Using an Internal Reconciliation Commission to Facilitate Transformation at a Health Sciences Faculty in Post-Apartheid South Africa: The Case of Witwatersrand Health Sciences Faculty[1]

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During the past 25 years, truth commissions have been used increasingly to effect political change in countries attempting to move from an authoritarian government to a democratic one. Since 1974, at least 20 such initiatives have been established in Africa, Asia, Europe, and Latin America with varying degrees of success.[2] The South African Truth and Reconciliation Commission (TRC), held from 1996 to 1998, was established as part of the negotiated settlement that marked the end of apartheid. It was designed to facilitate the transition to democracy and to help build a culture of respect for human rights.[3] Despite being hailed globally as one of the most effective and innovative truth commissions of its time, the TRC was essentially a compromise solution that led to many debates on its purpose and structure, on the tension between reconciliation and justice, and on the moral implications of granting amnesty.[4]

In a few specific ways, the South African TRC was unique compared to other such commissions: It was the first to have a committee devoted specifically to hearing tes-

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timonies of survivors of human rights violations. It also required amnesty applicants to appear individually and to account for their actions. Finally, and most importantly for this article, the TRC held special hearings that focused on different sectors of society, including the media, religious communities, the health sector, the judiciary, and the military. The Special Hearings on the Health Sector included testimony from health professionals, medical school administrators, medical associations, and those involved with the Steve Biko case.[5] A phenomenon that remains unexplored is the way in which this innovation permeated deeper levels of South African society and enabled different institutions to use a similar model to facilitate internal transformation. One institution that applied this model was the University of the Witwatersrand (Wits) Faculty of Health Sciences (FHS) where an Internal Reconciliation Commission (IRC) was introduced at the faculty level.[6]

The need for an internal reconciliation process at Wits FHS became apparent during interviews with faculty and alumni that were conducted for the TRC's Special Hearings on the Health Sector. In interviews, faculty and alumni expressed anger and resentment about the discrimination they had suffered as students and, to some extent, still experienced as staff members.[7] As part of its TRC submission, Wits FHS therefore included a "postscript" that supported the need for an internal process of reconciliation:

> The privileged members of the faculty who were not the victims . . . must listen to the accounts of their Black colleagues and former students. They must be reminded of the many ways in which they, wittingly or unwittingly, collaborated with the system. They must be prepared to experience and share some of the pain and hurts which their colleagues of color experienced because of an accident of birth. In such a process we will all undergo changes and experience healing.[8]

Early on, the IRC intended to involve members of FHS in a self-reflective process to explore the medical school's role in enforcing apartheid and the abuses that it tolerated, specifically in training health professionals and in patient care and conditions in hospitals.

This article attempts to present some of the results of the IRC at Wits FHS. We have used qualitative analysis of data from a selection of in-depth personal interviews conducted between 1998 and 2001. We have also analyzed the structure of the IRC and examined the reasons for and the challenges of instituting such a process. We have assessed the levels of participation in the initiative, participants' perceptions of it, the report it produced, and the importance of the process in light of its outcomes. We conclude with an overall assessment of the Wits IRC thus far and highlight some issues for future research. The processes detailed here are still underway and a more complete evaluation of their impact should be conducted over a longer time frame.

Why Undertake an Internal Reconciliation Process?

Organizational Motives

Although the TRC Health Sector hearings served as the catalyst for the IRC, other factors also helped motivate the faculty to embark on this process. Specifically, the IRC was designed as part of an overall program of reconciliation to help faculty deal with issues of discrimination, racial division, and institutional transformation.

As late as 1997, faculty members were still personally struggling with division, fuelled by different perceptions of those who had been privileged and those who had been discriminated against at the university. Many white staff members believed that during apartheid Wits had offered a liberal environment and an oasis of freedom to its black staff and students. Black staff and students, however, felt that the legitimacy of their experiences of humiliation and hurt produced by discriminatory practices was being denied.[9] To try to overcome this divide and to build common goals, the first goal of the IRC was to enable people to air their experiences and hear one another's stories.

A second goal was to improve the relationship between faculty and black alumni, which was strained because many alumni felt no attachment to the institution. The hope was that the IRC would not only help improve those relationships by offering alumni an opportunity to voice their bitterness, but that it would also give the entire FHS commu-

nity a chance to deal with the past by listening to these experiences.

Although the Wits FHS had been including ethics and professional standards in its curricula since the early 1980s, a third incentive of the IRC initiative was to examine professional medical ethics and the responsibilities health practitioners have to challenge or resist unfair legislation. Part of the IRC's mandate was to explore the context in which people could ignore discrimination and to expose the circumstances in which people failed to act. The IRC also aimed to recognize those individuals and occasions that challenged the system of apartheid.

Providing opportunity for redress by building awareness of the need to implement certain policies was a fourth incentive. For instance, the FHS is committed to implementing an affirmative-action staffing program but has faced some resistance, especially from white or previously privileged staff. To give greater legitimacy to policies for redress, the IRC had to help sensitize people to the history of discrimination and the opportunities that were denied to black staff and students.

Finally, as part of the IRC process, the Wits FHS developed a plan to address specific areas in which the legacy of apartheid and the marginalization of black students, staff, and faculty has continued to persist.

A Two-Phase Process

The internal reconciliation process had two phases: Phase one established a commission of inquiry—the IRC—that received submissions of personal testimonies and gathered archival material to document acts of discrimination, as well as any attempts to resist practicing apartheid medicine at Wits. It was believed that, as in the public human rights violations hearings at the TRC, those offering testimonies would find the experience in itself to be cathartic.[10] This first phase would ultimately produce a report of the findings and recommendations to the faculty on how to achieve reconciliation. It was not, however, expected that the hearings themselves would be the forum for the wider FHS community to hear and acknowledge those experi-

ences. That formed the second phase, which consisted of publicizing the IRC report and involving students and staff in seminars, debates, and finally a public assembly. The IRC report also offered other strategies for redress, reconciliation, and promoting professional ethics among students and graduates.

Challenges Encountered

Challenges faced by the IRC included some resistance and apathy from faculty. In addition, there were certain legal issues related to liability for defamation and participants' expectations for reparations that fell outside the mandate. A steering committee was formed to address those obstacles and to consider such details as the choice of commissioners, the wording of the mandate, and issues of confidentiality. In response to various sources of resistance, the steering committee agreed to include an assessment of opposition to apartheid and to avoid targeting specific individuals in the IRC brief. Outside legal counsel confirmed that some who testified might risk civil liability for defamation if, for example, they identified individuals as racist or those in breach of professional or ethical standards. This risk could be minimized, however, by giving the Commission a quasi-legal status and by accepting such evidence on the understanding that the purpose of the IRC was to serve the interests of truth and public benefit. Also, a senior lawyer experienced in assessing evidence should convene the Commission, and testimony should be submitted within the context of qualified privilege and fair comment, with the accused party being given the right of reply.

Another option that was considered was to hold hearings *in camera*. The university believed that hearing testimony behind closed doors might limit exposure to some of the legal implications. In addition, the steering committee took the view that some wishing to make submissions might be intimidated by public hearings and by the presence of senior staff who may still have influence over their careers. The Commission, however, decided to privilege the principles of transparency and right of reply and insisted that hearings be held openly. It also stressed that the sub-

stance of the testimonies should focus on systematic and institutional discrimination rather than individual behavior, which would protect individuals legally and from informal victimization, while still achieving the IRC's goals.

The IRC was, however, inadequately prepared for the expectations and demands for reparation made by some aggrieved parties. At least two written submissions requested financial compensation for loss of salary resulting from discriminatory practices. Although the IRC made no mention of such reparations in its statement of objectives, its close resemblance to the TRC (which did include the promise of such compensation) led some people to assume that the IRC had the capacity to perform such a function.

The Process

The Panel of Commissioners

The IRC began work in May 1998, held hearings in June and July, and issued a final report in November. The faculty nominated an independent panel of three commissioners—Advocate Jules Browde, senior counsel with a history of involvement in human rights advocacy; Dr. Essop Jassat, an ANC member of parliament; and Prof. Patrick Mokhobo, then head of the Department of Medicine at the Medical University of South Africa. Both Drs. Jassat and Mokhobo are alumni of the medical school.

Substance and Type of Submissions

Once the Commission was formed, all current and past faculty, staff, and students were sent an announcement inviting them to submit testimonies. Similar announcements also appeared in the *South African Medical Journal* and the *Wits Health Sciences Review* (a faculty magazine), as well as on the Health Science's alumni Web page. A research assistant assigned to the Commission collected archival material and conducted interviews. The IRC received a total of 26 submissions, most of which came from black alumni. Six white graduates submitted testimonies, and only one department—occupational therapy—made a submission.

The tone of the various submissions was quite similar. Most people reflected on their years as students or staff and

described very personal stories about the discrimination, racism, and humiliation they suffered or witnessed. Although the experiences described took place over a 54-year period—from 1940 to 1994—the heaviest concentration of incidents occurred in the 1960s and 1970s. Specific experiences focused on how black students were given unequal medical education and denied access to white health-care facilities or were requested to leave the room during pathology post-mortem sessions when white bodies were being examined. Even in the late 1980s, when black students were allowed into white hospitals, they were denied participation in obstetrics and gynecology rounds of white patients. Testimonies also recalled how black students were excluded from social and sporting events on campus and were placed on separate honor rolls and given different awards from their white counterparts.

Staff members related experiences of salary and bonus inequities among provincial staff and of how black staff were passed over for promotions and marginalized within faculty structures. Many black alumni also felt they received less attention from department heads and were deliberately discouraged from pursuing higher degrees or specializations. Submissions also described special university admissions policies for black students, apartheid government restrictions, segregated facilities at teaching hospitals, inequitable patient care, and health professionals' receiving inadequate preparation for dealing ethically with dual responsibilities (in prisons, for example, where health professionals' obligations as government employees conflicted with their obligations to their patients).

In general, many of the submissions pointed not only to overt racist policies but also to more subtle forms of discrimination. Most suggested that the faculty either colluded with apartheid policies or failed to resist the government's discrimination in health services, despite the university's image of openness. Although few submissions specifically named individuals as perpetrators, many testimonies described explicit racist and humiliating interactions. A number of submissions were also careful to note and name those exceptional individuals who did challenge apartheid policies. One

testimony submitted jointly by two alumni focused solely on resistance and opposition by faculty members and by the university as a whole.

Assessment of the Wits FHS IRC

Level and Type of Participation

Members of the faculty board who first approved the IRC idea generally considered the project to be a worthwhile endeavor. Yet, most respondents cited apathy and low participation as weaknesses of the IRC. In part, respondents mentioned that logistical problems might have contributed to the poor response. These included a perceived low level of publicity, the tight deadlines for submitting testimonies, the timing of the hearings, and inadequate communication about the nature and substance of the process.

In particular, participation by African health professionals was disappointingly low, especially since the IRC was designed to engage those who had suffered discrimination. Criticisms of the national TRC process and the anticipated lack of participation by all parties led some respondents to suggest that African health professionals may have been skeptical about what the project would actually achieve and considered the IRC to be "a pointless project." Others were unwilling to relive the trauma by dredging up the past.[11] Another reason offered was that some African doctors were relatively comfortable in their current positions, especially compared to others from their generation who were completely denied any form of higher education, and were therefore wary of creating conflict.[12] Others may not have known that the IRC was underway. Indeed, subsequent interviews indicated that many black health professionals were unaware of the IRC process and some only learned about it after it was too late to get involved. However, in the opinion of the Commission, the similarity of experiences and patterns across time described in the modest number of submissions from those disadvantaged by the system were sufficient to validate the accuracy of the report's content.

Another disappointment of the IRC was that those individuals who cooperated with the apartheid government or

who benefited from the system did not contribute to the process. Because those who perpetrated or enabled discrimination did not come forward, some viewed the IRC as one-sided and able to achieve only a "small victory."[13] The virtual absence of participants from the "establishment" also created a gap in the Commission's ability to understand why there was not greater resistance to apartheid health care, or even how that group saw its values and ethics and its role in regard to abiding by or challenging discriminatory practices.

Part of the IRC's mandate was to provide a forum where those who experienced discrimination could tell their stories. Another part of the mandate, however, suggested that such a forum should be done in the spirit of sharing and acknowledgment. As such, an integral part of the ideal reconciliation process involved the commitment from all individuals not only to talk, but also to listen. Some of those who testified at the IRC were clearly disappointed that more people did not attend the hearings. For some, the "sharing" component of the IRC's mandate was always intended to be the second phase of the process, after the IRC report had been completed. However, many others, including to some extent the Commission itself, expected the hearings to follow the example of the TRC as the immediate forum for the wider faculty community and media to be confronted with the stories of past discrimination.

Perceptions of Submitters and Creation of a Safe Space

All those interviewed who made oral submissions, reported that the process was a valuable and worthwhile experience. Most of those who were initially hesitant to come forward were reassured by the Commission's sincerity and enthusiasm. Many respondents said that the IRC gave them their first opportunity to confront the past in an appropriate space and that testifying offered an opportunity for reflection and resolution. For many, preparing for the IRC and speaking with others about their testimonies gave them a sense of closure and enabled them to experience some personal healing.

Some people were eager to receive the public recognition that they hoped their experiences would bring. Others

were a bit more reluctant to expose themselves or risk being labelled again as "troublemakers." Such concerns indicated that colleagues, family, or mentors needed to encourage those who were reluctant to come forward to testify at the IRC. However, many chose not to go forward with a submission, and some may have felt that exposing themselves in isolation would make them too vulnerable. In part, this posed the question of how to create a safe place so that those who testify would feel secure during the hearings and to alleviate concerns about repercussions afterward. When power structures have not fundamentally changed or are in flux, people have very real fears that victimization and ostracism could recur. It will take significant time to change the environment of mistrust that apartheid had generated.

There is also the issue of whether or not the structure of the IRC was able to provide an appropriate space for individual "perpetrators" to come forward. Without the incentive of an amnesty-type process, it was difficult to see how or why individuals who participated in apartheid practices would be motivated to contribute. Getting such individuals who still retain positions of power to engage in an IRC process would require development of creative methods that would encourage all parties to participate.

Outcome of Phase One

In November 1998, the final report of the IRC was presented to the faculty, thereby concluding the first phase of the internal reconciliation process. The report detailed a number of findings and presented a set of recommendations.[14] Most of the findings dealt with the environment at Wits during the years under review and summarized the experiences of black students. Attention was also given to the degree and type of resistance to apartheid health policies that occurred. The report concluded that many of the practices at the university were unfair and racist and the "entire environment in the faculty engendered perceptions of racial discrimination."[15] In terms of the faculty's role, the report found that "the Faculty as a whole colluded with racial apartheid and enforced racial discrimination in the Faculty or at least conformed without any unified protest." Even

those few "exceptional" individuals who did take a stand were not supported by the faculty. For these reasons, the report argued that "it cannot be said with conviction that the Faculty of Medicine at Wits was a 'liberal' institution."[16]

In its report, the Commission outlined 11 recommendations on which the faculty should focus. Principally, the report stressed the need for the faculty to issue an apology and publicly acknowledge past racial discrimination. Another recommendation was for the faculty to increase enrollment of underrepresented students and to accelerate academic staff development, with special emphasis on racial and gender inequalities. Also included in the recommendations was the need to encourage students, faculty, and staff to develop trust and to respect diversity. Suggestions for curricular changes included incorporating human rights awareness training and developing greater sensitivity to the socioeconomic context of health care. The IRC also proposed the faculty recognize those who did challenge racial discrimination. Finally, further research was encouraged "to achieve a better understanding of how discrimination came to be tolerated at the FHS—an institution that professed to be liberal and antiracist."[17]

The report received a broad range of responses from both faculty and participants. Most responses have been positive, even from those who were initially ambivalent. One criticism from a small group, comprising mainly senior white staff members, was that the report was unfair and failed to recognize how difficult it would have been to oppose apartheid, given the dependence of medical education on the government hospital system. This group believed that it did what was possible under the circumstances and was now being asked to carry the burden of apologizing, whereas others left the public sector, or even the country. Another criticism of the report from some black alumni was that it was a "whitewash" and that the IRC did not capture the full depth of discrimination that occurred. The majority, however, have been excited about the report's findings, and more specifically, the recommendations that it produced. They are looking to these recommendations and to the new South African Constitution and

Bill of Rights, as well as to legislation on higher education and employment equity, as powerful tools for change.

Acknowledgment and Apology: Initiating Phase Two

After the report was published in November 1998, the faculty engaged in a series of public discussions about the IRC's findings and recommendations. Workshops were held within the faculty, and the report was circulated throughout the FHS and the broader university community. The FHS Web site also published the report. A year after the report's publication, a pledge acknowledging the findings and apologizing to all those who had suffered discrimination was drafted and endorsed by a vote at the faculty board level.

In February 2000, the faculty held a special assembly to acknowledge publicly the discrimination that had occurred, to apologize to all those who had suffered and to recognize those who had challenged the system. This formal assembly was attended by heads of departments, alumni, staff, current students, the IRC commissioners, and representatives from professional medical associations. A plaque containing the pledge was unveiled and is now permanently displayed in the foyer of the FHS. The current dean and four previous deans of the FHS were each invited to the podium to sign the pledge. The inscription reads:

> The Faculty of Health Sciences, University of Witwatersrand, Johannesburg, commits itself to the ideals of non-discrimination in its teaching, the constitution of its student body, the selection and promotion of its staff, and in its administration. It reaffirms its rejection of racism and other violations of human rights in whatever form they make their challenge.
>
> In committing itself to these ideals the Faculty acknowledges that these values have not been honored, and it apologizes for the hurt and suffering caused to students, staff and patients, by past racial and other discriminatory practices. The Faculty recognizes the responsibility that staff and students have in preserving these ideals and pays tribute to the efforts of those who strove to bring about change for the benefit of future generations.

In addition to the plaque, the faculty unveiled a statue that it commissioned symbolizing the spirit of reconciliation,

which will stand at a new entrance to the school.

This second phase of the IRC has been a significant part of the process since it demonstrated the faculty's commitment to confronting the past and its willingness to take responsibility for failing to present a greater challenge to apartheid practices and policies. By officially apologizing to black students and staff and recognizing the hurt and humiliation they experienced as a result of the discrimination that was tolerated, the faculty has taken a definitive step toward reconciliation.

Conclusion

The Significance of the IRC: Process or Outcome?

Those who were involved in the IRC have had mixed opinions about which part of the endeavor was more significant so far—the process or the outcome. The initial hope of many of those who contributed to conceptualizing the IRC was that the process of conducting an IRC would engage people in honest, reflective, and healing interactions. That goal, however, was never fully realized, possibly because of the low level of direct participation in the project. For those who placed greater significance on the process, the Wits IRC only partially achieved its mandate and the degree of success was modest.

Others who found the hearings disappointing looked to the final report as holding potential for discussion, debate, and transformation. Still others, however, believed from the beginning that the report would be the most crucial part of the IRC. Many people who saw the report as a catalyst for change expressed satisfaction with the findings and recommendations.

Overall Assessment

All participants in the Wits IRC found it to be a worthwhile experience. The IRC documented in detail many of the discriminatory practices, the climate of racism, and the sense of humiliation that black students encountered at FHS. The IRC also identified those instances where individuals resisted the apartheid system and attempted to change policies and attitudes. People were given the opportunity to tell their stories in a dignified and respectful environment, and the forum was officially sanctioned by those in authority. The faculty has publicly acknowledged the experience

and effects of discrimination and apologized to those who were victims of apartheid policies and practices at the medical school.

The degree to which the social climate toward black students and staff will change now depends on the meaning attributed to the public apology, the extent to which the IRC's recommendations will be implemented, and on the rate of demographic change in faculty composition. It is therefore too early to assess the final impact of the IRC at Wits, which should be seen as one step in a long process toward transformation and reconciliation.

Future Research and Other Institutions

The launch of an IRC process at an institution such as Wits FHS was driven by factors that can be found in many large institutions in South Africa, as well as in other societies with a history of oppression. In fact, two other medical schools in South Africa—the University of Natal and the University of Cape Town (UCT)—have launched internal reconciliation processes. The process used by the University of Natal did not involve hearings but centered on a symbolic graduation ceremony in December 1996 to which all alumni were invited. That ceremony was significant for many of those who attended because for 20 years graduations at that institution had been boycotted in political protest. The UCT process, which was initiated in June 2001, also chose not to hold public hearings but instead used small-group discussions and in-depth interviews of black alumni to document their experiences of discrimination. Like Wits, a faculty declaration and special assembly were key to the UCT process. All three initiatives involved an official apology and a public commitment to nondiscrimination. Future research should investigate the different strengths and weaknesses of each of these reconciliation processes to determine alumni or staff perceptions as well as to measure tangible changes to policies and practices.

In the Wits FHS case, a number of questions still need to be evaluated: First, to what degree have the sentiments expressed by the process and captured in the pledge filtered through the faculty and alumni? Do people now share an understanding about the facts of past discrimination at the

medical school? And do people now appreciate how black students and staff were affected by this discrimination? A second issue to explore is how the apology has been perceived by those who suffered discrimination and whether black alumni, staff, and faculty have subsequently felt differently toward the institution?[18] Finally, now that the hearings have concluded, the report has been published, and the recommendations have been acknowledged, it remains to be seen how such activities are translated into material and social change. How has the process transformed the ways in which people interact? In what ways is the substance of the report being used to motivate policy changes? The faculty is engaged in serious efforts to achieve transformation, and as these efforts move forward, we will continue to monitor how the work of the IRC is deployed to facilitate these initiatives.

References

1. Tanya Goodman's research was funded in part by grants from Yale University's Centre for International and Area Studies and Yale Law School's Schell Centre for International Human Rights.

2. P. Hayner, "Fifteen Truth Commissions—1974 to 1994: A Comparative Study," *Human Rights Quarterly* 16 (1994): 597–655. For a summary and references to all truth commissions to date, see U.S. Institute for Peace, Special Internet Library, available at www.usip.org/library/truth.html. Since the South African TRC, at least six more truth commissions have been held. Calls have also been made for the establishment of truth commissions in a number of other countries.

3. The TRC was supposed to last only two years; however, amnesty hearings were extended until mid 2001. The main report was submitted to parliament in October 1998.

4. See, for example, J. Allen, "Balancing Justice and Social Unity: Political Theory and the Idea of a Truth and Reconciliation Commission," *University of Toronto Law Journal* 49 (1999): 315–353; D. Dyzenhaus, "Debating South Africa's Truth and Reconciliation Commission," *University of Toronto Law Journal* 49 (1999): 311–314; M. Minow, *Between Vengeance and Forgiveness: Facing History after Genocide and Mass Violence* (Boston: Beacon Press, 1998); A. Neier, *War Crimes: Brutality, Genocide, Terror, and the Struggle for Justice* (New York: Times Books, 1998); J. Zalaquett, "Balancing Ethical Imperatives and Political Constraints: The Dilemma of New Democracies Confronting Past Human Rights Violations," *Hastings Law Journal* 43/August (1992): 1425–1438.

5. For more information on the health sector hearings, see TRC transcripts at www.doj.gov.za/trc/special/health/htm. For details on the submissions, see TRC Final Report, vol. 4, at www.polity.org.za/govdocs/

commissions/1998/trc. For findings and recommendations, see TRC Final Report, vol. 5. For a critical evaluation of the TRC Special Hearings and recommendations on the Health Sector, see A. R. Chapman and L. S. Rubenstein (Eds.), *Human Rights and Health: The Legacy of Apartheid* (Washington, DC: American Association for the Advancement of Science, 1998). For another overview of the legacy of apartheid health care and health professionals training, see L. Baldwin-Ragaven, J. de Gruchy, and L. London, *An Ambulance of the Wrong Colour: Health Professionals, Human Rights and Ethics in South Africa* (Cape Town: University of Cape Town Press, 1999). For commentaries on the findings from the TRC Health Sector hearings related to violations of medical ethics and human rights, see J. van Heerden, "The Meaning of the MASA Apology," *South African Medical Journal* 86/6 (1996): 656–660; P. Sidley, "South African Truth Commission Calls Doctors to Account for Their Actions During the Apartheid Era," *British Medical Journal* 314 (1997): 1849; L. Baldwin-Ragaven, L. London, J. de Gruchy, "Learning From Our Apartheid Past: Human Rights Challenges for Health Professionals in Contemporary South Africa," *Ethnic Health* 5/3–4 (August 2000): 227–241; J. R. Williams, "Ethics and Human Rights in South African Medicine," *Canadian Medical Association Journal* 162/8 (2000): 1167–1170.

6. Known as University of Witwatersrand Medical School until 1996 when the Faculty of Medicine and Faculty of Dentistry merged.

7. These individuals blamed not only the Faculty of Health Sciences but also the Transvaal Provincial Authorities who were responsible for certain discriminatory policies at regional hospitals. Although this arm of the government clearly contributed to the racist practices and humiliating climate that black doctors experienced, the IRC process was not constructed to deal with this issue but focused instead on the immediate medical community of the university itself.

8. "TRC Submission," Wits Faculty of Health Sciences, 23 May 1997, available at www.doj.gov.za/trc/special/health/health02.htm.

9. In this report, the term "black" refers to all those who were classified as African, Indian, Chinese, and Colored.

10. It is important here to distinguish between catharsis, defined as an individual experience of release associated with bringing memories to consciousness, and reconciliation, defined as a joint social project that does not occur at a specific moment in time. Considering the personal value of testifying, not all TRC observers agree that victims who came forward to speak publicly about their experience of human rights violations experienced a sense of healing. Some participants found that testifying was very traumatic, and counselors were on hand to help them deal with these emotions. Those who accepted the compromise of reparations for amnesty regarded the failure of the TRC to make good on this promise as a double victimization.

11. Interview with IRC submitter Dr. IS04, 3 July 1998.

12. Interview with IRC commissioner Dr. KP02, 17 July 1998.

13. Interview with IRC key role player Prof. KP03, 26 June 1998.

14. "University of Witwatersrand Health Sciences Faculty Internal Reconciliation Report," November 1998, available at www.wits.ac.za/alumni/irc_rep.htm.

15. See note 14.
16. See note 14.
17. See note 14.
18. For an excellent example of the degree to which debate about the value of the IRC and perceptions of black alumni still flourishes, see D. J. Ncayiyana, "Pain That Will Not Go Away," *South African Medical Journal* 91/7 (2001): 529; M. Price and Y. Veriava, "The Internal Reconciliation Process at Wits," *South African Medical Journal* 91/12 (2001); and J. P. Driver-Jowitt, "Let It Go!" *South African Medical Journal* 92/5 (2002): letter to the editor.