

INFLUENCE OF CERTAIN LEGISLATION UPON NATIVE LABOUR  
AND WAGES.

The operation of Colour Bar in industry has a tendency to force all Native labourers into unskilled labour class. This brings about an over-supply of unskilled workers. There is no choice for unskilled workers, because their supply is greater than their demand upon the labour market. With the new white labour policy this condition is getting from bad to worse in that the Native is not only pushed into unskilled labour market, hence we are having not only a depression of Natives wages, but also an increasing army of unemployment among the Natives. This is leading to greater poverty and hardship on them.

PASS LAWS AND NATIVE LABOUR: The operation of pass laws have a tendency to limit the black worker's bargaining power in that not only is he given a limited time in which to seek work, but also because his pass and former labour contract always shows that he either has been satisfied to work for a low wage or has been forced to, consequently most employers may be inclined to offer him no more than he worked for before. Besides, the man, on the other hand knowing that his time will be up in six days and that he may be ordered to go elsewhere where he knows nobody and without money, is compelled to take whatever is offered him. Under the Conciliation Act pass bearing Natives are not allowed collective bargaining in the way of strike.

All labour should be free to bargain collectively, there should be no limit to those who seek employment as long as they are able to support themselves or through friends. A "Fair Wage" or "Living Wage" for Native labourers would have the following advantages:-

1. Make a decent family life possible by ending the need of for mother to leave children to grow like wild animals while she seeks employment or as often the case, mother, father and children are out to seek employment and the children without the proper family and children school elementary education necessary for a foundation for useful citizenship.

2. Make possible an extension of Native Education. Thirst for education which exists good both in the interests of the African as well as those of the State seems to continue to shirk its responsibility in the education of the Native, an increase in the income of individual Africans would certainly cause more to be spent on education.

3. Compel a more rational and economical use of human effort, because where labour is cheap it is wasted and machines are introduced only when wages rise high enough to make the introduction of machinery profit saving as well as labour saving. (e.g. to-day, we have two or three men with a mule-team where in a civilised country there would be one man with a motor lorry.)

4. Enable the Native worker to live up to the standard which European Society already consider necessary for him. The Municipality considering his housing bad, builds such houses as it considers desirable with white labour and finds that he cannot afford to pay for such houses, so, the municipal housing is subsidised from the rates.

5. Make possible a marked extension of the market for the consumption of goods of the Union's industries-not on the basis of one "M.P.'s" fallacy, that paying higher wages 'puts more money in circulation' and per se creates a demand but because with a higher standard of life comes also a higher production efficiency. (Native labour must become civilised labour, of course it can.)

6. Eliminate all reason for the European worker's fear of Native competition which is always the fear that two or three Africans together are cheaper, for the same amount of product, than one European.

LIQUOR AND THE BANTU.

Under the discussion on wages, I pointed out that because of low wages paid the Native workers, the wife was sometime driven to resort to illegitimate means of supplementing wages, such as illicit liquor traffic.

WHAT ARE THE CAUSES OF ILLICIT LIQUOR TRAFFIC ?

A. The chief and most important cause is the low wages paid the male Native workers. (a) Husband's wages alone cannot support the family. (b) Mother, as should be, must remain home and look after children at home and the home. (c) Children too small.

RESULTS: Only course open to her to make ends meet is to sell liquor.

B. Double stream legislation of prohibition for the Bantu and licence for the European. 1. Some Black people want liquor, the law says they won't have it. White people can have all the liquor they want and they know that the Black man wants it and will pay any price; consequently they sell it to them. The Black man is arrested for possessing liquor which he wants and for which he has paid dearly and has not stolen only because a law is framed for him to prohibit him from drinking what the people who legislate for him drink all around him every day, hence he is a criminal for its possession. 2. On the other hand, the white-man who either pities the poor Black or makes a little profit by reselling his supplies to the Black man, is arrested and charged for supplying. He also is made a criminal by a law that serves no good purpose for any section of the Community.

I am told that there are Europeans (Males and Females) who make a good income by having Native liquor sellers on a profit sharing basis. Both make more profit on the basis of current wages. I cannot blame them both, because the particular law offers them this opportunity. They are not inherently of criminal tendencies, but our social legislation and double stream policy makes them criminals.

WHAT IS THE WAY ?

A. Prohibition for all. It is not because I believe that you can make a people a community of teetotalers; no, I do not believe that you can make more moral by legislation; but this will only provide a single machinery that will be necessary to cope with all the problems arising from prohibition irrespective of race or colour.

B. Licence for all who desire to have an alcoholic beverage. The quantities may be controlled through the bottle stores and the issue of licences.

C. Home Brewed Kafir Beer for the Bantu: Under this system every house wife would have a right to make and keep some Kafir Beer for husband and grown up sons. It may thus be possible as of old, to keep young Native boys from (1) taking the drink habit too early in life. (2) There should be a tendency to less drunkenness and faction fights because most men will have a supply at home which they may take ad lib. In this way they take just enough quantities to quench the thirst and satisfy the desire. Under the present restriction and prohibition most men can get their Kafir Beer only Saturday afternoons and Sunday. It is sold in measures or scales as they are called. This is a quantity which may be too much for one to drink all at once. He may not take it home, as he may be arrested for possession. He must drink it all and at once in order to give the chance for others to get their measures and room to drink. If drinking and possession of alcoholic beverage and, not necessarily drunkenness, were not made a criminal offence one could take his measure home or order it to be sent home as from a bottle store and drink it at home and at pleasure. As things are, the man must drink the whole 'measure' hurriedly and at once. The result is that he becomes drunk and often noisy. (3) There should be licence for those people who want to commercialise Kafir Beer. There should be no arrest for possession but for drunkenness and disturbance of (a) public peace. This would save a good deal more of police-power and free many constables to be on the trail of real crime than these technical offences. (b) This would relieve congestion of the courts on Mondays by women arrested merely for possession of Kafir Beer or liquor. What is the difference between a Black person selling Kafir beer to her customer, than a bar-man or bottle store keeper *selling his liquor*.

4. No number of police will alter these conditions of liquor traffic until the causes have been removed-(a) low economic status of the Native worker. (b) Double-stream liquor legislation-prohibition for one section and licence for the other.

Increase of police force to enforce this unreasonable law would only increase our out-put in the manufacture of criminals through this faulty and discriminating legislation.

WHY DO NATIVES DRINK THESE CONCOCTIONS ? Is it because they want a kick in the drink ? No. It is wrong for people to say that Natives drink them because they want something with more kick in it. The fact is that the women who sell liquor cannot risk preparing their beer on wednesday so that it will be ready for consumption on saturday or sunday because the police are likely to come, raid and destroy the liquor and arrest the possessor, who must either pay a fine or serve a term of imprisonment. Now in order to get the Kafir Beer ready for use on saturday afternoon, something like methylated spirits must be put in to give it a kick in a few hours before men come from work on saturday and sunday. The usual process requires three or four days which is too long and risky. The concoctions are added to make a get-ready-quick sort of drink in the intervals between police raids. Let us all work for a more rational legislation. Let us be honest and face the facts.

When I see hundreds of Black women going to jail every monday I do not think of them as criminals. I blame the system under which they live. It must be changed.

HEALTH PROBLEMS.

The Bantu Community requires the same medical and public health attention as any other section of the Community. They suffer from the same diseases which respond to the same method of treatment as in European, because disease knows no barriers, frontiers or colour bars.

Our public health schemes should be single-eyed and aim at one thing that is to apply the best and most approved methods to improve health to reduce the incidence in the occurrence of preventable diseases and to tolerate no conditions as are likely to jeopardise the health of even the Bantu Community.

In cities like Chicago, Nulwaukee, New York and else where where I have lived in the United States of America, public health schemes be they maternity, welfare or child welfare, tuberculosis clinic or school inspection included the whole community both white and Negro sections. The facilities provided are open for the whole community.

Here we have two problems that are giving great concern to those who believe in the unity or oneness of human needs especially health needs. One problem is that of the high infant mortality of Bantu children. The other is the problem of venereal diseases and their treatment. These problems are common to both communities European and Bantu, but our method of approach to them in the way of treatment and treatment facilities has been more racial in its point of view than being dictated by public health principles. To illustrate:-

INFANT MORTALITY: The infant mortality among the Bantu is, high in urban areas and is perhaps increasing in some of the Native territories. Here at the reef Gastro-enteritis carries away a large number of infants especially for the months of September to November. Broncho-pneumonia during the colder months or as the end results in certain cases of Gastro-Enteritis. The rate is much higher than that of the European Community. Some of the factors that enter into this are within control and for the European community or public charge.

(1) POVERTY: Most Bantu babies are often born and brought up in what may be called slum-conditions in our urban areas. The average member of the Bantu community soon attains the European or civilised standard of necessities without talking or dreaming of comforts and luxuries. The Bantu baby is born in urban surrounding with all its problems of health, but the family is too poor to provide such surroundings and conditions as would make for the baby's good health. For instance:

*Relation bet. Poverty and Infant Mortality*

*Infant Mortality by Father's Earnings (U.S.A.)*

				10	
				Under \$550	
all cities	111.2	1,250 + over	62.3	151.4	

*German Statistics (East + West)*

Mean poverty figure	1.38	1.8	2.26	2.79	3.65
Mean infant mortality	20.9	20.8	26.4	27.4	30.4

- (a) They cannot provide for early medical attention which is so necessary in pediatric practice because there is no money.
- (b) If the doctor comes, he finds as any modern Pediatrician knows that some of the conditions are due to dietetic errors or bad feeding. This calls expert knowledge of feeding besides the money necessary to buy the food material required for readjusting these dietetic errors.
- (c) Not only is there no money to buy the necessary food or medicine in certain cases, and also there is no money to have pantries ice boxes in which to keep the food for the baby under ideal conditions.
- (d) There is insufficient care for the baby because the mother is forced at times to nurse the baby in the morning and in the evenings only, because she goes out to work during the day. She has no day nursery, but has to leave the baby with other little ones.

*Artificial feeding*

*3  
Bad housing  
of overcrowding*

**2. IGNORANCE:** It is no disgrace to admit ignorance of my people in bringing up babies under modern methods and surroundings. Every where and even here in Johannesburg-mothers have to be taught through visits to prenatal and infant welfare clinics. It is there that they learn baby craft. To illustrate here in Johannesburg we have the Child Welfare Clinic under the patronage of the City Council, where poor mothers attend for periodic advice. I understand that for poor mothers milk is supplied free and delivered at the home until the next visit. A Native mother would be only too glad even if she walked miles to get free. There is free medical attention and Pediatric Physicians advise the mothers on baby problems free. It may be said that the Council offers free medical consultation and one shilling for medicine to all location families who will pay the sum of a sixpence a month for these benefits. Well in Child Welfare Clinic referred these facilities are extended free of charge to the poor people. Besides, there is a large number of Natives who do not live in the locations. The Council is their keeper and should provide for them as for other sections. Disease knows no colour bar.

Intentionally, I did not enter the controversy in quoting figures of Bantu infant mortality. They seem to vary as the speakers or writers, or according to the motive demanding reference to them. All the writers and speakers, whatever their motives are at one, in one thing, that is, the infant mortality among the Bantu is very high-in fact, abnormally<sup>so</sup>. I do not care whether it is 400 or 800 but it is high. It is a credit to no community that boasts of civilisation or knowledge of modern medicine and public health.

**VENEREAL DISEASES:** The other problem is the question of the treatment of venereal diseases among the Non-European. Here again I shall quote no figures to indicate the prevalence of the condition. The figures have been quoted ranging from 2% to 90%. The figure or percentage increases the less one knows or has reason to know what these venereal conditions are and what they look. Medical men are more conservative in their estimate and are nearer the truth than what the laity and enthusiastic social worker suggests. We are however all agreed that the evil is there. It must be combatted.

One is pleased to say that here in Johannesburg the whole Community including the City Council, our Medical Officer of Health and his department, the Rotary Club, the Joint Councils and many other organisations white or black are anxious to have this evil attacked locally. I understand that as early as October, 1929, our City Council had voted a sum of £1750 for the treatment of venereal diseases among the Non-Europeans. The scheme has the backing and interest of the City's M.O.H. and the Citizens in general.

At present the state of affairs in regard to venereal diseases is as follows: Europeans are treated at the "City of Johannesburg Special Treatment Centre." The Non-European on the other hand must either go to a private practitioner or must walk with his disease about nine miles to Reitfontein. Here he gets his treatment free lazaretto at the expense of the Johannesburg Municipality to which the Government contributes two thirds or refunds to the municipality two thirds of the amount spent for diagnosis and treatment of venereal disease under Chapter IV Paragraph 66 of the Union Public Health Act.

To a great extent these conditions are not satisfactory to both the employer and the employee. There are many people in private offices or in public works who are suffering from the disease but continue their work and undergo treatment at the same time without being any danger or menace to Public Health through that particular job, because he is kept there for about a month. He is then discharged not 'cured' but the disease is merely reduced to a non-communicable stage. There may be recrudescence of the communicable stage.

It is the desire of the whole Johannesburg Community, both white and black that provision for treatment should be made locally where there would be no loss of jobs involved in certain cases and above all where the victim may be treated free until declared 'cured'.

It may be suggested that Non-European females could have a Special Treatment Centre in connection with the Johannesburg Non-European Hospital and the Non-European Males either at the same place or at the Pass Office or wherever the City Council through the M.O.H. may decide to have a Special Treatment Centre.

We learn that the Council is ready with its estimate for the treatment of venereal diseases. The scheme I understand, would not cost more than £1200 to begin with. The public is only waiting upon the Government to make its contribution on this amount under the Union Public Health Act. The Government is already doing its part at the European Special Treatment Centre and why not for the Non-European Section? We cannot get rid of diseases among Europeans until the Non-European Section is also freed from the malady. Disease know no colour bar.

### Medical Education and the Bantu

In order to facilitate public health and hygiene propaganda we must have ~~the~~ <sup>Bantu youth</sup> trained as doctors, nurses and midwives. For these professions and callings they must have the best training offered along these lines because it is only the basic scientific principles and their understanding that makes a backward people to be convinced against most of their superstitions and empirical beliefs. When you send superficially trained Bantu youth among their backward brothers and sisters - I mean people who are given the so-called 'essentials' (short cuts) and 'practical points' - you will find that, besides the damage they are likely to do when trying to work independently, they will ~~in a~~ <sup>in a</sup> course of years of work ~~practise~~ <sup>practise</sup> their people be likely to revert to ~~not~~ <sup>old</sup> practices because they have no scientific <sup>knowledge</sup> ~~basis~~ on which to base their teaching. With superficial training they have neither conviction nor conversion. How can they win others to leave their superstitions and false beliefs ~~of~~ <sup>of</sup> contagious magic and disease.

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