 June 2008, Mdantsane.

41. Ntsebeza, *Democracy Compromised*, 5–6.

42. D.D. Hansen, 'The Life and Work of Benjamin Tyamzashe: A Contemporary Xhosa Composer', Occasional Paper Number Eleven, Institute of Social and Economic Research (Grahamstown: Rhodes University, 1968), 17; and X. Mangcu, *To the Brink: The State of Democracy in South Africa* (Scottsville: University of KwaZulu-Natal Press, 2008), 20–21.

43. N. Xundu interview, 26 July 2008. It is unclear how the land was acquired by James and if it had any connection to the family's previous position in the King Sandile court.

44. Hansen, 'Life and Work of Benjamin Tyamzashe', 18, and Mangcu, *To the Brink*, 20–21.

no one could do anything without Tyamzashe's support (the headmen or Biko).⁴⁵ Tyamzashe would have known Biko's family through his involvement in the musical life of Ginsberg.⁴⁶ Biko and the BCP gained inroads into the community through Tyamzashe who reportedly helped negotiate with the church and village authorities for the clinic.⁴⁷ Tyamzashe also permitted the BCP to drill a well on his land to pump water to the clinic. This cooperation allowed Biko and the BCP to bypass the local Ciskeian tribal authorities who opposed the work of Black Consciousness activists and, according to Tyamzashe's daughter-in-law, somewhat soured the affable relationship that Tyamzashe had with Zinyoka's headmen.⁴⁸

Bringing and Receiving Health in Zinyoka

In Xhosa, Zanempilo means 'bringing health'. Despite the need for health care, the headmen of the village opposed the clinic 'bringing health' to Zinyoka because of its link to Biko and Black Consciousness. They tried to influence the community's reaction to Zanempilo (even calling it 'Zanerattex' – 'bringing Rattex', a brand of rat poison⁴⁹); however, it did not take long for the majority of Zinyoka residents to accept the clinic, as they saw the good it did for their community and they interacted with its staff. Many spoke of its Biko years in glowing terms as they remembered the benefits of the clinic in the context of a lack of resources within the village in 2008. They contrasted Zanempilo with the poor health services offered at the clinic or neighboring hospitals: at Zanempilo from 1974 to 1977, a patient would be cared for by kind black doctors and nurses, the clinic never ran out of medication, and in-patients would be fed. They felt it important to point out that the clinic was open 24 hours a day and even had ambulances. The way Zinyoka residents spoke of the clinic is evidence of the impact it had on those individuals and their community. While under BCP management, it not only improved the health of the people in the area, but helped some residents support their families, educate their children, and manage their households. In doing so, it gave people a sense of human dignity and self-worth that the political, social, and material situation denied them.

When asked if anyone did not accept the clinic, Zinyoka residents and BCP staff interviewed talked about how the headmen and Ciskei government opposed the clinic because of its political kinship.⁵⁰ The hostility of the headmen in Zinyoka to the clinic showed that the issue was more

45. N. Xundu interview, 26 July 2008; Mandisa Xundu, interview by the author and Lindani Ntteni, 12 August 2008, Duncan Village; Mathew N. Seyisi, interview by the author and Lindani Ntteni, 20 August 2008, Zinyoka; and Dina Mjondo, interview by the author and Lindani Ntteni, 27 August 2008, Zinyoka.

46. Bennet Sizindzo Gulwa, interview by the author and Lindani Ntteni, 25 June 2008, Bhisho; Nombeko Marjorie Tyamzashe, interview by the author, 3 April 2008, Zinyoka.

47. Thenjiwe Evelyn Nondalana, interview by the author, 27 February 2008, Zinyoka. Tyamzashe even wrote an article highlighting the good work of the clinic: B. Tyamzashe, 'New Clinic in Zinyoka is a Boon', *Daily Dispatch* supplement *Indaba*, 3 January 1975.

48. N. Tyamzashe interview, 3 April 2008.

49. Mzwandile Manyela, interview with the author and Lindani Ntteni, 20 August 2008, Zinyoka; D. Mjondo interview, 27 August 2008.

50. See Stanley Roji, interview with the author, 8 May 2008, Zinyoka; L. Msauli interview, 24 June 2008; T. Nondalana interview, 27 February 2008; M. Manyela interview, 20 August 2008, Zinyoka; and Fuzile Ndaba, interview with the author and Lindani Ntteni, 25 June 2008, Zinyoka.

about maintaining their tenuous positions of power than the health of their people. Perhaps the headmen at the time – Sidoko Sijama in Zinyoka under the Chief of Tshatshu⁵¹ – feared the clinic would spark a direct challenge to their authority since they did not provide the services the clinic offered. The local headmen and chief had reason to fear Biko's presence. The Bantu Authority Acts of the 1950s and 1960s led to a 're-tribalisation' of local authority in the homelands. In many communities, people viewed chiefs and other leaders given power during this restructuring as arms of the state. In the Ciskei, where the traditional ruling class had previously been replaced by appointed headmen under the direction of white magistrates, new chiefs were created ('often on very dubious grounds') to administer in newly defined districts.⁵² Thus, the chieftaincy 'became a major focus of the critique of apartheid and especially of the homeland system'.⁵³ At the time the Zanempilo clinic began officially operating in 1975, the Ciskei government was just establishing a clear administrative authority.⁵⁴ With a history of resistance in the area and insecure positions of power, perhaps Sijama sensed that some residents had more respect for people such as Tyamzashe and viewed headmen as 'toothless bulldogs' who could be intimidating but did not have real power.⁵⁵

Homeland government leaders like L.L. Sebe fought to secure their power in the early 1970s and Black Consciousness activists posed a threat to them. Sebe rose to the position of Chief Minister of the Ciskei in 1973 as a self-proclaimed Rharhabe chief on a platform supporting 'separate development'. He hoped the Ciskei would quickly follow in the Transkei's footsteps, the first homeland marked for independence (granted in 1976). Sebe held an uncertain position in the early to mid 1970s with opposition from Chief Justice Mabandla and other Rharhabe chiefs.⁵⁶ Having Biko running community projects in the Ciskei made him uneasy. The year prior to Sebe's close electoral victory, SASO ousted its own president, Temba Sono, for a speech suggesting SASO ought to cooperate with homeland leaders. From then on, Black Consciousness activists had increasingly become critical of homeland leaders. In 1975, the BPC stated that homelands were 'created for the continued oppression of the black man'⁵⁷ and later,

51. Other headmen included Luqolo, Sijama's predecessor, Misani and Kewuthi, who came after Sijama. Leslie Xinwa wrote that Mr F. Kekeni was the headman in 'One clinic too many', 23 January 1976. Zinyoka was made up of both freehold land and Bantu Trust land. The people of these two different areas apparently did not always get along, which led to the rise of Sijama as a headman in the Trust land – or Trustin. See Nosingile Sijama, interview by the author and Lindani Ntenti, 17 September 2008, Zinyoka; Fuzile Ndaba, interview, 25 June 2008; Mzwandile Manyela, interview, 20 August 2008; Mathew N. Seyisi, interview, 20 August 2008; Stanley Roji, interview, 8 May 2008; Marjorie Tyamzashe interview, 3 April 2008. For more on changes to land policies, see Wotshela, 'Homeland Consolidation, Resettlement and Local Politics', especially Chapter 3.
52. Switzer, *Power and Resistance*, 330; J. Peires, 'Ethnicity and Pseudo-Ethnicity in the Ciskei', in W. Beinart and S. Dubow, eds, *Segregation and Apartheid in Twentieth-Century South Africa* (London: Routledge, 1995), 256–284.
53. Wotshela, 'Homeland Consolidation', 18. See also Magubane, 'Resistance and Repression in the Bantustans', 758–761.
54. The Ciskei legislative body had been gaining power during the 1960s with Bantu Authority Acts.
55. D. Mjondo interview, 27 August 2008. See also Switzer, *Power and Resistance*.
56. Switzer, *Power and Resistance*, 330–335; Magubane *et al*, 'Resistance and Repression in the Bantustans', 767–774; Peires, 'Ethnicity and Pseudo-Ethnicity'.
57. 'East Cape Head of BPC Denies Plan to Kill Homeland Leaders', *Daily Dispatch*, 13 May 1975.

at a conference held in King William's Town, deemed Transkei's independence 'a ploy to give apartheid credibility'.⁵⁸ Sebe and the Ciskeian police sought to drive activists from the region. In the papers, they accused SASO of disrupting education at the University of Fort Hare and the BPC of plotting to assassinate Ciskeian leaders.⁵⁹ This was a way of justifying repeated expulsions of SASO students from Fort Hare and discrediting the BPC. The Ciskei also expelled the Federal Theological Seminary from Alice in 1973 for nurturing student activists (at the seminary and at Fort Hare).⁶⁰

In an effort to offset the influence of the Zanempilo clinic in Zinyoka, the Ciskei government attempted to run a rival clinic in Zinyoka. They employed a nurse to work from a couple of shacks in the village. Without resources, extra programmes, and a welcoming atmosphere like that of Zanempilo, the Ciskei government clinic did not last long.⁶¹ Other tactics used to oppose the work of the clinic were to withhold an operation license,⁶² deny access to free immunisations,⁶³ as well as police harassment (discussed below). Still, although Sijama opposed Zanempilo, his family members went there for treatment.⁶⁴

As the clinic was being built, the people in Zinyoka viewed it with suspicion. As one woman put it, they wondered why the church was mixing with 'things of the fist'.⁶⁵ Yet, despite the opposition to the clinic by the headmen and the chiefs, the community soon saw the tangible benefits brought by Zanempilo and embraced it. The clinic changed the physical and economic health of the community of Zinyoka and the way individuals viewed themselves. This was because the clinic took a holistic view to treating the health problems of the community. The Black Consciousness philosophy and their previous experience with community work led the BCP to make a broader assessment of the health problems in Zinyoka and link the illness of patients to their environment and living situation.⁶⁶

58. Magubane *et al*, 'Resistance and Repression in the Bantustans', 774.

59. 'Minister Blames Saso for Fort Hare Unrest', *Daily Dispatch*, 28 March 1974, and 'East Cape Head of BPC Denies Plan to Kill Homeland Leaders', *Daily Dispatch*, 13 May 1975. Sebe also claimed that Black Consciousness activists misunderstood the real needs of the black people: 'Sebe Lashes Saso, BPC', *Daily Dispatch*, 24 May 1978.

60. For more on the Federal Theological Seminary, and particularly on the relationship between Black Consciousness and the university and theological students, see P. Denis, 'Seminary Training and Black Consciousness in South Africa in the Early 1970s' (Paper presented to the History and African Studies Seminar at the University of KwaZulu-Natal, 12 November 2008, <http://www.history.ukzn.ac.za/>, accessed 2 April 2009). This paper is published in this edition of the *South African Historical Journal*.

61. N. Moletsane interview, 16 June 2006, and 22 May 2008; L. Msauli interview 24 June 2008; T. Nondalana, interview by the author and Lindani Ntenti, 29 May 2008, Zinyoka; and Nosingile Sijama, interview by the author and Lindani Ntenti, 17 September 2008, Zinyoka.

62. P. Jones, interview, 22 April 2006.

63. L. Msauli interview, 24 June 2008.

64. N. Moletsane interview, 16 June 2006 and 22 May 2008; T. Nondalana interview, 29 May 2008; N. Sijama interview, 17 September 2008.

65. T. Nondalana interview, 27 February 2008 and interview with the author, 9 June 2006, Zinyoka.

66. This approach was also influenced by their training in the methods of Brazil's educational theorist, Paulo Freire. South African Ann Hope conducted training sessions for SASO and BCP staff on Freire's method of conducting community research and teaching people to read and write while discussing societal problems: see Pityana *et al*, *Bounds of Possibility*, 159.

To address the root causes of the health problems in Zinyoka, the clinic staff researched the situation of the community and initiated economic and training programmes. During its first years of operation, the medical staff at Zanempilo met with the BCP branch executive (under Biko's direction) each month to discuss the clinic's progress and service statistics. Nontobeko Moletsane, one of the first head nurses at the Zanempilo clinic, remembered one month when, after she presented statistics showing a high rate of childhood deaths, Biko became very angry. He assigned Moletsane to research the root cause of these deaths in order to prevent them. Moletsane went out into the community and discovered that many husbands had gone to work in mines and had not come back or sent money. The women had lost hope and had become apathetic. They had even ceased gardening in their plots of land. In response to this, the clinic staff embarked on a programme of relief and empowerment, initially providing food and then offering skill-building courses that taught women home budgeting, farming techniques and crafts. They also instigated a grocery bulk-buying scheme and a chicken-raising co-operative. Soon, according to Moletsane, the death rate declined and the clinic stopped dealing with minute nutrition issues.⁶⁷

Nonzwakazi Dleb'usuku was one of the women whom Moletsane found in her home visits and invited to work with the craft group. Dleb'usuku had moved to Zinyoka with her husband in 1966. She was working for the Tyamzashe family in 1975, but struggling to make ends meet. She remembered that Moletsane visited her and asked her about what she was eating and when the money from her husband came. Moletsane then invited her to come to the clinic the following day. There, the clinic staff introduced the idea for a craft group to about ten women. The idea took shape and the women began to meet at the clinic on weekdays, from 8:00 a.m. to 5:00 p.m. They made sisal baskets and mats, did beadwork, and eventually helped with some of the work from the BCP leather-work factory in Njwaxa (near Middledrift)⁶⁸ Pumla Sangotsha, a social worker, and Mxolisi Mvovo, the BCP's marketing director, helped coordinate the obtaining of raw materials and the selling of goods in local markets. Dleb'usuku claimed that, because of her skilled work, she earned R500 per month at one point. This figure is high (considering Biko earned R400 and later R500 per month as BCP branch director), but Dleb'usuku's exaggeration signifies the impact she felt her work at the clinic had on her situation. Dleb'usuku measured the change in her life in another way. She said before the clinic came to the community, she ate mealies. After she started the work at the clinic, she and her family always had food in the house and she was able to pay her children's school fees.⁶⁹

Dleb'usuku's story as part of the sewing group is one example of the economic and skills-building programmes run at the clinic. The clinic also provided employment for a number of struggling individuals. For example, Thenjiwe Evelyn Nondalana, who was out of work while her husband was in jail, was hired as a domestic worker at the clinic through the referral of Benjamin Tyamzashe. Stanley Roji was driven from the white farm where his family had worked for generations because of his son's involvement in SASO. He worked as a watchman.

67. N. Moletsane interview, 16 June 2006.

68. For more on the Njwaxa leather-work factory, see my forthcoming dissertation.

69. She reported that some Zinyoka residents were given money from the clinic for schooling their children in the form of a bursary. Nonzwakazi Dleb'usuku, interview with the author, 10 March 2008, and interview with the author and Lindani Ntenti, 10 April 2008, Zinyoka.

Not only did Zanempilo expand in the form of community programmes, its influence quickly spread geographically as it attracted patients from surrounding rural areas. It was the nearest primary healthcare centre for black people living in that region. (Major cases were referred to the Mt. Coke Mission Hospital.) People remember patients coming from as far as Peelton, Tyusha, and near Alice to receive treatment at Zanempilo. For some, it would take an hour to reach the clinic by car while others came on foot.⁷⁰ The BCP also procured vehicles for transporting patients and traveling to satellite clinics – sites in other villages visited weekly by a doctor and nurses.

Doctors and nurses were always on call at Zanempilo to treat those who came at all hours of the day and night. The clinic added a second doctor in January 1976, to help Ramphele deal with the work load. Dr Siyolo Solombela went to Zinyoka after finishing his internship at the Livingstone hospital in Port Elizabeth. He had gone to school with Biko, Ramphele, and other Black Consciousness activists at the University of Natal. When the government restricted Biko from working with the BCP at the beginning of 1976, Ramphele took over the directorship of the BCP branch office. She did most of the work in Zinyoka and in King William's Town while Solombela visited the satellite clinics. Other doctors in the area were recruited to volunteer their services on weekends.⁷¹ When Solombela left at the end of 1976, Dr Sydney Moletsane joined Zanempilo as the second full-time doctor. Flusk built a second building to house doctors and nurses. The clinic expanded by adding beds and an incubator for premature babies. It was also equipped with flushing toilets, electricity and a clean water supply at a time when most of rural Ciskei did not enjoy these amenities.

In addition to patients coming from surrounding villages, visitors to Zanempilo came from around the country. They observed the clinic's work, discussed politics, and met with Biko. Medical students and health practitioners came to observe the primary health care practised at the clinic. Donors came to see what their money was doing and meet with BCP officials. Biko often went to Zanempilo to evade police surveillance. He met visitors from South Africa and around the world. Msauli remembered groups of African National Congress (ANC) and Pan Africanist Congress (PAC) members who had political discussions with Biko and other activists at Zanempilo. Students from Fort Hare often came during school breaks to help around the clinic and engage in political discussions. BCP and other Black Consciousness organisation meetings took place in Zinyoka.⁷²

Zinyoka residents did not engage in these political discussions or get involved in this level of politics; yet, they experienced the results of Black Consciousness-inspired action and benefited from interactions with a group of self-confident, empathetic, and welcoming activists. This resulted in an increased self-worth and sense of human dignity. Watching police and the government disapprove of and harass the clinic staff raised the political consciousness of Zinyoka residents. The clinic provided them with high quality service that made them feel like human beings. Most Zinyoka residents interviewed declared that Zanempilo was not a clinic but a hospital and commented on the respectful way doctors and nurses treated patients. The

70. See T. Nondalana interview, 27 February 2008; Mpumi Mcilongo, interview by the author, 6 November 2008, Roodeport.

71. L. Msauli interview, 24 June 2008.

72. See, for example, Ramphele, *Across Boundaries*, 103–105; L. Msauli interview, 24 June 2008.

government, on the other hand, was not providing the very basics of those services and even trying to halt the work of the clinic.⁷³

Many activists have commented on the solidarity and communalism prevalent at Zanempilo. The respect and acceptance Zinyoka residents felt there had a profound impact on individuals. Nondalana said Biko wanted the people to feel they were fully human. He told her that white people and black people had the same blood. Nondalana also talked about how Biko slaughtered sheep for community *braais* where everyone was accepted and treated equally regardless of their socio-economic or educational status.⁷⁴ Mjondo remarked: 'At the clinic, you didn't have intellectuals and fools, there was just people.'⁷⁵ Dleb'usuku remembered going to parties wearing traditional clothes and performing Xhosa dances. It was important to her that no one was asked to sit outside. She commented: 'I was with them. There was no discrimination. It was as if there was no apartheid at that time.'⁷⁶

While Zinyoka residents and former clinic employees have overwhelmingly positive memories of staff camaraderie and community relations, some tensions did surface. For example, Ramphele wrote of her disagreement with male activists about her participation as a woman in eating sheep heads after community *braais* and Ramphele has described how young female activists struggled to be taken seriously in the Black Consciousness movement.⁷⁷ She and other scholars have explored the male-dominated and sexist nature of the movement.⁷⁸ The work of the BCP in the Eastern Cape complicates these assessments. Almost certainly, it took time for the people Zanempilo served (particularly the men) to be comfortable with a young, black, female doctor.⁷⁹ Yet, both male and female Zinyoka residents would not acknowledge that as a problem. Furthermore, in response to criticism that the movement did not address women's issues, Nohle Mohapi (Eastern Cape BCP Branch administrator and widow of Black Consciousness activist Mapetla Mohapi) asserted that the BCP recognised women and helped them gain independence. She explained that the BCP catered mostly to women who bore the brunt of rural homeland poverty. She said: 'women were mobilised as women to be able to come together and do something for themselves, instead of depending on their men.' She also pointed out that the BCP employed women in managerial positions.⁸⁰

73. L. Msauli interview, 24 June 2008; Dr Siyolo Solombela, interview with the author, 25 May 2008, Bonnie Doon, East London.

74. T. Nondalana interview, 27 February 2008.

75. D. Mjondo interview, 27 August 2008.

76. N. Dleb'usuku interview, 10 April 2008.

77. Ramphele, *Across Boundaries*, 105 and Ramphele, 'The Dynamics of Gender within Black Consciousness Organizations', in Pityana *et al*, *Bounds of Possibility*, 220; see also 'Interview with Deborah Matshoba', in A. Mngxitama *et al*, *Biko Lives!: Contesting the Legacies of Steve Biko* (New York: Palgrave Macmillan, 2008).

78. *Ibid.*; S. Badat, *Black Student Politics, Higher Education and Apartheid: From SASO to SANSCO, 1968–1990* (Pretoria: Human Science Research Council, 1999), 112–113, 156–157; Magaziner especially analyses this in depth in *The Law and the Prophets*; P. Gqola, 'Contradictory Locations: Black Women and the Discourse of the Black Consciousness movement', *Meridians*, 2, 1 (2001), 130–152.

79. B. Khoapa interview, 4 June 2008; Ramphele asserts, however, that her novelty combined with her professional status gave her power and respect: see Ramphele, *Bounds of Possibility*, 221.

80. Such as Ramphele, Vuyo Mpumlwana and Mantuka Maisela at the Njwaxa Leather-work Home Industry, and Thoko Mbanjwa Mpumlwana over *Black Review*. Sangotsha managed Zanempilo's finances. Nohle Mohapi, interview with the author, 30 October, 2008, Port Elizabeth.

Indeed, if not for one male doctor, two male ambulance drivers, and political visitors, Zanempilo would have been dominated by women. Ramphele served as head medical officer, Pumla Sangotsha as a secretary and social worker, and the clinic had up to seven female nurses. Most of the patients were women due to the demographics of the area and the community's health needs. Child birth and maternity care were significant portions of the clinic's work. Sangotsha and the nurses managed the women's craft group and taught classes attended by Zinyoka women. Dleb'usuku most likely did not have gender relations in mind when she made the above statement. Making women's issues political was not part of the BCP or the Black Consciousness movement for the most part.⁸¹ Yet, like Mziwoxolo Ndzengu, the head ambulance driver and assistant administrator, Zinyoka residents most likely gained a greater respect for women and women's abilities through their experiences at Zanempilo.⁸²

'The System' eZinyoka

Despite Dleb'usuku's memory of 'no discrimination', there was apartheid in Zinyoka. Or, as Black Consciousness activists termed it, 'the system' had a presence there. Activists referred to the apartheid government and those who enforced apartheid laws on the ground as 'the system'. The headmen in Zinyoka were part of 'the system'. As discussed, they derived their positions from the apartheid government. The South African and Ciskeian police and other special branches of state security were direct arms of 'the system'. Stories of police encounters featured in oral history interviews. By the time Biko had been banned to King William's Town, the government had deemed Black Consciousness a threat. Daniel Magaziner has argued that clashes with the law by SASO students in the mid 1970s changed the direction of the broader Black Consciousness movement.⁸³ Apartheid state action had a similar effect for the BCP and Zanempilo. Had Biko not been banned, the BCP may not have established a branch in King William's Town. In Zinyoka, Black Consciousness activists clashed with the government and its police who frequented an otherwise unimportant village. This had implications for the work of the clinic and an impact on the community.

Sometimes police actions had a minimal effect on the clinic's operations. The staff often succeeded at deterring the police. Thenjiwe Nondalana, the domestic worker at the clinic, told of times the police came to search for documents that might incriminate people associated with the clinic. She recounted how she took the books the police were looking for and hid them in sheets and other dirty laundry. The police never suspected that Nondalana was actually pretending to attend to the washing in order to hide the books.⁸⁴

On one occasion, when the police came to speak with Moletsane, she went into the labour room and locked the door. She was the only person in the room, but started making noises as if a

81. See Magaziner, *The Law and the Prophets*.

82. Mziwoxolo Ndzengu, interview with the author, 15 August 2008, Zwelitsha. For many BCP employees, it was not about gender, but the worth of a person and what they could contribute: see B. Khoapa interview, 4 June 2008; Malusi Mpulmwana, telephonic interview with the author, 20 December 2008; and Thoko Mpumlwana, interview with the author, 24 July 2008, Pretoria. See my forthcoming dissertation for more on the issue of gender and the BCP in the Eastern Cape.

83. See D. Magaziner, *The Law and the Prophets*.

84. T. Nondalana interview, 27 February 2008.

woman was about to give birth. She screamed and yelled, 'Push!'⁸⁵ At that time, it was enough to deter the police; however, Ramphele wrote that once 'the system' overcame 'their reverence for the medical profession and the respect they had for a place of healing' (which took 'a while'), the police became 'quite outrageous in walking around the health centre, and had to be physically restrained in some cases from entering the labour ward with a delivery in process'. She recalled that they would have 'fierce arguments' with the police about 'their lack of respect for the dignity of the patients'.⁸⁶

Soon after the clinic began operating, the BCP employed watchmen and built a perimeter fence, partly to keep the security police out.⁸⁷ Stanley Roji, a night watchman, remembered that the security police often raided the clinic at night. While they searched the premises, they would not allow anyone to leave. He recalled that the police (both black and white) at one time tried to sneak into the clinic by pretending to bring a sick person for treatment.⁸⁸ Msauli described the time when visitors from the Anglo-American Corporation came to the clinic to meet with the BCP board members. During the night, as they relaxed after meetings, they discovered that the security police were lying in the grass outside of the fence. Emboldened by the Scottish whisky brought by the Anglo-American Corporation visitors, they stepped outside, loudly informed the police they were aware of their presence and told them to leave.⁸⁹

When the police restricted staff activity, the BCP found ways to continue operations. After the Soweto uprisings in June 1976, many Black Consciousness activists and BCP personnel were detained. Yet work continued. Msauli remembered a prison warden's surprise at the amount of paper work brought for him to sign while he was held in police custody.⁹⁰ BCP staff not incarcerated carried on performing their duties and the BCP recruited temporary help. Dr Chapman Palweni, a former UNB student and Black Consciousness activist, ran the clinic in the absence of Ramphele and Solombela. As mentioned, Ramphele took over Biko's administrative duties when the government placed further restrictions on his banning order at the beginning of 1976. When Ramphele was banned to Tzaneen in 1977, Peter Jones assumed her position as branch director.

Ultimately the 'system' dealt a blow to the BCP from which it could not recover. On 12 September 1977, Biko was pronounced dead at a Pretoria prison hospital after suffering brain damage sustained during security police interrogation. Two weeks after Biko's funeral, on 17 October, the apartheid government declared all Black Consciousness organisations illegal. This included the BCP. Two days later, the police confiscated all of the BCP's assets, destroyed the leather-work factory building in Njwaxa, and placed the Zanempilo clinic under government control.

Because of Biko's martyrdom, the work he and the BCP did in Zinyoka, and the decline of the clinic since 1977, Zinyoka residents eulogised Biko in oral history interviews. Many called Biko a man of the people who lived up to his first given name, *Bantu*.⁹¹ Some considered Biko

85. N. Moletsane interview, 16 June 2006.

86. Ramphele, *Across Boundaries*, 99.

87. L. Msauli interview, 24 June 2008.

88. S. Roji interview, 8 May 2008.

89. L. Msauli interview, 24 June 2008.

90. *Ibid.*; S. Solombela interview, 25 May 2008; Ramphele, *Across Boundaries*, 111–116.

91. *Bantu* is the name derived from the Xhosa noun, *abantu*, meaning people.

a father. Others praised him for working hard. Mjondo compared Biko to Jesus Christ because Biko was willing to die for his people.⁹² Dleb'usuku said they cried when Biko died because they felt stranded.⁹³ Indeed, Zinyoka and Zanempilo changed drastically after Biko's death and BCP's closure. Without the traffic of regular visitors, Zinyoka must have been much quieter. The clinic's extra programmes were cancelled. Perhaps out of fear, a lack of resources and direction, community members and the remaining staff did not resume the craft group or other cooperatives. The government lacked the resources, commitment and inclination to continue the same level of care that the clinic offered under the management of the BCP. The clinic was no longer open 24 hours or on weekends, it no longer had resident doctors or an abundant supply of medication. Eventually it lost its ambulance and drivers.

Conclusion

Situating the history of Zanempilo within the village of Zinyoka adds to our understanding of the Black Consciousness movement and the Ciskei in the 1970s. With Black Consciousness as a guiding philosophy, the BCP developed an innovative community health centre in the Eastern Cape that treated more than the physical health of the community. While the Black Consciousness movement has been considered a movement of the urban intelligentsia, the case of the BCP's Eastern Cape branch demonstrates that Black Consciousness had an impact on rural communities, particularly rural women. In Zinyoka, the BCP sought to address poverty and a lack of health care, conditions rooted in the 'native reserve' system and exacerbated by changes in apartheid homelands policy in the 1960s and 1970s. As the BCP moved into the Eastern Cape and Zinyoka in particular, activists clashed with local authorities (both the headmen and Sebe) who were insecure in their positions of authority.

A mission-educated African elite, Benjamin Tyamzashe, and the Anglican Church opened ways for the BCP to establish itself within the village of Zinyoka despite opposition from the local leaders. Still, the BCP operated in a hostile environment. The Ciskei and South African government attempted in various ways to frustrate the work of the Zanempilo clinic. State action against BCP employees eventually had a significant impact on the clinic's work. The 'system's' brutality and bullying in order to maintain white supremacy in the 1970s included trespassing, confiscation, banning, detention, closure, and murder.

Oral history served as the basis for constructing this history. Testimonies provided information about the BCP and Zanempilo. Biko, though not the only actor, was central to the clinic's development and prominent in people's memories. What and how Zinyoka residents remembered revealed that Black Consciousness action in the form of the Zanempilo Community Health Centre helped to improve the health and economic conditions of Zinyoka and instil a sense of human dignity in individual community members. As with the history of liberation movements in South Africa in general, the history of Black Consciousness in Zinyoka demonstrates that the voices of ordinary South Africans are crucial for understanding the impact of the Black Consciousness movement on individuals and their communities. In Zinyoka, by practically and immediately addressing the poor material and physical conditions that plagued the village, Black Consciousness

92. D. Mjondo interview, 27 August 2008.

93. N. Dleb'usuku interview, 10 April 2008.

activists succeeded, though temporarily, in uplifting the oppressed both psychologically and materially in order to refashion them into self-confident people enabled to build better lives and futures for their families.

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