

The Association for Diplomatic Studies and Training
Foreign Affairs Oral History Project

DR. GILBERT A. LAWRENCE

*Interviewed by: Daniel F. Whitman
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[Note: This interview was not edited by Dr. Lawrence.]

Q: This is Dan Whitman, it's February 15 2010, four days after the 20th anniversary of the release from prison Nelson Mandela, it's a week of... for me euphoria, I'm not sure that's the case with everybody, but I'm just so thrilled to be here, at that time, the opening of the new parliament... We are talking today with Dr. Gilbert Lawrence, a medical doctor, who visited The United States in 1987 with Operation Crossroads Africa. Dr. Lawrence, can we begin with asking you about... how did you fit in to this crazy complex society as a child and as a student, the complexity of South Africa, what were your origins and what was your early training?

LAWRENCE: Well I'm South African, in the days I was born my birth certificate stated mixed race, and during the apartheid years, we then got ID documents and I think in those days it was something like a dozen different classifications of people, who deemed to be so called colored and I was as I said a mixed race. I grew up in a in an area in Cape Town called Walmer Estate, and it's literally of the District Six, the next suburb...

Q: So you saw, no doubt, what happened in District Six in the 60s and 70s...?

LAWRENCE: Absolutely, I had a church I attended and my family attended, actually the District Six museum... that's where I went to church and we used to walk from Walmer Estate on Christmas when there were no buses, Christmas day and Easter Sunday we would walk down, for the rest of the time we cached a bus, and we would walk through District Six, my wife comes from District Six, street which is right in, well it's not there anymore, it's all been destroyed... I went to school also on the fringe of District Six, at Zonnebloem School for boys. Government school, not private school. What we called first two grades, some A and some B was mixed classes, girls and boys, and then from standard... We separate on the same premises, the girls were on that side and we were on that side, and then there was also a training college on the premises... We went then to what were called the primary school, and then I went to high school which was closer to district six, Trafalgar high school. Battle of Trafalgar... I went to Trafalgar to complete my schooling. And my father the school janitor or the school caretaker of that school, so some of my school holidays of the school was spent assisting my father in cleaning the classrooms. And after that I had applied to University of Cape Town, and I was successful in that application and went on to the University of Cape Town, in 1966. Medical training is six years, and I took longer, I failed my first year.

Q: My impression was that UCT was rather exclusively for people designated as white at that time, was that obviously not true?

LAWRENCE: All the universities were designated white at that time - we didn't have the UWC of the world didn't exist, to the extent that they do now... The majority was white students, what happened at UTC is that UTC was more English speaking; it was an English speaking university. I'd had to have a permit to go to university, every year I could renew my permit.

Q: Permit to physically be there?

LAWRENCE: Permit to physically study at UTC as opposed to studying at GWC or elsewhere in the basis that you were only allowed to study at the UCT that was not offered elsewhere, which was a real tragedy of the apartheid regime because people then came to UCT and studied subjects rather than... well they got an degree but they used a combination of subjects to make up a degree subjects that were not offered at UCT, so called colored university, but it meant that when they got the degree much of the subject combination left them with great difficulty in finding employment.

Q: I suppose because they could only study disciplines not offered at other the universities, they must have had a more narrow education, with fewer elective courses.

LAWRENCE: Absolutely.

Q: In case of medicine...

LAWRENCE: There was no other offering except at UCT.

Q: Really, in the whole country?

LAWRENCE: No, no, in this province. You could go to Vets, you could go to Natal... So I studied medicine and, as you said, it was a predominantly white university. There were very few black people... well none... And we had a colored grouping and obviously everybody grouped together, so the Rugby guys grouped together... It was very interesting.

Q: You've mentioned interest groups, but were there racial groups as well?

LAWRENCE: Well we were forced to do it racially, because we were kept racially together, separated.

Q: White students weren't friendly to you?

LAWRENCE: No, no, I didn't say that.

Q: You were actually obliged to be in the same...

LAWRENCE: Yes, because when we went to do, for example, when you did anatomy and you had to dissect bodies we were only allowed to dissect black bodies and we were put in a separate room. So that was the main hall where all the white student where and we had this room with...

Q: So even the dead bodies were separated?

LAWRENCE: Yes. The white colleagues could dissect black or white bodies but we could only dissect black bodies. And similarly, when we had our lectures, then if when we got into the clinical years and we had to go to the lecture theaters and they would bring in a patient, a system where there would be pink and green folders: pink folder for white people, and green folder for colored people. And if you saw a pink folder on the table, you got really excited. And unfortunately, because it wouldn't be white patient, but unfortunately it would be a white patient who would not be exposed totally.

Q: This is people with some fiscal problem that you would study?

LAWRENCE: That's right; in other worlds the professor would have a lecture on liver disease and then bring in a patient with a big liver or palpate or whatever, that's the way they do it.

Q: I'm imagining being in the position of the patient.

LAWRENCE: Absolutely with the whole lecture theater. But patients in the hospitals have to basically if you come to the training hospital that's part of what you sign.

Q: I've been a patient. But never a cadaver. That will come later.

LAWRENCE: And when the professor did the dissection when we did pathology, we used to go into the laboratory and there would be a notice on the door, we would be excused that day because they were cutting up a white body, and we had to go elsewhere.

Q: This is in the 60's...

LAWRENCE: Late 60's, so we had a lot of discrimination on campus, we couldn't, you know, no resident facilities; there was a lot of segregation, transport and all that sort of thing. We used to hitchhike, that's what we did.

Q: You were not resident at UCT?

LAWRENCE: No, I stayed at home. Because where we stayed was quite close to UCT, we'd walk up to De Waal Drive, there are three roads leading out of Cape Town, and one passes the UCT. We would stand on the side of the road and hitchhike, and we'd get lifts every day. That's how we traveled... And in the later years there would always be

someone who had a vehicle amongst the group of us, so we had someone living in Walmer Estate and we would travel together.

Q: So you knew at the start you were to be a medical doctor; and your specialization became?

LAWRENCE: Well I wished to be a doctor and then I qualified and then I did my internship in Durban, which was a real cultural shock for me because I came to King Edward VIII hospital and I had never seen so many black African patients in my life, and the overcrowding was horrific. When we went away for lunch and you came back from lunch the sisters had moved all the patients around and I couldn't remember where my patients were because they put the more critically ill patients closest to the nurses' station.

Q: So this was a hospital in Durban for black South Africans?

LAWRENCE: Let's put it this way, with the policies in the Western Cape and the endorsement of the local black population, we did not have the numbers of African patients at the hospital, there were more white and colored patients. We were only allowed in the colored wards, and occasionally there'd be a black patient and that black patient you didn't have to use the cleaner to interpret for you.

Q: Interpret the language?

LAWRENCE: Yes, because the patient can't speak English and I couldn't speak Xhosa so then you have to get interpreters ready so you use the...

Q: So this was before the time when everyone was obliged to speak Afrikaans?

LAWRENCE: No, well yeah, you are talking about the student uprising? No they were obliged to go to school but many of these people did not go to school...

Q: Already an amazing story... Given the circumstances now, still very strange but so much so different...

LAWRENCE: It was... We got the raw end of the deal because what would happen is the professor in the lecture would say there's a very interesting patient in ward X and you should go and see it. And if it was a white ward we weren't allowed to go, if it was a colored or black ward everybody could go, so we resented that. The white wards were never overcrowded and the other wards were always overcrowded.

Q: So Durban...

LAWRENCE: I went and did my internship in Durban, and then I went to a mission hospital in Zululand, I'd received some funding from the Methodist church of South Africa and I went to go to a mission hospital in Northern Zululand, just short of

Mozambique, in a place called Bethesda top of a mountain, near Pongola which is the border. So I went there and worked there for four years...

Q: This was the opportunity you had... funding provided by the Methodist church?

LAWRENCE: The funding was provided to help me through the university training; I had one from the city of Cape Town, one from Rotary and one from the Methodist church. So that helped me to...

Q: You went to Bethesda, where there other options, was this something you wanted to do?

LAWRENCE: It was something I wanted to do, yes. It wasn't a state hospital... I had completed my internship, I could have become a general practitioner, I could have specialized, in other words I was free to make my own options, obviously within the confines of apartheid, so I chose to go to a mission hospital in Zululand, because the church... we have hospitals in the Eastern Cape but I chose that one and went there and worked there for four years.

Q: So four years in Bethesda...

LAWRENCE: Same apartheid situation, my daughter, my first child was born in Durban and my second child was born in Zululand, two girls. I treated patients, I treated animals... You do everything when you're in a rural community.

Q: Was there such a thing as a veterinarian doctor at that time?

LAWRENCE: No, you just did some things, but my daughter wasn't allowed to put her feet in the local hotel swimming pool, so while I was doing all that, nothing else mattered, apartheid was still there. So it was a church hospital and eventually taken over by the KwaZulu government, so they all became governmental hospitals. Yes I learned a lot of things about traditional African life, from the patients. Apartheid impacted on the hospital because there was a military camp not too far away, and the doctors there had nothing to do and so they offered to come and work with us and we insisted that no guns should be anywhere near the patients and it took a lot of persuading to get them to lock up the weapons in the hospital safe.

Q: Did they come for the experience?

LAWRENCE: Well they were not working and they just wanted to work. These were white doctors... They were conscripted doctors, but they came, but I don't know what kind... obviously they are not talking about what their politics were but they wanted to come work, we said fine but no guns. We couldn't stop them for being in uniform but...

Q: They came in individually or did this become a structured thing were they all came in?

LAWRENCE: It became a structured thing so we could even almost roster it as it were, so we could get help on certain days, but if there was any exercises or anything than obviously that would take place on days they wouldn't come. They came, they worked, they left. There was no time to engage because we were a very busy hospital; there were only two of us, myself and a female doctor.

Q: Two MD's? In a hospital?

LAWRENCE: Yes, yes. That's all. We worked... I had one week and often she'd have the next week, so that's how we worked, on and off... We did everything, and we had a radio, which was... There were four hospitals and we used to have a journal club on the radio, and if we had a crisis, we would operate it on a brain, you know, fractured skull and brain leaking and I'm operating but the radio is next to me and there was an American surgeon, had an hospital down in Cellini and literally tell you what to do... He couldn't see but...

Q: Nowadays they can do it by video...

LAWRENCE: Absolutely they can do it by video, but that may be the start of it in those days... I delivered so many babies obviously because that's what's normal but certainly when I came back to Cape Town, I didn't dare do that, not because I wasn't competent but there were a lot more competent trained people around. So then I decided I wanted to specialize. I wanted to bring my older daughter to school, and I wanted then to come back to Cape Town, because the tragedy of that scenario, down the mountain there was a town called Macuzi, and they were building a road, a new carriageway, and they built a huge school, and when the road was complete everybody left, the school was huge but the local community had to send their children to a boarding school at Mtubatuba. And we said to them, you can literally build a wall down the middle of the school and you have two separate... so this large empty school, so I said there's no way I'd like my children to be brought up like this, so we moved back to Cape Town and I decided I either wanted to specialize in gynecology or in public health. So I went for the public health ward, it was called community Madsen, and so then I applied at UCT and was successful and so I came down in January 1980 back to Cape Town and started the program in 1980.

Q: Public health, I think of, endemic conditions, things that go beyond the individual, which affects many people.

LAWRENCE: Exactly, fix communities, fix nations, so the swine flu epidemic, aids, tuberculoses, lifestyle; high blood pressure, obesity, poisoning...

Q: What were the conditions in the 80's that were most prevalent?

LAWRENCE: When we were at medical school, and the issues around Kwashiorkor, it's a disease of little babies, malnutrition, potbelly and all that.

Q: So malnutrition was a large factor?

LAWRENCE: Yes, malnutrition was a major problem, what we did even in Zululand is that we used to try... we tried to go beyond, because there was a lot of traditional medicine up there, traditional healers, witchdoctors as they used to be called, and patients suffered from tuberculosis was a big issue and malnutrition for the children, the babies, so what we tried to get the mothers in when they came with their children who were malnourished and the first thing you do is to put a drip up which was quite a struggle on the babies and then they stay in the hospital for 5-6 days, a whole week so they can first get over the dehydration and then slowly they have to go on to feed and we have to teach the mother how to feed them again. So that would take a week, during that week while the babies in the ward, when the mothers not feeding or cleaning then we would take them into the hospital gardens, and we had little sections and patches and they would clear it and we should them how to plant, in other words, sustainable gardens. And the clever thing about it is was that clearly they would never see anything grow, nothing grows in a week, but they see the previous, so what happens was that this is what I did this week but look at what the people did last week, and so at the end of the road, was the growth as it were and this is where it leads to. So it actually worked, even though it was only a week, we used to take them to the laboratory, to try and give these very unsophisticated mothers an idea of the germ theory, and let them look down a microscope, clearly it was not any kind of real education but it was trying to share with them what we understood. We never told them not to go to witchdoctors, in fact we would encourage... if the witchdoctors came we would speak to the witchdoctors, to try and say to the tradition leaders, what are the things you can heal and what are the things that we can heal and can we actually try to work together.

Q: This is somewhat commonplace now, very unusual back at that time I think. They were considered witches...

LAWRENCE: Absolutely, they used the term witchdoctors, now we use the term traditional healers.

Q: They knew something about the plants that could heal...

LAWRENCE: They knew something about the plants, but what we would understand that tuberculosis they could not cure TB, there is no way, even with herbal remedies, those patients had to come into the hospital for treatment, but the thing about the traditional medicine, the thing about the patients, the patients always wanted to know why this was happening to them, they didn't understand the germ theory that if you went and if you caught something or you were infected, they always felt it was something doing something to them, they displeased the ancestors, so we never got into that errand, we felt that was in fact the traditional healers area, and we say you can help them with understand what is going on in their relationships and their lives, but do you understand we can help you with the actual healing, So that was the sort of combination of mind body and spirit.

Q: Was it provided near training or did you come upon this by intuition?

LAWRENCE: I think it's a combination of both, on the basis that in the training we did... obviously our training was first of all training, and they did speak of body, mind, and spirit, and remember your patients have a psychological understanding of disease, but we certainly did not go into a lot of discussion about traditional family precise and medicine because that was not the done thing. In fact, when I did my masters in public health, we did sociology, which helped a lot to understand different practices and illness behavior.

Q: Was your training rather advanced or open minded about traditional healing?

LAWRENCE: No not at all. Because I said when I was in Cape Town we had very few African patients so we were not exposed to traditional healers... when I got to Durban and I was in King Edward then I really was exposed to it, and obviously when I went to the rural hospital in Kusi then obviously that was part of...

Q: You said it required interpreters in the Cape anyways maybe in Durban also... Communicating with patients, I guess patients were asking you things like, which cousin has done this to me or something like that...?

LAWRENCE: No they would not ask that of us, because we were not the people who would help them with that. The traditional doctors would help them with that so they wouldn't ask us that kind of question.

Q: In that case, how did this come to your attention; your own patients relying on traditional healers? We now know this is the case, did you experience this deductively or inductively?

LAWRENCE: It was a combination, there were other colleagues who were also doing this at the time and we were trying to understand our patients, and there were a number of things that happened like that and that also big minders in community medicine. There are diseases that are waterborne and patients come to the hospital and we treat them and they are very happy because now they are cured and they go into the same river, now you can work very hard in your practice you can treat many patients. But what is the impact on the health of the community and if you don't treat some of the other community factors? Then you are actually wasting your time. You are working hard but you are not making any impact.

Q: So you have to educate the public that there are consequences in bathing in a river or whatever it was making them sick..?

LAWRENCE: That's correct, and immunization you have to explain it greatly... How do you explain, I mean even in the cities, do you explain to a mother, see this injection is to prevent your child from getting something you'll never know the child never had, because how do you prove it. So the child grows up and didn't have mumps and measles but you can't prove it and then you give the injection and then some children still get it

anyway and they say that injection doesn't work so great difficulty and we struggled a lot to try and...

Q: They were skeptical?

LAWRENCE: No they weren't skeptical they just didn't understand, it wasn't in their frame of reference of how illness and disease works and happens and comes about and a lot of the frame of reference was that I did something wrong or someone did something wrong or my family, this is being done to me, its payment, its evil spirits, that sort of thing. And you come in with scientific medicine process and then basically its assault, rather than help. So it took a lot of persuasion and then you are doing it through an interpreter. Now fortunately the interpreters are nurses or other health professionals so it's not like you're doing it through a lay person totally. So they do understand the processes, but it took a lot of effort and time.

Q: How much has this changed since 30 years?

LAWRENCE: I think a lot of this has changed, one of the ways in which it has changed is that traditional leaders now have a greater rule, and there are some medical aid that are actually recognized, certain treatments by traditional leaders.

Q: And on the other side, do people understand you now?

LAWRENCE: I think from the patient's side, there's a lot more understanding of that there's more to it, but the elements of done something does play a major role in the psyche in traditional people.

Q: Unlike some people you were pretty much on straight course. There was medicine and then it was community medicine which is still the field. So the practice of medicine went up to what point?

LAWRENCE: I came back to Cape Town and did community medicine, did the 4 year master course at UCT. During that program one of the legs of community medicine is medical administration and I then went into hospital administration. The fourth year you actually do basically practical exercises, attached to a municipal health service or hospital health service, so a colleague and myself worked at Groote Schuur, it means big barn. Then I came back to Groote Schuur hospital, were I trained preciously and then I went through the program. Towards the end of the program I decided I wanted to have a job obviously, and so I came to the head office of the health department to ask if I could get a medical superintendence job at Groote Schuur hospital. And the person who was the head of the health department basically said oh he's dead, buddy. And attacked me about you people just want to stay in Cape Town and do nothing, he had no idea that I'd been to Durban, Zululand, elsewhere and just sort of castigated me and said, well there's Livingstone hospital, now Livingstone hospital in the Eastern Cape, which is a non-white hospital, if you can use that term at the time., And he refused, and then the post became vacant. A post became vacant and I applied. A colleague and myself applied for two

posts, I applied and I hung in there. It took them a year to appoint me. It went to the university vice chancellor Stewart Saunders, it went to the head of the hospital, they tried all kind of things and the head office would not agree to that appointment. Eventually I was appointed, my colleague gave up on that. Eventually I was appointed, and I was appointed as a medical superintendent. The day I was appointed, as I said, there were two persons - my colleague also applied - dropped out. I was appointed with another lady, a white South African who had graduated something like a year or so before. I'd graduated a couple of years prior to that. I'd been to four years in Zululand, I had post-graduate qualification and all of that sort of thing, and the two of us came in together, not a problem, she was white, I wasn't. Anyway, things took an interesting turn at Groote Schuur hospital because now I was a superintendent and in fact I had quite a raise. I was a, what was called, a junior superintendent and a senior superintendent eventually I became deputy,. It's fascinating when you have anecdotes like the secretary tells me a lady complaining about the service she's getting from us. We put it through and the lady complains to Doctor Lawrence that her husband is being treated by a colored doctor and this was totally unacceptable, so I said well then perhaps I should come down and see what the problem is. So I went down to see what the problem was. The man clearly had a heart attack, he was on oxygen mask, he was gasping for breath and the last thing he was interested in was who was treating him. He clearly was in fear of his life. But his wife didn't like it. I, well I introduced myself and let me not add anything more but she was greatly embarrassed and all of that... So there where issues and incidents at that time...

Q: Was that a life changing experience for that woman do you suppose?

LAWRENCE: I don't think so, I just think she was mortified and then went on her way and probably went down to say how things have changed, at Groote Schuur hospital. But we had a number of those kinds of incidents where the head office would say some visiting Americans or German or British are coming to the hospital, we must taught it up so it looks integrated. And then we would have another scenario; Christmas time, some member of parliaments mother would forget asthma tablets or something like that and end up at Groote Schuur hospital and discover there where mixed wards or mixed patients. Then we get another message saying if we don't stop this nonsense then there would be problems. So yes, it was hectic times in that scenario. But in the end, I worked there and eventually, I don't know if you've heard the story of Doctor Burman? Who made an announcement or a comment one day that Nelson Mandela would one day be president, so they were very unhappy, The authorities and one Friday evening they called us both, I was a deputy, and they called the head office and they said you are suspended from this hospital, you're going to a hospital out there...

Q: Both of you?

LAWRENCE: No...

Q: She?

LAWRENCE: We were in separate rooms, she was with the head and I was...

Q: So she was the one who made the comment?

LAWRENCE: She made the comments. So in the interview I was having they were saying to me Dr Burman is being removed from the post and you are now the active chief superintendent of this hospital, and you must get this Sorted out, so I thought well isn't this fascinating, just a few short years ago I wasn't good enough to even be a superintendent at this hospital and now I'm in charge, with no support. In other words, they didn't say we think you should get another doctor, so from the one scenario of being totally incompetent as a person of color now I'm super competent because I don't even need any help. I can do my job and anything else.

Q: In fact, it sounds as if, you didn't have the resources you might have wanted, you had the responsibility without the resources.

LAWRENCE: That's right, because she was not there and I was deputy so I had to do her job and mine...

Q: It doesn't sound like a formula for success...

LAWRENCE: Well I think that was part of it but I don't say the university, because it's a teaching hospital so the university rallied, my colleagues rallied, and we kept that from November to March. And then of course there were other political things going on. and eventually she was returned. So that was a really positive outcome at the end of the day.

Q: At what year did she say Mandela would be president?

LAWRENCE: I have to check...

Q: Well anyway, too early to be politically correct at that time.

LAWRENCE: Much too early to be politically correct at that time.

Q: What moved her to say that on that day?

LAWRENCE: No I think they were talking about the future and all that sort of thing...

Q: Did she share this on the radio? Or publicly, in any case?

LAWRENCE: It became public; the newspaper interviewed her, if I get it correct

Q: So the authorities read the things people said and there were consequences... Interesting... And ironically, she was moved and you became the head of the whole thing.

LAWRENCE: Quite bizarre...

Q: When that happened, did you see this as an opportunity or being thrown into the deep end? Or both?

LAWRENCE: I think a lot of things in my life have been first timers, you know going to Durban, going to mission hospital, in other words I had nobody to tell me what do you expect or what do you expect from my perspective.

Q: You had to find your way?

LAWRENCE: I had to find my way, so this was a real challenge to deal with and as I said I had tremendous support from academia as well as the hospital community.

Q: Which academia? Was it UCT?

LAWRENCE: Yes UCT.

Q: So it was already the case, not to be obsessive about the color lines, but I guess the color lines were crossed by a number of people... If you were getting support from the UCT and their interest was in promoting good medicine I suppose...

LAWRENCE: That's right. You see because there were great differentials in terms of salaries and all kinds of things, hospital workers who worked as general assistants, they were called, in other words, cleaners. And those people, who were on temporary payrolls for 30-40 years, meant that when they eventually retired they had nothing, no real pension. So there were lots of consequences of this policy that are still being felt I think even now, of people who had that scenario.

Q: So, practice in medicine and community medicine, this gets us to the mid 80's, and approaches the time of your visit in 87, but there must have been other things along the way I suppose, or should we go straight to 87?

LAWRENCE: We can go to 87. A colleague of mine, who's deceased, my best friend, Chip Orendorf, and if you ever speak to Frank about him you'll hear what an incredible person he was, he's a dentist, and he had been on the program. And I think part of that was a recommendation, and then Frank contacted me and I made the application and went through the process...

Q: Did you know Frank through Dr. Orendorf

LAWRENCE: Yes.

Q: In a social way or an official way?

LAWRENCE: No not in a social way, an official way.

Q: But you had been included in some activities in the USIS center?

LAWRENCE: Well in fact, very interesting, as a student I used to go to the information center when it was in Blaine street to go read the newspapers, and it's fascinating to think that years later this would come about, so that what interesting.

Q: I believe that's the office that I knew in the 90's, it was still on Blaine street...

LAWRENCE: That's right, before they moved to the Foreshore to Ducan...

Q: From there you could see the parade? You can look out the window and see when Mandela...

LAWRENCE: That's right, straight across...

Q: So you were familiar with US Information Service?

LAWRENCE: I was familiar with it; I had a card and all that.

Q: Oh you were a member, a card carrying member? (Laugh) In fact, did this cause any... What was the attitude of the government authorities towards people of color visiting the US Information Service?

LAWRENCE: I don't think there was any; I mean it was an ordinary building in town, and...

Q: It wasn't monetary?

LAWRENCE: I'm sure it could have been but I'm saying for those who went in and out, maybe there was nothing to monitor when I went in and out...

Q: So it was a friendly place?

LAWRENCE: Yes, that was a friendly place...

Q: Before we had to erect barriers and fortresses, before terrorism was an issue... Some of us think back nostalgic with those days... Actually, when I worked in public diplomacy in Europe, and likewise people just walked in, wonderful, it's very sad that it has become so bunkered down.

LAWRENCE: Makes one very suspicious of everybody...

Q: Everybody's suspicious, and of course nobody really feels welcome anymore because of peoples need to protect themselves... So, in this happier time, in terms of the USIS center ...

LAWRENCE: As a young student I enjoyed listening to the Voice of America, on the radio, we had no television, not until '76 or something, so really radio was the only thing and I used to enjoy doing short wave radio, I'm not talking about radio M, I'm talking about a regular radio, short wave listening to Voice of America, which was fascinating.

Q: Fascinating because it brought types of information...

LAWRENCE: That's right because the visual aspect of it was movies obviously and as you know in those days when the phone came to Cape Town it first went on what was called the white circuit and then it went on to the other circuit. So anything that was topical we would get it a couple of months later. But that was the only view to the world, and where it was a very British cay, British movies and British news and that sort of thing. So that was the sort of currents event types of opportunities that we had, but they were clearly non-controversial to South Africa, they were very British, in cinema, before the main feature there would be a short, news short. But it was the only thing we had.

Q: UK and US?

LAWRENCE: No, no, US. Remember we were a British colony... So we were very British, we would get British magazines, newspapers, these ocean liners would come in every Friday, Monday morning and leave Friday and they would bring the mail, they were called the mail castle liners...

Q: So this was the outside world?

LAWRENCE: The outside world was in fact a lot to do with Britain, television it became America, so the youngsters today grab an American type of modeling.

Q: Which means if you had television, only after 1976 or so, there was very little American presence until that time.

LAWRENCE: That's right, in terms of any kind of radio, so a lot of it was as I said the British dominance was there.

Q: You were in the commonwealth, you were out of the commonwealth, and now you are back in the commonwealth, so when the British influence was here, did that straddle the two periods of commonwealth and then, I forget when you were expelled.

LAWRENCE: What happened was that when before we were a British territory and then there was a major, the liners would come in and bring mail and that was the connection, there were no boats going to America so the connection was with Britain, but in terms of people who left the country they often went to Britain...

Q: But the Commonwealth status didn't affect the actual information coming in and the travel in both directions, it was a political quarrel between the two governments, but it didn't affect...

LAWRENCE: Declaration of independence as it was. We've been talking about Voice of America, the information service which I was aware of, and then I applied for the program and I was successful but I was told very carefully that I'm going as a South African, not representing the South African government.

Q: Well, you were told that, wasn't that your wish?

LAWRENCE: Absolutely, we were told that this is not the South African, and we couldn't understand why they were telling us that because it was so obvious and certainly it was my wish. We found out when we got together and flew together it was a very tense arrangement, and they looked at us, my colleagues from Africa, looked at us and kind of, who where we? And eventually we were taken, in New York, into two separate rooms, and myself and the two other South Africans were then told that all the other persons on the tour, on the program, had been appointed by the government, gone through a process.

Q: Who told you this? Because this was often... was it the OCA people?

LAWRENCE: Yes it was the OCA people and then they said to us, and we must understand that we were not chosen, that the South African government was not part of us being selected, and so they explained it to the rest of the group, so that they could understand that we are not as it were representatives of the South African regime.

Q: So many paradoxes... Not only were they, and you were not, but they suspected you of being, where as in fact they were!

LAWRENCE: Exactly! Some of them may well have come from regimes that also had a big question mark.

Q: Many paradoxes. I was present at some of those sessions earlier, when there were confrontational sessions between all of the other African visitors, and South Africans who had to endure sort of interrogation to convince the others that they were not spies or cronies of the South African government, very emotionally difficult sessions, for everybody, the once that I observed in every case, 100% of the time, the South Africans were suspected for 48 hours and then managed to convince the others after a two-day period that they were ok. It couldn't have been that way all the time I suppose.

LAWRENCE: I think that's what happened on our case but we were not the once who had to defend it, it was done through OCA? So we didn't have to come into the room and say this is our bonafied...

Q: But you were actually separated?

LAWRENCE: We were separated from the rest of the group while...

Q: The attitude of the others...

LAWRENCE: No, they explained to us that they are going to tell the others why we are part of this group.

Q: Did they do that in your presence?

LAWRENCE: No, separately.

Q: So you were segregated? (Laugh)

LAWRENCE: We were segregated again, again, again!

Q: Again and again, this is a terrible recurring theme... was it Bart Resemf...no he was gone by that time.

LAWRENCE: He was in that session yeah.

Q: I think he moved to AEI

LAWRENCE: I think he moved... told me a lot about him as well

Q: Well, so there were three of you, were you taken by surprise, when you were taken into that room?

LAWRENCE: No. As South Africans we are used to these kinds of things! (Laugh) We traveled together to get there, so we were kind of together but obviously in the early birdie of traveling and all that, but once we got to New York obviously now begin to go, and then of course they went into the program of how we would be separated, be made into groups according to what was wanted out of the program, so we were put into a smaller group, there was an Egyptian, and a lady from Ivory Coast, and myself and another chap, so that was fun.. Well first of all we went to Washington DC to the university, and we were told to bring something from our countries and then I was really unhappy with the Americans because when we got to Washington DC, there was a lot of Americans who had done a lot of work in Africa and this is health now, and they had been instrumental in large projects, research projects, aid, all that sort of thing, so they knew exactly who was the minister of health and who was this one and that one...

Q: Was this a medical school?

LAWRENCE: This was a medical school, University of Washington in Seattle.

Q: Oh ok Washington State!

LAWRENCE: Yes, Washington State, sorry. So we went from New York to Washington State. So there was great friendliness and great energy, I know you and I know blab la bla and all that sort of things, couldn't say the same about South Africa. And then when we

had to do some presentation, I was taken a little bit a back because I think it was if the Americans were saying they knew everything about anything to do with health in the world and there was nobody who could tell them anything different. And I come with a presentation on a maternity, prenatal maternity service that had been developed here in Cape Town, that was in fact quite unique and was getting some very good results and I was a little bit muffed when having presented it, they didn't sort of listen and I didn't feel a little bit unhappy as I said because it was as if, and true I suppose America has all the resources in the world, intellectual sources as well, but I think that was not my idea of development where it seems to be a receiving only view of giving only, when in fact there needs to be a building and empowerment of people.

Q: There has been a regrettable isolation of South Africa for various reasons, political and diplomatic, involuntarily in your case, so intellectually there was a sort of a voluntary isolation on the part of those professors, is that what you are saying?

LAWRENCE: Well in a sense, maybe they didn't know South Africa, the people who were there knew what they were doing about river blindness and what they were doing about kwashiorkor and what they were doing with...

Q: Were they at all inquisitive or curious, did they care?

LAWRENCE: No.

Q: That's what's upsetting. So it was one-way communication?

LAWRENCE: It was one-way communication and they were not listening to the two-way, they were not engaging the two-way communications at that time. So I hope it got better as the years...

Q: Was this... Political or professional?

LAWRENCE: Professional or maybe it was just the connection of people they got together. And they'd obviously chosen people who had links with certain countries in Africa and I'm not arguing, they'd done good work and I'm sure they did very good work, so it wasn't about their professional competence in the work they did...

Q: There was a certain patronizing attitude? Point taken, touché. In Seattle did you find that to be the case in other...

LAWRENCE: No, because that was the only sort of university teaching session that we had in that couple of days and then we went in small group around the country and that was a real eye opener. And there we were able to engage because there were few of us, and we went down to Los Angeles, Detroit, Birmingham... Well we had been to Center for Disease Control, as well, and so we went south and then we went up to Washington.

Q: Birmingham is such a historically important place, and such an interesting...

LAWRENCE: It was interesting to see, and I mean when we went on the tour and that's how we got to see how the black people, I mean the African American.

Q: This was the home of Condoleezza Rice; this is where she was educated. So you saw in the mid 80's a very segregated...

LAWRENCE: We saw a very segregated America, from that perspective.

Q: Did this challenge what you had thought America was?

LAWRENCE: No, I knew about that.

Q: But at least you were shown the real thing.

LAWRENCE: Yes, we saw the real thing,, there was no sort of hiding at all, anything like that.

Q: So there was a professional component, a cultural/social component...

LAWRENCE: Yes wonderful cultural and social and hospitality was great.

Q: Did you have that in Atlanta, Detroit?

LAWRENCE: We ate in Atlanta, catfish in Atlanta. And we went to a play, it was amazing, wonderful. I was actually retraced because there was one other element that reminded me now that I know about that in America, my wife spent 18 months in America from 70-71, before we were married; we were as they said an item, we were courting but 18 months is a long time in the beginning of a relationship but it endured. So she worked in Camden, New Jersey, in a project, also from our church, she worked in a poor area in a daycare city and then she traveled to Chicago and other places. So she spent 18 months also in a team concept and two of them were in this particular project.

Q: So you had a lot of description from her?

LAWRENCE: I had a lot of description from her about things and she brought a lot of books back as well.

Q: You've mentioned the church several times; describe your association with the church here and your impression, you must have been taken to churches in US, what impression did you get?

LAWRENCE: Well I think the one of, because you know we have an interesting, just from the logistics of things I suppose, that we have a Good Friday and we have an Easter Monday and in America they do not have Good Friday... That was very interesting.

Q: And you have Boxing Day?

LAWRENCE: That's another holiday; we also have Boxing Day as well, so these are very hardworking people. And profane! We stayed with a host family that supported the program, and we went to a couple of church related functions which were very warm and very singy, especially down south, very Afro-American, and that was something else and we also went to mill towns and such... The African American church experience is obviously something very different from a more conservative... I can't talk about that time, no I can't, I can't talk about a more conservative, let's call it white church complication that I've gone to subsequent visits to the States.

Q: Very animated and...

LAWRENCE: Very animated, absolutely. A little bit over for me also but...

Q: A bit contagious sometimes...

LAWRENCE: Oh yes the rhythm is fine and that you can get into but sometimes it goes on quite energetic for a long time, which I'm not used to. It requires stamina. Sorry so I was just raising the issue that my wife had been there and yeah...

Q: So social, religious, professional... you didn't have stereotypes challenged because you were very well informed I think, before you went. What utility did this experience have for you? It's not intended to challenge, is it suppose to be an experience of transparence..?

LAWRENCE: Well when I came back and sharing, because I was at the same hospital, the one big thing for me which was an amazing delight in which I'm very grateful for, but which is a sad indictment is that I had to go to America to meet Africa and the one thing that I came back with to the health fraternity was to say that we are... Our passport originally used to have all the country stamps for white people and for people like us they would cross out countries deliberately in your passport and you was not allowed to visit; well you couldn't because they were deleted in your passport. Now, I didn't know about Africa, I knew more about America than Africa. And so yes, Voice of America, people who had visited, I knew about England. But it didn't know about Africa, because we were not told about Africa, it was kind of...

Q: Other African countries shamed you?

LAWRENCE: Other African countries shamed you and this country shamed other African countries so there were no information except negative information. So if you go to America and sit in a room from Egypt, from Ivory Coast, from Botswana, from South Africa, was the most amazing deal and that was something else, I got in very well with the people, with the groups, and when we left and went in our small groups and came back again it was like a reunion, so I came back and I said you know we actually have to do something about getting in to Africa and that has happened obviously, it happened big

time now with South Africa because I said at that time I couldn't understand why... and then subsequently I've done other things, and being in other groupings where we ask the question, why is it that people from Kenya go to England to have health care done, why do they go to training their specialists when in fact they could do it in South Africa at probably a fraction of the cost? Now that is the reason more recently. but at that time that was the most amazing thing that I came back immediately with that I had to go to America to...

Q: I've had personal experience with a bone issue... Health care in South Africa for the privileged client is probably the best in the world...

LAWRENCE: Absolutely. Could be, I mean, we know we have health tourism now.

Q: Yes, and you've created heart transplants here I believe.

LAWRENCE: Yes we started the first heart transplants, in the city, and this hospital.

Q: So nothing to be defensive about... So the experience in Seattle must have been a bit silly?

LAWRENCE: No, no, I mean I'm not trying to make a big thing about it, but I just felt a bit miffed. You get on with your life...

Q: The point of these programs is not only to broaden horizons of visitors to the U.S. but vice versa also... So I hope you took your responsibilities, we call it the second mandate...

LAWRENCE: I did that but I found it also very interesting that Americans didn't seem to want to travel very much. When we said we've been to New York, we've been to Seattle, they said well you know we ain't been.

Q: Were they not envious?

LAWRENCE: Well that's the point, but what I'm saying is they didn't say we haven't yet been they said we ain't been, like we probably never going to get there or whatever, or negativity ooh New York we're not going to go to New York, bad place, don't wish to go there. I think it was useful to be able to talk about, they didn't know where South Africa was most of the time of course, and then you realize the difficulty in selling a country that has a regional name, you know South Africa that is a description.

Q: Many Americans at that time, and today, I think use the term Sub-Saharan... They don't know the difference.

LAWRENCE: Mugabe and Zuma, same thing, no different, they see it all as one.

Q: Our own sense of geography is an embarrassment.

LAWRENCE: And we also found at that time that American knowledge of the rest of the world was limited and you can understand I suppose that there was no need for that. The reason being that everything that you have in America is there, you can go travel in America for weeks and not get to the other end you can get anything you want and of course you just add your world series, for a game that only Americans play!

Q: We're also in an economic depression which may never be fixed because of our inability to become international; I think we've learned our lesson, some of us have... You are quite right that people believed that this was a self-sufficient part of the world, but we now know that that was never the case.

LAWRENCE: But you are pretty international, of course that was another eye-opener for me, I mean now I see a lot of mixed couples walking around Cape Town... Those days, you'd be arrested, but to see it in America, I joked when I came back and I said you know Seattle was so amazing because of the Alaskan natives who come down. And so there's a very cosmopolitan east but I knew the difference between those who were tourists and those who were locals. The tourist would all be looking up and the locals would just look down and walk, but if you look on their faces you wouldn't because they were eastern oriental and you wouldn't know the difference. But that was my kind of cute definition of the difference because that was what was happening. That was obviously a wonderful eye-opener to see the diversity of the population, in practice, not just photograph, but to see it in practice. And one of the host homes that we had was a Hawaiian father in sort of an American... so there was a lot of diversity that I saw there that really just heart warming.

Q: But you did come back, it was a six week tour? And you said that you mentioned around to your colleagues, we must get back to Africa... I remember talking to historians at Tux in the 90's, good scholars who were completely deficient in the knowledge in their own continent, and they were saying to me, we don't want to be ignorant, it's just that the information has not been available. I think certainly in the 90's and I guess in the 80's a great desire here to discover the continent... the gaps between... So the United States unexpectedly became a place where Africans met Africans.

LAWRENCE: Absolutely, that was the most amazing thing, that first day to sit in that room... amazing.

Q: Friendships which I guess endured over the years?

LAWRENCE: Some of those friendships endured, and then tootled out. Two relating to the fact that I think they were higher up in the government as well.

Q: Different agendas? Yeah. We always knew that in every group there was a variety of different agendas. Well, then you came back. I think it was 87 and did you imagine in 87 that Mandela could be realized three years later?

LAWRENCE: No I think, from me and my wife and two children, we went through all those turbulent years, the marches... It's fascinating that we did all those things, apart from all those things. I'm not suggesting I'm one of the martyrs of the struggle, I'm not saying that at all. But we certainly participated and put ourselves and our children at risk and we did lots of things which I don't have to go through now but even standing at schools with your six year old daughter next to you and blocking the gates from the polices, so yes we did all kinds of things. I'm not going to say it on the record... But that's not, to broadcast; lots of people did all kinds of things like that in contribute. My wife was detained for two weeks. Our church, every Wednesday, would have a service for those who were detained. And my wife and myself, our view was that, there's a struggle for the liberation of South Africa but we did not believe that we would miss the chance to have a part in its resolution, in its result, in other words that if a black majority government came into power that we would not wish to, or be able to claim that we want to be part of a new South Africa in any significant way.

Q: This is frequently said about what used to be called the colored population of the Cape, that they were stuck between, accepted neither by the one group nor by the other.

LAWRENCE: That's right. And so we would accept that if a black majority government came into power they would see us all as collaborators and so we were, I don't want to say comfortable with it, but we would say fine, that's it.

Q: You saw it maybe as inevitable?

LAWRENCE: Yes, we saw that kind of partisan inevitable, but it didn't mean we wished to leave the country and it didn't mean that we wished to not believe that the country needs to be freed. In fact, when my wife was detained and all that sort of thing then friends in the states said don't you want to send the children to them and all of that.

Q: For what pretext or reason was she detained?

LAWRENCE: There was trouble at the school, she was a school teacher. And the police in those days had amazing powers and so they had shot a pupil. And the pupil had been hidden. So they then came to the school the next day and they had a list of teachers and they said these teachers must come with them now, one teacher was absent that day and they never ever followed up, that was the nature of the way they operated.

Q: They took whoever was there rather than the person who...

LAWRENCE: They had a list and everyone who was on the list was taken away, everyone who wasn't on the list was never followed up, the next day went on to the next school, so it was superficial as that, and then she was detained, only for two weeks o it's not like 27 years or anything like that, but it's pretty disruptive to your life and what you do...

Q: During detention you have no idea how long it will...

LAWRENCE: No, during detention, they had no law and they could renew the two week period, but it was wonderful we were able to meet other people what do you do, how do you deal with the children, do you take the little ones to see, they say no because it upsets the detainee... So lots of things we had to make decisions about that you don't know you're making the right decision.

Q: When was this, the detention?

LAWRENCE: This was in 85.

Q: You came back, in 87, and then you just said, you were not a martyr, but you were intellectually and emotionally involved in the evolution of things that were happening, the release of Mandela I think took many people by surprise. Many said it was inevitable, but they didn't know when it would happen.

LAWRENCE: Let me put it this way, even in those things as it unfolded and Mandela was to be released, we still didn't know what would or could happen and then we had this long saga of the deliberations, and that really again one didn't know what would happen and yet it was a miracle.

Q: So the various scenarios, it could be a bloodbath...

LAWRENCE: I think when we looked at it we thought that that's the way it would have to end in other words its not sustainable, it can't go on like this, something's got to happen. And as we experienced more and more police brutality and brutality of the regime, just the indiscriminate use of force on ordinary citizens, it was really appalling. And that is not sustainable, and something had to give. I suppose we felt that even if there was to be a bloodbath, by bloodbath all we meant was you can only push a people so far and then they retaliate and if they retaliate it's going to be violence on violence. That may bring about the end of the regime, but what would come in its place? We have no knowledge of, we don't even know what it should be because we don't know what the new county could or should look like.

Q: The various possible scenarios, the group you belonged with, could have been excluded. I think you were saying earlier?

LAWRENCE: Well there were some prominent people like Allan Boesak and Trevor Manuel, there were a number of prominent colored people, and as the time went on and as they became more prominent and more, I don't want to say dominant, but more prominent especially in the western Cape. There was more and more thought that there can be a role in a future scenario, but for ordinary citizens, I certainly didn't think there would be necessarily a place...

Q: Tremendous change took place up to 1990 and even more rapid change after 1990. Some of this was much of it was due to the pressure cooker inside the country; there were

outside forces like international pressure, economic, political, diplomatic pressures. What comments would you offer on the role of the international community? To slow, quick enough, responsive when needed, you are not a political scientist, we are just talking about personal impression her, in bringing South Africa into the international community.

LAWRENCE: Obviously hindsight is an exact science, but the point one felt at the time was why isn't the international community doing more in a collaborative way? I mean, all the United Nations resolutions and so on, but the international community operated collectively at the UN, but outside the UN, I felt that they could have acted collectively and brought greater pressure so times when the heat would get up high, it would be a more dominant British voice speaking or a more dominant American voice speaking. But it was almost as if they gave each other chances, and then you get the impression that, with respect... at the end of the day, America looks out for America and Britain looks out for Britain. And I suppose that's the nature of countries, I mean America has to maintain its leadership as the world's leading country. You actually have to make sure that your country comes first, now what is it that South Africa has that would be of benefit for America or Britain or the first world community that if it were to go bottoms up, would it matter or not.

Q: The wine!

LAWRENCE: You go back to California or maybe Australia! But without being a political analyst, you say to yourself, and yet there's a huge gateway to Africa through South Africa. I'm not trying to pretend that we are better than the rest of Africa, but just as a stop because remember it's a continent, there's Egypt at the one end and South Africa at the other end so if you can, get in both ends. So there is a place you can actually put up an infrastructure that you can... fly from Cape Town to New York every time.... So I think that, I don't believe that the international community did enough about the real crisis in the country, because they were addressing their own interest.

Q: Do you think the economic boycott could have been swifter and more sever?

LAWRENCE: Yes. We had the long debate about, and of course the South African government said that the poorest of the poor being affected and the poorest of the poor, that was fine because of the other brutality they would experience, it was fine. If it was leading to a change. So I think the economic boycott could have gone stronger, earlier, more concise, and I think they would have addressed it better.

Q: I take it you are not a believer in constructive engagement?

LAWRENCE: No.

Q: As well as retroactively? Looking back, was it a mistaken strategy and also a mistaken motive?

LAWRENCE: I think nobody gives up anything that they got easily, least of all countries. It's not just giving it up and walking away, if you look at the white African giving up everything they believe in, and that is a faith belief as well as a political belief and once you bring in the faith belief and the political belief. Whether its Islam or Christianity, and we know across the world what that actually does, and you feel not just, you going to lose this land and move on. But it's like you lost your soul, and that's a very different scenario, people defend that almost to the end.

Q: I'm also thinking of constructive engagement from the other side, the people who created it, Ted Crocker, and the Reagan administration, do you, was this something well known at the time, was it objectionable to you?

LAWRENCE: What I felt at the time was that is as almost as if they were sympathizing with the problems of the South African government and then needed to talk it through, when in fact it was such blatant horrors that was perpetrated that needed to be addressed so constructive engagement should be a consequence of a change and then there's constructive engagement, and what they should have done, and I'm no political analyst, was to have made something happen and then do the constructive engagement and deal with the fallout of that.

Q: So cause and effect were reversed in that approach...

LAWRENCE: I'm not sure if the rest of the world also thought this would be a black African bloodbath and that South Africa would be lost... Kill everybody insight...

Q: There was also the possible scenario of the extreme right wing whites killing large numbers of people. So there was fear on both sides. Sometimes outsiders looking at a countries plate and failing to understand the complexities, think that stability is the best value, they usually mistaken when they think that, or sometimes.

LAWRENCE: Stability at all costs.

Q: Sometimes positive change is worth some risks. I guess I'm asking if that's the way you see it?

LAWRENCE: When we felt that something needed to be done, I don't think I was trying to be foolish, kind of all or nothing, we got nothing to lose, I think that would be wrong, because the idea for change was to say at what bases do these policies continue and the bases of the policies were segregation. The basis was that I'm an inferior being to the white person, and that's the basis for the ideology, then something's got to change there. Because that basis of ideology is causing so much grief, pain, horror, when in fact while we're almost saying we feared a bloodbath there was a mini bloodbath going on.

Q: Now, grief, pain and horror: you chose medicine as a profession. Presumably to ease those three things. In a non-political way I guess, so what's your saying today, your

comments on the policies and ideology, you have lived as, in adopting the profession you adopted, is that farfetched?

LAWRENCE: No, I think that's personality too and that's where I come from. I also have a faith base. That's been consistent throughout, it's not been changed by any of what has happened. But part yes, how do we move away from these horrors to be able to appreciate people for who they are and that they are no different from anybody else?

Q: Simple question, but does every human being deserve to free from grief, pain, and horror?

LAWRENCE: I would say yes every human being deserves to be free, but not everybody will. I don't know the difference, so I've got to believe that if you are here then you deserve to be. But I don't know whether you will be. If that makes sense. What I'm trying to say is I'm going to live my life as if everybody deserves it but I know everybody won't get it but I can't do the discrimination.

Q: Each individual to find their way, but everybody should have the opportunity...

LAWRENCE: There are people living in scatter camps that never have the opportunity to have a dignified life. There are people living in hospital with HIV not having the opportunity to health care. But that's real life. But therefore I can't say, oh well the poor will be with us always, this is always happening, we don't have enough money. We got to reprioritize, taffies, that's not what I'm saying.

Q: After all the discussion of HIV under the Mbeki period, what is your comment on the South African governments approach to HIV in the past 5-6 years?

LAWRENCE: It was bad. In fact, it was this province years ago, one particular person in the health department, who actually pushed on and pushed on and actually pushed on with the mother-to-child prevention and mother-to-child spread in this province. Anything else that person was sort of sanctioned but not sort of removed and continued to actually provide and promote, we used the Médecins Sans Frontières, Doctors Without Borders in the towns, and I think you must also understand that even while the south African government has an official policy was talking about potatoes and beetroot, they also managed to persuade a lot of people that it was right. So it wasn't just as if it was the government only that battle had to be waged against it was even the propaganda given to people so you find in a place communities marching against the people who are giving out anti retro virus...

Q: What possible motive could the South African have had to deny HIV as an incurable condition? Was it political, ignorance?

LAWRENCE: I don't know but once it went down the slippery slope, it was like you had to keep this up all the time, no matter the consequences, and then it got to huge for everything including the president, it continued and continued...

Q: Did the health minister actually believe what she said? Who would know? Unfair question...

LAWRENCE: I wouldn't know whether she actually believed it, but she certainly propagated it vigorously and I mean vigorously. I was in my field in meetings with such...

Q: She did this because it was Mbeki's policy and he chose her to broadcast the policy. Looking backwards it's a bit painful... What's going to happen now with your new president?

LAWRENCE: Are you talking politically or HIV?

Q: The future of your country, you've been through very suspenseful period and period of great promise and disappointment, now what?

LAWRENCE: I think that somebody the other day said, and I think that's real, we keep talking about this miracle, and he made this comment that we need to remember the miracle of our past but we need to create the miracle of our future. And I think what he's saying and I agree, is we surprised ourselves in what happened, in the coming together the new dispensation. And then we heard a wobble, and that wobble continues, and almost as if we were so chocked of what happened, that it happened to quickly, people saying when Mandela was released, the ANC wasn't even ready really to manage that properly because these things happened to quickly and it wasn't the preparation. This isn't a criticism, they were obviously busy right until then fighting the regime, and when they were put in the position, they had to deal with that of the seat of their pants. And then really a miracle happened, too long but still and that was the miracle and then there was a kind of a settling in and now we have a real wobble so we got to real work this miracle and as you say it was risky doing it because you didn't know which way it was going. And now we come with a wonderful constitution and all kinds of protections for human rights and things like that and in some ways those are beautiful things but something has happened to the underbelly that we need to try and sort out. What are the future of the country, do I believe in the country? Yes I do. I have no intention in going anywhere else. This is my land and my country and I'm proud of it as a country. I'm not necessarily proud of everything that happened in the country, apartheid and subsequent apartheid and I have a role in the function to play in it, as well as my children and my grandchildren if they wish to stay that's their decision, but I believe I have a role to play. And I believe in the country, I think, we have amazing resources in terms of human kind as well, I think we fluffed a lot of things, especially education. We got to be able to pull out of this, I think the president and the president situation caused further wobbles and in some ways, I think they should all be dealt with and get on with what needs to happen whatever that means. But it seems to be many other things happening at the same time.

Q: So the history book is not complete, there are more episodes to come?

LAWRENCE: Well if you look at the trajectory and if we try and put this country in terms of its development and compare it to the US, there will be some amazing things in terms of what has been able to happen over a much shorter amount of time. I mean, democracy only came 15-16 years down the line, which is very short time and there are great exceptions and a turn around. But I'm not saying more should not have been done, so I think the world expected, the world, like us, expected a bloodbath and there wasn't. And now there is a criticism of what is currently going on and we forget so soon that there could have been a bloodbath. So I'm not excusing what is happening, but I'm saying if there was that effort and energy to prevent a bloodbath, why haven't we as a country and why would we as a world learn from that and do something more so is there room for international diplomacy in this? Or does the international community only play an active role when there's a crisis, a Darfur or whatever, why is that so? Because that means that the international community either sees itself as capitalist or ambulance drivers... nothing in between.

Q: Doctor Gilbert Lawrence, thank you very much.

End of interview