The long road to the top

A black South African doctor is taking over as president of the World Medical Association.

Kgosi Letlape spoke to **Pat Sidley** about overcoming the odds to make it to the top

Ophthalmologist Kgosi Letlape tells a tortuous tale to explain why he gained his specialist degree in Edinburgh as opposed to Johannesburg. The new president of the World Medical Association was well enough qualified academically to have gained the degree in his home country of South Africa.

But it was well known among black doctors at the time that the white medical establishment would often unfairly fail black candidates in order to favour white candidates. Despite excellent grades and the likelihood of passing well if all things had been equal, Letlape decided that getting his fellowship in Edinburgh and following it up with the local qualification would make it much harder for white examiners to fail him. So he took that slightly longer route to becoming South Africa's first black ophthalmologist. Notwithstanding this, white colleagues on the wards expressed their resentment at his presence, taking the job of white doctors who were "serving their country" in the army, brutally enforcing the apartheid regime.

Letlape's story is common among black South African doctors. Fellow medic Dr Saadiq Kariem, who is a public health specialist and chief operating officer of Groote Schuur Hospital in Cape Town, says that it takes "tremendous sacrifice" on the part of the whole family to see to it that an intellectually gifted son or daughter manages to survive both the financial and political pressures—and the extreme indignities—to become a doctor. Letlape and Kariem were not able to treat white patients on the wards as neither of them was white.

For 46 year old Letlape this experience was normal. He endured the apartheid education system known as Bantu Education (Bantu was the word used by the then National Party government to describe Africans), and like millions of black families, his was forcibly removed (in the Letlape case, from a multiracial suburb in the west of Johannesburg,

known as Sophiatown) and sent to what is now Soweto. He was raised by his father, who was a traffic officer and then a municipal clerk, and his mother, who was a nursing sister.

His involvement in politics began at school. A strike by the pupils at his school prompted the authorities to expel him. Several of the strikers were asked to return, but the young Letlape was seen as a threat. His father had to threaten legal action before the school reluctantly took him back. After a further brush with authorities at the University of Fort Hare in the Eastern Cape, he landed up at the University of Natal (as it was then called) studying medicine. But that year, 1977, the leading black consciousness thinker of the day, Steve Biko, was killed by his South African jailers. "I did not meet Biko," he said, "but I went to the funeral."

It was a politically charged environment in which to study medicine and one in which few escaped being politicised. Letlape was no exception. It all shaped what some in South African health care see as a penchant for conflict.

Since taking up leadership posts at the South African Medical Association, he has led major protests by doctors that set him against the present minister of health, Dr Manto Tshabalala-Msimang.

He has also championed the ability of doctors to run their lives as professionals—such as combating attempts to stop doctors dispensing medicine—and to serve their communities without too much interference. It is not surprising that he is criticised by government as well as by some doctors. But his friends are very loyal to him, even though politicians aren't too fond of him. Those who sometimes disagree with his views can't fail to be charmed by his whacky sense of humour, which makes him good company at even the driest of social events.

Kariem, who is also the secre-

tary of the African National Congress's health desk, suggests that Letlape's "larger than life persona" may have something to do with this criticism. He has taken on a great deal in terms of the magnitude and volume of issues he has chosen to oppose, and, as a consequence, some suggest that his delivery to doctors may not have quite matched the oratory. One of the areas, however, in which the words have carried immense weight has been on AIDS and the government's ambivalence surrounding its treatment.

"He has shown passion and honesty about HIV and it has not been with any particular agenda. He used very strong and appropriate language to criticise the government before it introduced its treatment plan," said

Kgosi Letlape is president of the World Medical Association

Mark Heywood who is head of the AIDS Law Project at the University of the Witwatersrand and a leading figure of the Treatment Action Campaign.

"He was one of very few black intellectuals prepared to lend his weight to the cause of antiretroviral treatment at a time when it was suggested that treatment was in some way a foreign and unpatriotic act," Mr Heywood said, adding that he had "honest instincts."

Letlape continues to be bluntly critical of the way that health policy has been translated into reality. "Principles have been abandoned and there is little adequate leadership," he says.

He believes South Africa's history as a "military country" and the attitudes of its leaders, past

and present, are in part to blame. "A small clique runs things. We bow too much to authority. The concept of freedom of thought is not well appreciated," he says, adding, "We still work like an army." Differences of opinion are never welcomed or encouraged, he believes, and "freedom of thought and speech are sacred as long as you don't differ." Then he adds, somewhat unnecessarily, "I speak up."

It is that very trait that a doctor with strong party allegiances, such as Kariem, finds most difficult in Letlape, who does not display a firm allegiance to any one party. Kariem believes that Letlape would need to give considerable guidance and direction to doctors worldwide in his new role at the World Medical Association but questions whether or not this will happen. Progressive and black doctors struggling under apartheid found the World Medical Association to be too Western, with little empathy for the struggles of the developing world, although the organisation had done a great deal around issues like ethics, he says.

Letlape notes the criticism that the association is Western oriented, with a fee structure that ensures that the developing world has little say in the organisation, and largely does not belong. "This is a reality we need to engage," he says. Of 54 African nations, for instance, there are only eight or nine members of the association, and, of those, half have been able to pay their fees.

Speaking largely about African countries, Letlape believes that doctors from the developing world need to be heard at the World Medical Association and that their issues need to be dealt with.

The issues, he says, are much the same everywhere: doctors around the world are less valued than they should be. And governments all over struggle with adequately funding public health care, which means that doctors tend to want to leave the public health sector—either to work privately or to work in another country.

Letlape believes that the sentiments expressed and resolutions taken at the association need to find expression in the member countries by the doctors there: "Members must go back home and bring them to life."

Pat Sidley *Johannesburg*