Gabriel Louw

HISTORY/POLITICAL SCIENCE

Sangomas

in
South Africa's
Modern-day healthcare

2020

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The Traditional Health Practitioners Act (22, 2007) in perspective

Adam Walters & Company

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DEDICATION

To those few South Africans who dare to take on the post-1994 policy of political correctness which, together with the statutory recognition of the traditional health practitioners, the Traditional Health Practitioners Act (22, 2007) and various pre-modern healthcare and religious beliefs, have degrade the modern-day South African professional healthcare practitioners and the healthcare sector. Most of all it is recklessly endangering the lives of millions South Africans through quackery, superstition, witchcraft and pre-modern traditional healing.

Since 1994 sound thinking and arguments on health science and practices are blindly ignored and have the ignorant masses' wishes, opinions, views, judgments and intentions been forced down indiscriminately on all levels of the South African society and its activities, with very little objection and resistance by those who are supposed to know of better.

A wise man makes his own decisions; an ignorant man follows public opinion (Chinese proverb).

AUTHOR'S NOTE

THIS book is the outcome of a series of twenty-five academic papers published in the International accredited journal *Australasian Medical Journal* (17) and the South African accredited journal *Ensovoort* (8) from October 2016 to April 2017.

I trust that the book will be of interest and of use to those persons who are involved in the development, planning and implementing of sound healthcare principles, professional healthcare ethics and the promoting of modern health sciences, training and practices.

Note: Although there is routinely made use of masculine pronouns for ease of reading in the book this in no way implies a sexist attitude. The same is applicable on the use of certain names identifying specific ethnic/cultural/ racial groups from the South African history. This use is necessary in this research to could focus specific on the country's complex social, ethnical and political problems and developments around class, ethnic, educational and racial differentiation. In the South Africa's post-1994 policy of political correctness these names are seen as words of degradation and is been sensitively avoided in public speaking and writing.

Gabriel Louw, Author, Potchefstroom, September 2020.

ABOUT THE AUTHOR

GABRIEL LOUW, a psychologist, historian, educator, researcher and writer, is a professor-emeritus of the Potchefstroom University of Christian Higher Education (PUCHE) and the North-West University (NWU), South Africa, where he lectured and did research at the Department of Psychology (1980-1995) of PUCHE and at the Faculty of Education (2009-2013) of the Mahikeng-campus, NWU. After his retirement at the NWU, he was appointed by the University in its Focus Area Social Transformation at the Faculty of Humanities, Potchefstroom-campus: in 2016 as research fellow, in 2019 as an extraordinary researcher and since 2020 as an extraordinary professor.

He was also the head of two South African private tertiary institutions and worked as senior consultant in the South African private tertiary sector (1996-2008). He designed and developed multitude graduate and postgraduate programs for private tertiary institutions.

He started his career in the South African Civil Service as a teacher (1968-1969), an archivist (1970-1972) and a psychologist (1973-1979).

He is the sole/co-author of over hundred accredited articles, books and other academic publications and of more than two hundred selected research reports on higher education. He served as supervisor/promoter and examiner for more than forty senior post-graduate studies. (His international research identification is: ID orcid.org/0000-0002-6190-8093).

His main research interests are healthcare and tertiary educational development and management, general, healthcare and political history, as well as the individual's constitutional and political rights.

He obtained degrees at the Universities of Stellenbosch, South Africa, Potchefstroom and the North-West, South Africa. He obtained in 1976 the MA (Psychology) from UNISA and holds respectively a DPhil (1984) and a PhD (1991), both in Psychology, from PUCHE, as well as a PhD (2018) in Governance and Political Transformation from NWU.

Professor Louw was born in 1946 in the village Vanwyksvlei in the Great Karoo, Northern Cape, South Africa

Also books by **Gabriel Louw**

- Personality Psychology (Co-author with AT Möller) *(1987)*
- Perspectives on Personality (Co-author with AT Möller) *(1993)*
- Traditional Mental Health Care in a new SA *(1993)*
- The formulation and practice of the ethics of Psychology in SA *(1993)*
- Legislation concerning Professional Psychology in SA: 1946-1992 *(1993)*
- Contributions of specific institutions to the establishment of psychology in SA: 1912-1982 *(1993)*
- The history of the development of dentistry in SA *(1993)*
- Medicine in SA: In historical perspective *(1993)*
- Ethics of Psychology: The practice and revision of discipline *(1993)*
- Perspectives on Personality (Co-author with AT Möller) *(1995)*
- The economic viability of the traditional medicine man in the South African mental health plan: a clinical perspective *(2002)*
- Earnings of the employed and the self-supporting psychologist in South Africa: a financial analysis *(2002)*
- Psychology ethics in South Africa: an economic blockade or blessing *(2002)*
- The Crisis of the Afrikaners: Is dissolution a century away? *(2018)*
- The role of pre-modern traditional healing, superstition and witchcraft in the modern-day healthcare of South Africa *(2018)*
- The Witchcraft Suppression Act (No 3, 1957) in Modern-day South Africa *(2020)*
- South Africa's bedevilled landownership: 1652 – 2020 *(2020)*
- An appraisal of the executive political leaders and their regimes of South Africa: 1652 – 1872 *(2020)*
- The Troubled Afrikaner-tribe of South Africa: 1652 – 2020 *(2020)*

LIST OF ABBREVIATIONS

ABET	Adult Basic Education and Training
AHPCSA	Allied Health Professions Council of South Africa
AIDS	Acquired Immunodeficiency Syndrome
AMA	American Medical Association
AMJ	Australasian Medical Journal
ANC	African National Congress
APA	American Psychological Association
ATPS	African Technology Policy Studies
AU	African Union
CAM	Complementary/Alternative Medicine
CTHP	Council for Traditional Health Practitioners
DFL	Doctors for Life
DOH	Department of Health
DUT	Durban University of Technology
FNHA	First Nations Health Authorities
HIV	Human Immunodeficiency Virus
HPA	Health Products Association
HPCSA	Health Professions Council of South Africa
ICD	International Statistical Classification of Diseases and Related Health Problems
ICMJE	International Committee of Medical Editors
ICTH	Interim Council of Traditional Healers
IFP	Inkatha Freedom Party
LHR	Lawyer Human Rights
MASA	Medical Association of South Africa
MCC	Medicines Control Council
MLA	Modern Language Association
MRC	Medical Research Council
NAMDA	National Alternative Medical and Dental Association
NAPPI	National Pharmaceutical Product Index
NCOP	National Council of Provinces N
DR	National Democratic Revolution
NEHAWU	National Education Health and Allied Workers Union
NHP	National Health Plan
NP	National Party
NPA	National Prosecution Authority

NPPHCN	National Progressive Primary Health Care Network
NQF	National Qualifications Framework
NSDA	Negotiated Service Delivery Agreement
NWU	North-West University
PCSA	Pagan Council of South Africa
RDP	Reconstruction and Development Programme
RSA	Republic of South Africa
SA	South Africa
SALRC	South African Law Reform Commission
SAMDC	South African Medical and Dental Council
SAMJ	South African Medical Journal
SAPC	South African Pharmacy Council
SAPRA	South African Pagan Rights Alliance
SAPS	South Africa Police Services
SAQA	South African Qualification Authorities
SETA	Services, Education and Training Authority
SMASA	Self-Medication Manufacturers of South Africa
TAC	Treatment Action Campaign
TAM	Traditional African Medicine
TB	Tuberculosis
THO	Traditional Healers Organization
THPC	Traditional Health Professions Council
THPCSA	Traditional Health Practitioners Council of South Africa
UDF	United Democratic Front
UJ	University of Johannesburg
URMSBJ	Uniform Requirements for Manuscripts to Biomedical Journals
USB	University of Stellenbosch Business School
UWC	University of Western Cape
WHO	World Health Organization

PROLOGUE

There are few fields in healthcare that elicit such controversy as traditional healthcare. The various negative and opposing reactions on the promulgation of the Traditional Health Practitioners Act (22 of 2007) (from here onwards "the Act") and the statutory recognition of the traditional health practitioner as full partners of South Africa's future healthcare establishment, are therefore not an unexpected surprise.

South African literature on traditional healthcare offers various opinions, views, postulations, generalizations and myths about the wholesomeness, excellent healing abilities, distinctiveness and indispensability of the traditional healer in the health system. Claims include statements such as that 80 per cent of all South Africans regularly consult traditional healers before consulting modern medicine; that there are 200 000 traditional healers in practice with a further 500 000 traditional healers working outside the formal biomedical system; that traditional healers are an important national health resource; that there is at present a dramatic evolution in traditional medicine and that the holistic treatment approach of the traditional healer is favoured above the Western healthcare approach. Literature alleges that the White governments of South Africa discriminated against indigenous healthcare and cultures and therefore limited their growth; that apartheid and its White supremacy led to the stunted development of traditional healing in South Africa. Other prominent postulations are that traditional healthcare is an essential and irreplaceable component of HIV/Aids (Human immunodeficiency virus/Acquired immune deficiency syndrome) care and physical and mental health, and that the traditional healer is therefore entitled to statutory recognition as an independent medical or health practitioner.[1-17]

An in-depth review of governmental and popular literature on South African traditional healing shows a very one-sided, superficial and unscientific research approach and reporting. It reflects an approach that is most often based on citing old and not always trustworthy information. Explicit descriptions and analyses based on sound and in-depth research of historical events and facts, reliable and

well-reported statistics and other supportive evidence to enlighten the role of the traditional healer, are absent from most literature.[1-17]

Claims by South African traditional healers that they "act as a medium with the ancestral spirits," that they are able to "interpret messages of ancestors," that they "can bring luck, fidelity, rainmaking," that, through their "sprinkling of muti around and about the kraal, they can ward of lightening" or "cause the witch discomfort in his bad endeavours," that they can "with muti destroys the powers in other people and can have people contract fatal diseases" and can "cast out the spell in cases of bewitching," are all accepted by the propagandists and many reporting researchers as true talents of the traditional healthcare practitioner, despite the fact that these claims are false and in conflict with modern healthcare and treatment, as well as contrary to the Witchcraft Suppression Act (3 of 1957), as amended by Acts 50 of 1970 and 33 of 1997.[18-21]

Mental impairment (especially the different kinds of schizophrenia and antisocial personality disorders), seem many times to be characteristic of traditional healers. This is accepted as normal and is defined as essential parts of the indigenous people's culture. What is understood to be African culture is stretched to excuse abhorrent behaviour. Even the Act defines the term *traditional philosophy* as "uses of *traditional medicines* communicated from ancestors to descendants," as a normal phenomenon that is accepted unquestioningly by all South Africans because it is a formal part of the Act.[18-26]

The introduction of the traditional healer as a recognized health practitioner to the general public of South Africa was thoroughly politically planned, especially since 1994. Political rhetoric about traditional healers and their "unique medicine" as victims of colonial powers, the apartheid regime and the Western/European health fraternity, became standard remarks in speeches, articles and other publications.[8,9,27]

Beyond the demand for the regulation of traditional healers and their recognition as health practitioners within the healthcare setup because they are said to be urgently needed, other unsubstantiated remarks are also plentiful. The Act is presented by the propagandists in favour of traditional healing as an

absolutely necessary piece of legislation to stabilize traditional healing and to re-establish the traditional healer in the new South Africa.[8,10]

The impact of the Act and traditional health practitioners on South African healthcare workers has been completely ignored by the authorities, the healthcare establishment and the public. Urgent in-depth evaluation and discussion is pertinent to evaluate the possible outcomes of this legislation.

It is impossible to review the Act and its various regulations, definitions and descriptions without paying attention to the political rhetoric surrounding it. The same is true for South African traditional healers and their traditional practices, which includes traditional health products. The emotional undertones of the current rhetoric affects report on things like the number of traditional healers there are and the number of patients they see; their expertise; their schooling and professional training; their ethics; public needs and consultation uses; costs to healthcare, medical funds and schemes; ownership and delivery of traditional medicines; ratios between Western healers and traditional healers, etc. An effort to put traditional healing in perspective requires an in-depth analysis of the Act and an interpretation of the Act as the starting point of research and discussion. Only after this can the assumptions, generalizations, deceptions and myths contained in the Act and the position, roles and impact of the South African traditional healer on South African healthcare be addressed.[25]

The post-1994 South African government, together with activists and propagandists in favour of South African traditional healing, want to ensure that a multifaceted, multicultural and multi-cosmological context for health and mental healthcare delivery comes to pass; one that includes traditional healers, no matter the costs, risks and uncertainty surrounding them. All legitimate objections against traditional healers and elevating the status of traditional healing to that of a South African official health service were ignored and trumped by a well-planned strategy, starting as early as 1969. The plan of the strategy is clear, namely to use the new democracy of South Africa as a vehicle to eradicate all remnants of the pre-1994 political, economic and social context, which includes the established Western healthcare sector and the regulated health professions.[1-4,7,29-37]

Literature clearly hints to the fact that the run-up to the promulgation of the Act was primarily driven and enforced by politics, coupled with the use of strong emotional overtures and supported by a misguided by a false and superficial idea of neo-African cultural distinctiveness. This emotional manipulation started nearly 40 years ago, and its proponents show a total inability to understand that the present advanced, modern healthcare of South Africa, which is crucial for South Africa's future, is not necessarily inherently similar to a Western healthcare model that has political and anti-indigenous cultural inclinations for post-1994 politics.[38]

In post-1994 South Africa, there has been a crippling attack on establishments that are deemed Western, like healthcare. Activists claim that modern healthcare developed from colonial and apartheid influences and should therefore be shunned. Many people in public life, in healthcare, in academia and journalism have refrained from criticism or comment on developments related to health, religion, culture or indigenous matters, not only to be political correct, but also to stay out of conflict with or away from victimization by the present regime. The traditional healer as a new regulated health service partner is one of these topics. A curtain of "silence" has been drawn: the rights of the minority has been subjugated to those of the majority.[29,39-42]

It is therefore no surprise that the Act is a burning issue that attracts the attention of opportunistic, emotional and political agendas, false cultural distinctiveness, and pseudo-neo-African, but often outdated African intentions. The Act is projected as the *saviour* of the traditional healer and his indigenous culture, and the *solver* of the health problems of South Africa's poor people. Its true impact on the South African healthcare section has thus far been ignored.[25]

Seeing that the Act has stretched over 15 years of formal parliamentarian plodding since 2005, but is still not fully operational in 2020, it is doubtful if the Act has a strong enough legal foundation to offer true statutory status for the South African traditional health practitioner. On the other hand, it is also doubtful if South African traditional healers are equipped enough in terms of education, training and skills to become full members of the health sector to serve the public. The tardiness of the government with the abrogation of the Witchcraft Suppression Act (3 of 1957, as amended) despite strong opposition

against it, seems to indicate that the government itself is still suspicious that traditional healers' practices can get out of control without the act on witchcraft in place. The pertinent question is whether the traditional healer and the Act have a role to play in the modern South African healthcare establishment. Can traditional healers make a constructive contribution to the South African healthcare system by means of the Act?[23,25]

The main aim of the Act is the professionalization of traditional healing in South Africa. The criteria of professionalization entail that the practitioners within the field should have an established stakeholder position in the country's healthcare based on an established and tested training and healthcare model; acceptable professional ethics and patient relationships; professional relationships with the recognized healthcare practitioners within the healthcare sector; they should occupy a significant part of the country's healthcare budget; and there should be a pronounced demand for that field among the broad population. This book argues that the above characteristics of a field ready for professionalization served as prominent arguments in favour of statutory recognition for traditional healers, even though these matters have never been tested. The most prominent of these claims is that they can make a positive and constructive contribution to the healthcare in South Africa. The Act's chances of success and the possibility that giving traditional healers a share in the South African healthcare context can be positive, should be analyzed, evaluated and reflected on by considering research and the practice.

The point of departure in proclaiming the Act and inviting traditional healers into the South African healthcare section has been that it is a positive development, until the contrary can be proven. This book therefore seeks to evaluate the Act and traditional healing as a field in an effort to come to a conclusion about the preferable of these developments based on thorough research. This critical approach forms the basis of this book.

It is clear that no thorough study on this matter has been conducted. There is a dire need for an in-depth study on the Act and the role of traditional healers in the healthcare sector and given the healthcare needs of South Africans. The book embarks on a step-by-step analysis and interpretation of the Act's various definitions, descriptions and clauses as reflected in its different sections,

together with a consideration of historical and political facts, practices and traditions, and a look at training and a traditional healthcare culture in South Africa.

The roles of the supernatural, bad magic, witchcraft, witches and evil demons in the practice of the traditional healers, and the Witchcraft Suppression Act (3 of 1957) to combat it, are very seldom researched and reported in South Africa. This book also embarks on an evaluation and description of witchcraft in South Africa and its relation to the Act.

The Information is posed in four parts:

Part One: Political-historical literature reviewing of the promulgation of the Traditional Health Practitioners Act (22 of 2007) and the statutory recognition of traditional health practitioners in South Africa

This part reflects on the political-historical literature on South African traditional healing. Prominent here is the role players in the establishment of the statutory status of traditional healing.

Part Two: Resolutions, implementations and implications of the Traditional Health Practitioners Act (22 of 2007)

This part describes the resolutions, implementations and implications of the Act to make it a workable piece of legislation.

Part Three: Cultural-historical literature reviewing of the existence and belief-system in the supernatural, bad magic, witchcraft, witches and evil demons in modern-day South Africa

Part three reflects on the extent of witchcraft and related behaviour and crimes, and the Witchcraft Suppression Act (3 of 1957) to combat it.

Part Four: Statutory impact of traditional healers on modern-day South African healthcare

This part evaluates the position of the traditional healer in the South African healthcare sector as a potential professional healthcare practitioner. Specific are

the assumed skills, abilities and successes of the traditional healer and the applicability of the Act the point of focus.

The book is based on a series of 25 academic papers published between October 2016 and April 2017 in two accredited journals.[43,44] (See **NOTES**).

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PART ONE

A POLITICAL-HISTORICAL LITERATURE REVIEW OF THE PROMULGATION OF THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007) AND THE STATUTORY RECOGNITION OF TRADITIONAL HEALTH PRACTITIONERS IN SOUTH AFRICA

1.1 INTRODUCTION

The statutory recognition of South African traditional health practitioners in terms of the Act[1] seems to be politically motivated. Political leaders and opportunistic politicians with masked agendas abuse traditional healers as a Black cultural heritage that must be conserved at all costs. This unhealthy political climate was also very well utilized by the traditional healers themselves to advance their own interests, like the promulgation of the Act and their professional status as traditional health practitioners within the South African healthcare sector.[1-7]

The South African state (post-1994) and the ANC regime did not stay neutral with the promulgation of the Act. For opportunistic reasons, they favoured the recognition of traditional healers, in essence pre-modern cultural, religious and medical practitioners, as official statutorily regulated healthcare practitioners and professionals. They failed to adhere to the Constitution and they put indigenous South Africans in a situation of a new apartheid (although now a cultural, medical and religious one) and regressed to the Middle Ages by disregarding citizens' healthcare needs and safety with the Act. At the same time, certain groups of Black people are belittled and degraded by certain Black leaders under the cloak of a false neo-Africanism, all the while claiming their right to think and to live freely in a democratic society, especially on healthcare.[8-18]

The political influence of the ANC in the promulgation of the Act and the statutory recognition of the traditional healer as a healthcare practitioner has thus far been ignored by the general public, established healthcare professions and formally established healthcare sector of South Africa. This matter should be addressed urgently for us to understand the position of the Act in healthcare

and to obtain insight into the possible positive or negative impact on future healthcare.[1]

Part One and its subdivisions offer a political-historical background of traditional healing to highlight the development and the promulgation of the Act.

1.2 THE ANC'S CHANGEOVER FROM A LIBERATION MOVEMENT TO A POLITICAL PARTY

"African parties are essentially products of a 'colonial situation' – in the sense of a situation in which an indigenous society is politically, economically, and culturally subordinate to a dominant European group," writes Hodgkin[19, p.21]. The birth of the ANC on the 8th of January 1912 in Bloemfontein was no exception. In the case of the ANC, domination came from another indigenous group in South Africa, although initially from mainly European decent, namely the Afrikaners. The subordinates were predominantly the Blacks, made up of four broad Black ethnic groups: the Nguni (Zulu, Xhosa and Pedi), the Sotho (Tswana and Sotho), Venda and Tsonga.[20]The Coloureds and Indians also formed part of these subordinate groups. This dominance was built around racial discrimination in its extreme form during apartheid. It had its roots in 1671 at the Cape of Good Hope. The more extreme manifestation of this racial discrimination started in 1948 with the election of the National Party as government and the resulting policies that formed grand apartheid. It officially continued up to 1994 with the new political dispensation.[19-,23]

It became clear for Blacks since 1910 that despite some adaptations to the discriminative political system and concessions by the White rulers over the years to "better" racial relations and Black lives, extreme White dominance and racial discrimination would be part of the South African political system for a long time. [20,21,24,25]

It was impossible in this context of suppression, subordination and dominances for Blacks to remain passive or to leave it unquestioning. There was no chance to change this state of affairs with non-violent action. In practice, Black people had two political choices since 1910: to act *revolutionary* or to *conform*. Initially, the status quo was followed by most Blacks and they accepted the oppression, but in light of the growing negative racial attitudes of the Afrikaners and the degrading of Black people's humanity, Blacks began to

organize themselves in political groupings, although not revolutionary or near-revolutionary in the beginning.[19] The founding of the ANC in 1912 was basically to protect and promote Black interests all over South Africa. As early as 1917, Communists became active in South Africa and they infiltrated trades unions and in 1921 the first Communist Party was established on African soil in the Union of South Africa. Soon after they infiltrated the ANC and in 1936, JB Marks, a communist, became the ANC's secretary general. After this, there was very little difference in the political ideologies regarding the fighting and overthrowing of the regime of the National Party between the two bodies. In 1959, Robert Sobukwe broke away from the ANC because of the communist domination and what he regarded as a too lenient approach to White dominance, and he formed the Pan Africanist Congress (PAC).[20] After this break-away, the ANC still remained the most dominant Black liberation grouping, starting to reflect revolutionary thinking and behaviour in their effort to oust the Afrikaners regime or to effect the Afrikaner regime's total and immediate withdrawal from all positions of dominance in the military, economy, and political and administrative spheres of the country. This radical inclination, coupled with terroristic actions, led to the banning of the ANC in April 1960 and the imprisonment of many of its leaders.[19,21,25]

Since the 1950s, even before its banning as a political organization, the ANC put various manifestos on the table, reflecting its wishes and views on how a future South Africa had to be ruled. The correction of human rights and equal service delivery were prominent. The 1955 Freedom Charter, the first of these ANC guidelines, reflects this well, and although not described in depth, made the above point of political attention that continue today.

The dissatisfaction of the ANC with the National Party's discriminative healthcare policy for Blacks was more than justified. In 1994, with the new political dispensation, the responsibility of offering better healthcare to Blacks became that of the ANC, and the chaos of the existing healthcare system was dumped onto the ANC regime. The next subdivision offers an overview of the chaos within healthcare in general in 1994 when the ANC came to power. It also indicates the challenges that awaited the ANC in finding solutions quickly to rectify the National Party's (NP) incompetent and racist healthcare policies and services. Many Blacks saw the traditional healers as saviours of the ineffective healthcare sector.

1.3 SOUTH AFRICA'S FORMAL HEALTHCARE SERVICES AND ESTABLISHMENTS IN 1994

Healthcare during apartheid was characterized by inequality, and this spanned nearly a century. The system undoubtedly needed fundamental reconstruction to remedy this, including enormous financial input. In 1994, during the transfer of political power to the ANC, the country was trapped into developmental or financial stagnation, starting in 1990 with a South African economy showing zero or negative growth. It was not possible for the incoming ANC regime to provide in all the basic healthcare needs of the majority of its supporting voters immediately. These voters expected the ANC to offer them a better standard of living than the NP did. Indeed, besides the financial crisis in healthcare delivery, the existing healthcare services were so inefficient, inequitable and fragmented that they failed to meet the basic healthcare needs of the broad population, especially the Blacks, notwithstanding immediate corrections.[27]

Savage and Shisana[27, p. 97]identified six negative indicators in healthcare services in 1995:

- *Deep financial inequalities within services.* The per capita national expenditure on health services was for instance biased towards Whites with R597.00 per capita for the Whites against the R138.00 per capita for Blacks; there were marked inequities in the financing of different levels of healthcare services with primary healthcare services receiving only more or less 5 per cent of the national healthcare expenditure.
- *Existing healthcare services were deeply fragmented.* Up to 1995 14 separate ministries of healthcare were active in the South Africa, with a lack of coordination between them. Fragmentation in the organization of services with a weak referral chain between different levels of services led to inappropriate use of hospital-services and healthcare personnel;
- *Organization of provision of curative medicine and capital-intensive technology were executed at the expense of preventive medicine and primary healthcare.* Only 5.4 per cent of healthcare budget was devoted to the promotion of "good" health, while healthcare was disease- and hospital-centred;

- *Misdistribution of medical personnel.* Of the medical doctors registered in 1994, only 5.5 per cent were practicing in rural areas where more than 40 per cent of South Africans resided. In this scenario, 65 per cent medical doctors practiced in metropolitan areas, 11 per cent in cities, 12 per cent in towns and 6 per cent in small villages;
- *Marked and growing divide between public and private provision of healthcare services.* More or less 63 per cent of all doctors active in the country were working in the private sector, which only served 20 per cent of the population. This population group could afford medical aids or medical benefit schemes or could afford private healthcare from their own pocket. In practice, a private healthcare system had emerged that provided for the needs of 69 per cent of Whites against 5 per cent of the Blacks and 30 per cent of the Coloureds who were on medical aid schemes, while the public healthcare sector provided for the bulk of the South African population;
- *Weakly developed ancillary services.* In 1991, the number of registered nurses was 67 843, enrolled nurses 72 484, health inspectors 2 471, dentists 3 768, dental therapists 141, optometrists 1 168 and pharmacists 8 171.

The healthcare problems the ANC faced in 1994 were not open to easy solution and a new framework for the organization of healthcare to all South Africans was urgently required. The ANC, as the new regime, faced a basically impossible task to rectify the problems in a decade and to bring equal healthcare to all South Africans. On the other hand, the ANC had foreseen this chaos to a certain extent and they formulated theoretical plans with respect to what was wrong with South African healthcare and what must be done in an effort to revamp it from 1955 onwards (for a detailed description see later subdivision 1.5).

1.4 OPTIONS FOR POST-1994 HEALTHCARE PROVISION IN THE NEW SOUTH AFRICA

In 1994 the ANC identified four options for the provision of healthcare with their role as a regime in mind. They also identified the role of the private sector, if any, in the funding and provision of healthcare.[27]

- *Nationalize the private sector*. This would bring all healthcare facilities and personnel under state control;

- *Keep the public and private sector healthcare provision separate*. This would allow private healthcare to continue for those who wanted and could afforded it; while the process would be activated to build and reorganize public (state) healthcare services;
- *Centralize funding for both public and private providers.* The intention was to create a national healthcare insurance system that would be run on compulsory contributions from all the role players involved in formal employment and that would provide a basic package of healthcare services for all citizens;
- *Business sector healthcare provision.* This would create a situation where the state would still be responsible for the healthcare services of the broad public, but the business sector would provide healthcare services to their employees and their dependents.

1.5 THE ANC'S VARIOUS HEALTHCARE POLICIES: 1955–2017

It was clear that the demands and challenges of the South African healthcare in 1994 were immense. It was clear that the incoming ANC regime would found it difficult to meet the expectations of the suppressed Blacks for better healthcare services or access to basic healthcare facilities.[27] On the other hand the ANC had already started preparing for South Africa's complex of healthcare problems that would await them when they take office one day by 1955.

1.5.1 The Freedom Charter of 1955

One of the main tasks the leadership of the ANC took on themselves in promoting Black interests (and obtaining political support) was the adoption and publishing of *The Freedom Charter* on 26 June 1955 wherein the ideal political, social, citizen and economical rights of Blacks (as well as Whites) were described. It served also as an example and "guarantee" of how the ANC would address healthcare problems when they come to power. Although this five-page document is today treated as an extraordinary document with respect to human rights and as a first guideline for Black rule, the contents are vague and insufficient in defining the rights and needs of Blacks at that time. Also, how the ANC intended to gain and maintain these rights and needs were insufficiently described. Healthcare, a cornerstone in the policy of discrimination by the NP regime, was also insufficiently described and not anchored in constructive

remedies. The only references to healthcare in The Freedom Charter, under the subdivision: *There shall be Houses, Security and Comfort!* is the following two sentences: *A preventive health scheme shall be run by the state*, and: *Free medical care and hospitalization shall be provided for all, with special care for mothers and young children*.[21,28]

It is clear that the ANC management lacked a thorough understanding and experience of a well-structured healthcare system in terms of service delivery and human resources when they came into power. Second, in their declaration on healthcare, they underwrote the established healthcare system and human resources that were active and practising in South Africa in 1955: a Western, modern and scientific model (and not an African model based on traditional healing or an African-orientated healthcare approach). Third, they clearly wanted to bring together two healthcare components: the established modern, Western healthcare system and modern, Western professional human resources in an effort to continue and to improve healthcare and to extend this to all Blacks on the same basis as it was offered to the privileged Whites at that time. There is no reference to a radical deviation from the modern, Western kind of healthcare model, system and profession as it existed in 1955. Any recognition and implementation of traditional healing or inclusion of traditional healers in the existing healthcare systems is absent from their plan. The lack of literature on traditional healing itself and as part of the ANC's policies on future healthcare in South Africa before 1992, confirms this.[21,28]

It is important to take note of the wording of some statements contained in ANC policies, like "no government can justly claim authority unless it is based on the will of all the people;" "our people live in brotherhood, enjoying equal rights and opportunities;" "all people shall have equal right to use their own languages, and to develop their own folk culture and customs;" and "the government shall discover, develop and encourage national talent for the enhancement of our cultural life." Activists use these clauses, seemingly supported by the guarantees of the individual's civil rights as contained in the Constitution and the Bill of Rights, as "legal indicators" that traditional healing should receive statutory recognition. In reality these clauses were, as said, vague, lacking any description of traditional healers and clearly not applicable to the Constitution or the Bill of Rights.

The various declarations on the kind of healthcare that the ANC leadership wanted for the Blacks discussed below did not dramatically fill in the above vague descriptions on healthcare formulated in 1955. There is no reference to any specific kind of future for traditional healers in any of the official guidelines and policies of the ANC up to 2012. Even informal recognition of traditional healers only gained momentum from 1990 onwards as a result of political influences and manipulation after the 1990 unbanning of the ANC, the new political openness of the NP to accommodate Black needs and preferences, and the NP's slow disintegration as a political party.

1.5.2 The ANC's "Ready to Govern" document of 1992

The ANC policy document of 1992, titled *Ready to Govern*, only states that the provision of equitable healthcare should be guided by the aspiration of the people as enshrined in the Freedom Charter and by principles that reflect the primary healthcare approach. It furthermore states that[29, p. 25]: "access to healthcare is a basic human right." This is a clause that the ANC later wanted to be incorporated in the South African Constitution and the Bill of Rights. This reference was also contained in the Freedom Charter, which was indiscriminately used by activists and propagandist to support the arguments of traditional healers as appropriate healthcare practitioners in terms of Black cultural, customs and traditions.

1.5.3 The Reconstruction and Development Programme of 1994

In 1994 the *Reconstruction and Development Programme (RDP)* was published. One of the government's primary aims with the programme was to develop a national health system, to offer affordable health care, to promote healthcare and the cure of illnesses in general, and specifically to offer primary health care. Its contents on healthcare specific read as follows[30, p.3-4]:

"The national health system will...

- give free medical care to children under 6 years and to homeless children;
- improve maternity care for women;
- provide free services to disabled people, aged people and unemployed people within five years;
- organize programmes to prevent and treat major diseases like TB and AIDS;

- expand counselling services (for victims of rape, child abuse, and other kinds of violence);
- give women the right to choose whether to have an early termination of pregnancy;
- improve and expand mental health care;
- run special education programmes on health, aimed particularly at young people;
- improve occupational health in the workplace;
- involve the fullest participation of the communities."

The ANC's *National Health Plan for South Africa (NHPSA)* of 1994 also proposed the creation of a single comprehensive, equitable and integrated National Health System (NHS) that is founded on the principles of equity and the right to healthcare services and a primary approach to healthcare. The main aim was to improve access to healthcare services, to increase the comprehensiveness of good quality services to the entire population, to protect households from costly healthcare services and to eradicate communicable and non-communicable diseases in the community, as well as to promote healthy lifestyles and community participation in healthcare offerings.[29] After 1994 the healthcare sector also introduced community service for certain categories of healthcare graduates to lessen the shortage for healthcare professionals, especially in rural areas, and to make quality healthcare cheaper and available to the poor. Once again, there was no reference whatsoever to traditional healers as primary healthcare practitioners within this setting.[24,25,29,30]

1.5.4 The Roadmap for Reform of the Health System of 2007

The ANC's 52nd Conference held in 2007 again identified healthcare as an ANC priority. Shortcomings in the existing healthcare policies were identified and strategies were formulated. A basis was laid to better further healthcare delivery. This led to the development of the *Roadmap for the Reform of the Health System*. Traditional healing was absent again.[29,31]

1.5.5 The Ten-point Plan for the Health Sector of 2008

A further outcome in the ANC planning on healthcare for all South Africans was the development of the *Ten Point Plan for the Health Sector* in 2008. The ten priorities of the plan are[25-26,29]:

- Provision of strategic leadership and creation of a social compact for better health outcomes
- Implementation the National Health Insurance (NHI)
- Improving the quality of health services
- Overhauling the health care system and improving its management
- Improved human resources planning, development and management
- Revitalization of infrastructure
- Accelerated implementation of the HIV & Aids and Sexually Transmitted Infections National Strategic Plan 2007-11 and increased focus on TB and other communicable diseases
- Mass mobilization for better health for the population
- Review of drug policy
- Strengthen research and development

The *Health Sector Ten-point Plan*[29, p.26] was set to be implemented through the *Department of Health Programme of Action and the Negotiated Service Delivery Agreement (NSDA)*. The intention was to use the NSDA to strengthen the effectiveness of the established health system, to increase life expectancy, decrease maternal and child mortality, to combat HIV and Aids and to decrease TB. The focus was also on better access to healthcare services and eliminating the fragmentation of healthcare services.

1.5.6 The ANC Election Manifesto of 2009

The *ANC Election Manifesto* of 2009 states again that health is a key priority in planning for the ANC's development policy for the period up to 2014. It specifically emphasizes the importance of health programmes, although there was again no deviation from the pre-1994 modern healthcare system. These outcomes were further analysed and supported by initiatives like the Henry J Kaiser Family Foundation's *An Overview of Health and Health Care in South Africa 1994–2010.*[29,31,32]

1.5.7 "The ANC Policy Discussion Document: Education and Health" of 2012

The *ANC Policy Discussion Document: Education and Health*, dated March 2012 (18 years after the presentation of the 1994 *Reconstruction and Development Programme*, and 47 years after *The Freedom Charter*), on the one

hand once again does not reflect any dramatic change in the mind-sets of the ANC leaders on the established healthcare for South African people.[29,30] On the other hand, it reflects the ANC regime's commitment to maintaining modern healthcare standards for healthcare. Again there is no reference to traditional healing per se. This document states[29, p. 3]:

> The resolution of the 50th National Conference noted that since 1994 the point of gravity as regards to policy development appears to have shifted to government and away from ANC constitutional structures. It resolved to enhance the depth and extent of ANC capacity to sustain an ongoing cycle of policy development, implementation and monitoring; and also adopted a diagrammatic aid to better an understanding of the ANC policy process.

These attempts of the ANC to better healthcare policies reflect their intention to do good to South Africans in general, as the following remark confirms[29, p. 3]: "...assist the ANC to plan for the next five years of governance [2017]; help the movement to review existing documents on our vision of the ANC and South Africa in the next twenty years up to 2030; and get branches of the ANC to agree on our vision of the ANC and South Africa a hundred years from now, viz.: The ANC and South Africa of 2112."

1.6 ARGUMENTS THAT MOTIVATED THE POST-1994 POLITICAL THINKING OF THE ANC ON THE PROMULGATION OF THE ACT (22 OF 2007) AND THE STATUTORY RECOGNITION OF TRADITIONAL HEALTH PRACTITIONERS

It is clear from the above that the ANC initially wanted to retain a modern and scientific healthcare system with professionals and scientific practices. The only change was that they wanted to better and further it after 1994. The 2012 ANC conference also made it clear that the established healthcare sector had to serve as a blueprint for future planning on the country's healthcare. References to traditional healthcare or traditional health practitioners as future components of modern South African healthcare, or as official cultural role players in the country's healthcare sector, never appeared in any of the ANC documents from 1955.[21,28]

The question in 2017 is how the traditional healers found formal inroads into the South African healthcare sector through the promulgation of the Act[1] and

how they obtained statutory recognition as healthcare professionals under the title of *traditional health practitioner*. Prominent in this context is how this outcome could be reached given their lack of professional training, healthcare history and standing among medical professionals in South Africa. The answer seems to lay in the traditional healers own various well-planned efforts to promote and position traditional healing, especially within post-1994 healthcare. Activists and propagandist aimed to convince politicians and the public of the importance of traditional healers in healthcare. This suited opportunistic politicians, who used this as part of their political manipulation on various terrains.[11]

The PAC aptly formulates the new view on the future recognition, role and impact of a "Black culture" on healthcare since 1990. This shift was brought on by the initiatives of the NP, the post-1994 unwritten policy of political correctness and the unlimited rights of the individual as cemented in the Constitution and the Bill of Rights.[11,31] Freeman[31, p. 69] writes: "It is their [PAC] view that African people have the right to express their value system unhindered, and as traditional healing and African culture are inseparable. This should be given the same status in society as healers from the modern health sector. The PAC believes that traditional healing could cure problems where the modern sector has failed. Payment for traditional healing would come from the same or similar source of payment for care in the modern healthcare sector." In the 1990s, the PAC had no doubt that as soon as a Black majority came to power, the legalizing of traditional healers would automatically follow. In 1994, the ANC came to power and in 2007 traditional healers were indeed legalized, although not immediately incorporated into the formal healthcare sector.[11]

On the side of the ANC regime there was suddenly a strong justification for the statutory recognition of traditional healing and traditional healers as the healthcare professional called a *traditional health practitioner* within the official healthcare sector, despite its initial lack of a prominent view on traditional healing in its many formal healthcare declarations. The reason for this turn-around in the policy of the ANC, although initially pursued outside the formal structures, must be sought in the pressure from various kinds of supporters from all the classes and socio-economic levels of South Africa, especially the lower socio-economic levels where poverty, the belief in the supernatural and under-education are prominent. A resolution at the 1991 ANC conference gives an

indication that the needs, requests, customs and traditions (like the statutory recognition of the traditional healer, although not formally expressed) of the masses who had supported and voted for the ANC would be respected in the future, even if this means ignoring any scientific evidence or warnings against it. The resolution reads[25,p.36]: "In formulating our policies for a democratic South Africa these should relate to mass struggles and provide opportunities for the masses to assert their just demands." Also, the Constitution Section 27 serves as a strong argument for the activists and propagandists of traditional healing when it says that every South African "has the right to have access to health care services," while the January 1994 *National Health Plan for South Africa*'s statement that "governmental health activities involve the fullest participation of the communities," is generally interpreted as meaning that there is a transfer of decision-making of the entire healthcare delivery system and its institutions to the community. Some pro-traditional healing supporters and human rights activists who lack an understanding of the negative consequences of traditional healing, sees the above statements as meaning that the individual has the right to any kind of healthcare that he prefers, making traditional healthcare justified[23,29,32,33,34,35]

The prominent question is: are the views of the PAC and later the ANC lawmakers who contributed to the promulgation of the Act on the claimed benefits of traditional healers and their importance to South African healthcare based on true facts and sound arguments? Is the traditional healer truly a qualified healthcare practitioner, an important cultural figure and needed in the Black population's daily life? What impact does "political blindness and naivety" and emotional subjectivity had on the statutory recognition of traditional healers as health professionals from especially the lawmakers and politicians' side? These questions should be answered before the contribution and impact of traditional healers on healthcare can be understood, evaluated and addressed. The various arguments offered in support of the promulgation of the Act are discussed in the next seven subdivisions **(see subdivisions 1.6.1 to 1.6.7 of this Part for detailed description**).

Over the years, various unofficial arguments, statements and opinions have been offered on why traditional healing must be statutorily recognized and regulated. The motivations to the promulgation of the Act included the claim that there are 200 000 or more traditional healers practicing in South Africa; that

the ratio of traditional healers versus medical doctors (and other healthcare professionals) is 7:1, confirming the high presence of traditional healers in healthcare; that the majority of South Africans, up to 80 per cent of the total population, regularly consult traditional healers; that their fees are lower than the that of medical doctors; that the traditional healers are the sole owners of traditional medicines in the country and as such are legally entitled to practice traditional healing and medicine; that the income they generate from the sales of traditional medicines and products are enormous, confirming their established position as healers and the importance of their medicine in the country's healthcare setup; and that they are still prominent religious leaders and spiritual healers in Black society. No facts were presented in these motivations before Parliament for the promulgation of the Act. As a result of their own political subjectivity and naivety, South African lawmakers in Parliament accepted these claims as true, despite abundant evidence to the contrary and legal objections against the lawmakers' promulgation of the Act. In this political context of misinformation, emotionality and subjectivity, the Act was promulgated as a healthcare act that addresses the "African cultural needs and priorities."

The various claims and motivations in support of the formal regulation of traditional healing are described in the following seven subdivisions.

1.6.1 Are there 200 000 or more traditional healers practicing in South Africa?

One of the motivators in the new South African political dispensation's promulgation of the Act and the statutory recognition of traditional healers as *traditional health practitioners* in the South African health establishment, was the claim that at least 200 000 unregistered traditional healers (with some researchers putting the number as high as 400 000) are currently practising in South Africa. The claim continues to say that there is a great need for traditional healers' skills, medicine and know-how among the public. These views on the traditional healers are still reflected in South African literature today.[3,33-34,36-39]

Research shows that these generalizations are based on international publications dating from the 1980s. These publications were in turn based on a 1983-estimation by the WHO. There has been no confirmation of the 200 000 number for South Africa, nor has research findings been revised.[3,33-34,36-39]

Determining the true number of traditional healers in South Africa by way of a membership count of traditional healer societies seems problematic, because there is not a single non-compulsory body that registers all the traditional healers as a single group. Official registration with the newly created statutory body, the Traditional Health Practitioners Council of South Africa (THPCSA), is not compulsory or fully active at the moment.[40,41]

Many of the traditional healers are organized and "licensed" by one of more than 200 unofficial organizations or associations. These organizations are sometimes registered under the Companies Act as a business entity, but not as a professional body reflecting professional training. Depending on the strength and criteria, membership of organizations ranges from ten to thousands, with some traditional healers based regionally, provincially or operating nationally.[38-46]

Numbers calculated based on membership numbers can clearly not be accepted as correct unconditionally for various reasons.[41,47] The African Technology Policy Studies (ATPS)[47] furthermore reports that many bogus traditional healers obtain healer status and contribute to the 200 000 or more.[41,47]

Pretorius[41], in referring to the claim of 200 000 traditional healers in South Africa and the ratio between the population and traditional healers of 1:200, calculated that of the 80 000 persons practicing traditional healing in Gauteng, only about ten per cent are "bona fide healers."

This means, if the 200 000 number is true, at most only 20 000 qualify as "real" traditional healers in terms of Pretorius' criteria[41]. ATPS[47]emphasizes further that in the era of HIV/Aids and other hard-to-treat diseases, bogus traditional healers take advantage for the purposes of self-enrichment. It further seems as if there is a contingent of bogus healers from East and West Africa who are counted into the assumed 200 000 South African traditional healers. Even the adjusted number of 20 000 as possible *bona fide* healers seems to be incorrect and an over-estimate.[41,47]

A further confounding factor in the determination of the present numbers of traditional healers in South Africa is that the names *traditional health practitioner*, *traditional healer*, *traditional health doctor, medicine man* or *doctor* are misleading. These are quasi-names that activists, propagandists, researchers, the government and the public commonly use, clearly without

understanding its real meaning and boundaries. These general quasi-descriptive names make it possible for many people (possibly even more than the 200 000) to pride themselves on being "traditional healers," as various researchers already demonstrated.[34,41,47,48]

The name traditional healer is clearly a non-specific name for various non-medical workers in South Africa. It is a mixture of indigenous spiritual, cultural and social work types, totally outside the definition of practice, training or domain of any of the officially registered health professions, like nurses, dentists, medical doctors, etc. A comprehensive study of career literature describes the different kinds of traditional healers by many names. Some names are: diviners, herbalists, traditional birth attendants or midwives, traditional surgeons, medicine men, bonesetters, sorceress, spiritual healers, home caregivers, traditional advice counsellors, holistic healers, faith healers, traditional doctors, spiritual practitioners, priests, psychic healers, traditional health clerks, diagnosticians.[34,38,44,47-51]

These various classifications, names and definitions makes it virtually impossible to identify a group of persons who work in traditional healing as a single group that can be counted and described as *traditional healers*.

A statistical and descriptive approach shows that only 2.2 per cent of traditional healers have some form of tertiary education or have attended tertiary training. This level of qualification makes the traditional healers comparable to the minimum level of schooling for the registered or regulated healthcare professions before they start academic or in-service training, namely the completion of the senior high school certificate (Grade 12). This means that only 2.2 per cent of the alleged 200 000 traditional healers in South Africa are on a "comparable school-leaving level" with modern healthcare practitioners before training, especially the medical doctor, with whom they are competing in the healthcare market and for a healthcare position. This means that according to the classification of the ATPS[47] (read together with the Pretorius criteria[41]), at most 4 400 (2.2% of the alleged 200 000 traditional healers) really qualify as persons who are ready to embark on some kind of training in terms of final school-leaving certification. They then still lack the three to eight years of tertiary training that other healthcare practitioners receive depending on their fields.[47]

If tertiary training is taken as a criterion, the chances are good that the estimated 2.2 per cent of the ATPS[47] can be halved to 1 per cent *bona fide* healers or 2 200 in number with an assumed tertiary training of three or more years compared to the claim of 200 000 traditional healers.

The above findings correspond better with the present total registration membership of more or less 4 000 members of the allied professions in South Africa. They only reached this number after nearly 40 years of regulation (compared to 4 400 estimated "real" traditional healers). If only the present number of practising registered homeopaths, naturopaths and phytotherapists are taken into account after nearly 40 years of regulation, namely more or less 1 300 (compared to an estimated 2 200 *bona fide* traditional healers with some form of tertiary education), it still corresponds more or less.[43,49,52]

Above gives a good indication of the low number of registrations of bona fide traditional healers that can be expected in terms of the Act if strict registration rules are followed.

The number of traditional healers in South Africa can further be calculated by combining Pretorius[41] research with the manifestos of various traditional healer organizations.

Among all the organizations for traditional healers, only the Traditional Healers Organization (THO) openly declared that they have 29 000 members. They also give a clear reason as to why this number is 29 000 and not the massive numbers of the other organizations, namely that they use selection criteria for registration. As such, the leaders of the THO[42,53,54,55] claim they have sifted through the massive group of bogus healers with the following training and registration requirements: (a) training of two years and mentorship, as well as a further three years of part-time guidance and support; (b) to become a member of the THO already practicing traditional healers have to attend a one day workshop to be introduced to the THO activities and a five-day workshop on traditional primary healthcare; (c) persons who want to join the THO as healers must also produce a reference of good character.[41,42] If the criteria of "three years or more tertiary training" is made applicable to the 29 000 THO members by using the ten per cent calculation of Pretorius[41], only 2 900 remain. This outcome is in line with the estimated 2 200 of this study, based on the one per cent criteria of the ATPS[47]. The 2 900 seems to correlate to a certain extent with the 2.2 per cent of the ATPS[47] guideline that reflects 4 400 healers.

However, the General Household Survey for the period 2008 to 2013 show a far lower presence of traditional healers in the South African healthcare sector.[39,56,57] It also reflects a constant decline in the use of the traditional healer since 1990.[39,56,57]

For the years 2008 and 2013 the average utilization of the services of traditional healers was respectively 1.2 per cent and 1.4 per cent of the Black population of South Africa.[7,39] When the 2004–2013 statistics are translated to the use, availability and presence of healthcare providers in the community, it means that for the 39 000 medical doctors registered in 2013, there were only 390 traditional healers in practice.[7,30,39] This is in line with the 1.4 per cent average use for 2011, which reflects only 546 traditional healers in practice against 39 000 medical doctors in terms of the percentage comparison.[7,30,39]

It is clear in terms of the above statistics that there cannot be more than about 4 400 credible South African traditional healers. It can be as little as 390. The number of 4 400 is a fraction of the untested, alleged 200 000 or more traditional healers reflected in the general literature on the South African traditional healing.

1.6.2 The ratio of traditional healers versus medical doctors is 7:1 in South Africa.

One of the misleading practices that resulted from the claim of 200 000 traditional healers practising, is the habit to compare this untested number of an alleged 200 000 traditional healers with the total number of registered modern healthcare practitioners, especially medical doctors, in South Africa. This is not only done to support the claim that there are 200 000 practising traditional healers, but is also offered to support the assumption that there is an enormous need for their healthcare services and medicine. Some researchers have indeed referred to this anomaly and contradiction in the available research and have asked for cautiousness with interpretations. This warning was clearly ignored by most of the researchers involved in the promotion of the traditional healers after 1994 in the new South Africa. The result is falsified research that is used to strengthen the belief that there are large numbers of traditional healers that overshadow established medical doctors and that they are central role players in the South African healthcare sector.[38,41,47,48,51]

The claims described above puts 200 000 traditional healers against 30 000 medical practitioners, resulting in a ratio of 7:1 in favour of the traditional healers. [More recent statistics on Africa as a whole reflects a ratio as high as 80:1!].[37,38,49,58-63]

The above ratio supports the view that there is a great demand for traditional healers.

Research shows that these numbers have in fact been manipulated to reach this outcome and that there is actually an enormous group of registered healthcare professionals providing services to the public. Even if the number of 200 000 was true, very few of these persons meet even the most basic training requirements. This number of 200 000 traditional healers should also be compared with the total number of registered healthcare professions (like psychologists, pharmacists, doctors, allied professionals, dentists, nurses, welfare practitioners, etc.) in South Africa, not only general practitioners. All the registered practitioners have statutory recognition and advanced scientific and practice training in healthcare that are of a much higher standard than that of the traditional healers. The total number of registered healthcare professionals reflected for 2013 2014 was 259 025. The number of medical doctors was 38 236, dentists 5 560, qualified nurses/midwives 124 045, allied auxiliary practitioners 43 584, practicing pharmacists 4 562, psychologists 6 019, social welfare practitioners 8 078 and non-practicing health practitioners 28 941.[58-60]

The stated ratio 7:1 for South Africa is clearly inaccurate and changes dramatically when the total number [*all types* registered with the Health Professions Council (HPCSA) and other Health Councils] of registered health professionals is taken into account. This makes it 200 000 traditional healers (*all typ*es, seeing that the term *traditional healer* can include more than 20 kinds of traditional healers, although the Act only defines four) against 259 025 registered healthcare professionals (*all types*). The ratio dramatically changes to 1:1 (259 025:200 000), with even a small favouring of the registered or regulated healthcare professionals.[1,34,41,63-67]

This outcome contradicts the strong demand for traditional healers as measured by proportional numbers when compared with all the registered healthcare practitioners.

When the groups are compared in terms of the total grouping of 259 025 qualified health professionals with the more trustworthy number of 4 400

credible traditional health practitioners (representing the 2.2% with some tertiary training in terms of the APS[47] guideline), the ratio is in favour of the registered or regulated healthcare professions with a ratio of 59:1. When the 2 200 credible traditional healers (as calculated with the ATPS[47]/Pretorius[41]-criteria), who are assumed to have more than three years of tertiary training, are compared with the number of registered general medical practitioners of more or less 38 000, the ratio is 17:1 in favour of the medical practitioners.

The national statistics of the General Household Survey of 2013 also provides insight into the possible number of credible traditional healers in South Africa. The survey statistics for the period 2004 to 2013 (10 years) reveals that when asked what healthcare professional people prefer to first contacts in times of medical emergency, only an average of 0.2 per cent preferred a traditional healer, compared to 22.0 per cent who prefer to contact a medical doctor.[57] This reflect a ratio of 1:110 or a percentage comparison of only one traditional healer for every 100 doctors available in terms of the 2004 to 2013 statistics.[57]

The above findings disprove the claim that there is a great need for traditional healers. This removes one of the motivations for the promulgation of the Act.

1.6.3 The majority of South Africans regularly consult traditional healers

One of the many claims put forward by the activists and politicians in the application to parliament was that traditional healers play a valuable role in healthcare and that the majority of South Africans consult traditional healers regularly. Many writers and researchers claimed that as many as 80 per cent of the total South African population regularly make use of this service. Current literature still reflects the view that the majority of South Africans regularly consult traditional healers; some even puts the figure higher as 80 per cent of the population. An overview of the literature that makes reference to the 80 per cent consultation rate in South Africa uncovers more than 50 authors who use this statistic. This percentage was already old news in the 1980s.[34,36-39,43,49,52,61-63,68-75]

The various arguments, motivations and views on frequent use of traditional healers in the application in 2007 to promulgate the Act No are supported by information (untested) collected by an internal committee on traditional healing in 1992, a national steering committee in 1993, a provincial standing committee on health in 1997 and a National Council of Provinces committee in 1998.[1,76-81]

The Department of Health (DoH) also held a series of road shows during 2001 to 2002 to gather information (again untested, based on hearsay) on the need for traditional healers in the future healthcare of the South Africa. Political and cultural agents and drivers who focus on traditional healers as an extraordinary Black tradition and custom that must be conserved and not so much as necessary and prominent healthcare practitioners, were strong role players in the early hearings to regulate traditional healers.[1,76-81]

The question is prominent: is the assumption that the majority of South Africans regularly consult traditional healers true or false? Also, is the view that 80 per cent of South Africans regularly consult traditional healers true or false?

The fact that the Act has not been fully enacted and that no statistics are available on consultation and practice rates from registered traditional health practitioners means that a statistical conclusion requires another approach. The Traditional Health Practitioners Council (THPC) and medical funds and schemes do not collect data on traditional healers either.[82]

Contemporary data on the use and popularity of traditional healers in South Africa reflects a different picture than the arguments, statements and views offered in the 1990s to motivate the regulation of traditional healers through the Act.[82,83]

First, statistics on South African traditional healers show that the visits to traditional healers are mostly "culturally" driven instead of medically needed, in contrast with the claims of lobbyists in their projection of traditional healers as a kind of medical doctor. The findings of a South African study show that of the 19 the most popular "medical preparations" used by traditional healers, as many as 17 (89.4%) are used exclusively for shamanism (like enhancing luck in love and careers, appeasing ancestors and avoiding disastrous situations).[47,58,84,85]

Scholars are furthermore of the opinion that if South African studies were more specific in questioning and used a question that asks about ancestor worship or even about issues of a more psychological nature, it would long since have been revealed that traditional healers are not as often consulted for physical (medical) conditions. This would reveal the true role of spiritual healers.[85]

Second, various other South African studies between the period 2003 to 2013 reflect that traditional healers play an insignificant role, not only in the healthcare sector, but also in community life. It is reported that since 1990, there has been a constant decline in traditional consultations in South Africa.[86]

One of these South African studies showed in 2003 that the monthly consultation rate of traditional healers made up 5.2 per cent of public expenditure on medical services. A further consultation rate of 6.0 per cent was reported for faith healers. This means that 11.2 per cent in total of the public made use of the traditional healers in 2003 in some way in South Africa. In 2003, 88.8 per cent of the population did *not* make use of the traditional healer at any way.[39,84,85]

For the period 2008 to 2011, the use of traditional healers by Black South Africans decreased dramatically to only 1.2 per cent in 2008 and 1.4 per cent in 2011, measured as consultations per month. In terms of monthly visits, visits to traditional healers are rare (0.02 visits), especially compared to the utilization rates of public sector clinics (0.18 visits) and hospitals (0.09 visits). When comparing traditional healers' popularity and use with that of medical doctors, the ratio for traditional healers was very low (1:110). It seems that Black households prefer the use public health facilities that offer a variety of regulated healthcare practitioners (mostly medical doctors and nurses). For the period 2008 to 2011, 81.3 per cent did not use traditional healers, nearly the same as the 2003 finding of 88.8 per cent.[39,86]

A 2013 South African study[87] reflects that only 0.1 per cent of the respondents selected traditional healers as the first choice of healthcare practitioner in the consultation line. The 2013 consultation rate for medical practitioners is 21 per cent. This again reflects a low ratio for traditional healers against medical practitioners (1:220). For the period 2004 to 2013, the average consultation rate for traditional healers was only 0.2 per cent, compared with an average rate of medical doctors of 22 per cent (ratio 1:110). When the percentages of consultation of traditional healers and medical doctors are compared, the use of traditional healers is less than 1.0 per cent, reflecting an insignificant presence of traditional healers in the general South African healthcare context.[87]

This 1.0 per cent average for 2004 to 2013 contradicts the 5.2 per cent of the 2003 studies[56,58,84,85], but confirms the 2008 and 2011 studies that showed only between 1.2 per cent and 1.4 per cent use of traditional healers in South Africa.[56]

Another way to calculate the percentage input of traditional healers in the present South African healthcare system is to compare them with allied professions in terms of practice income and the sale of products. Both traditional

healers and allied professions practise mostly outside formal healthcare, with overlapping interests in a dual healthcare system. The allied professions have been officially regulated for more than 30 years. Positive numbers for this sector would surely predict positive outcomes (but possibly an over-estimation) for traditional healers.[43]

The total income generated in 2005 in South Africa by allied professions was R97 033 651, while that of medical doctors was R4 402 206 860. This represents an income of only 2.2 per cent for allied professions compared with the income of medical doctors. When only the consultation income of the two groups is calculated for 2005 (allied professions R62 073 868; medical doctors R3 633 078 604), the ratio is less than 1 per cent. In terms of dispensing income (allied professions R34 959 868; medical doctors R769 128 256) the ratio is less than 5 per cent. These outcomes indeed reflected that allied healthcare practitioners have a very limited role in South African healthcare.[43] Given the results for the allied professions, traditional healers will most probably be limited to an insignificant role in formal healthcare in terms of income analysis.[43,57]

Researchers also claim that in certain areas in South Africa (which they describe as the poorest areas), a larger number of the population use traditional healers. In practice, it seems that this data only applies to small segments in the rural areas of South Africa. These areas are isolated and there is an absence of proper medical facilities and staff.[47,58]

Of the alleged 80 per cent of poor people in the formal sector of South Africa, only 5.2 per cent of the public really contact traditional healers for medical preparations and medical treatments. This means that as much as 94.8 per cent of the total poor population of South Africa does not use traditional healers. These “poor” users have declined dramatically since 2003 and in 2011 as much as 98.6 per cent did not use traditional healers.[47,56,58]

The general assumption that 80 per cent of South Africans visit the traditional healer before they see the modern practitioner and that this must be seen as a clear vote of more confidence in the traditional healer, was, without offering any statistics to confirm it, indiscriminately used by activists, politicians and traditional healers to have traditional healers regulated in 2007 by the Act .[34]

This general view reflected in literature seems to be based on a 30-year-old statement that 80 per cent of the world population makes use of traditional healers, used originally in a book *Traditional Medicine and Health Care Coverage,* published in 1983 by the World Health Organization (WHO).[39] The research of Wilkinson[39, p.320] identified that Robert Bannerman, a WHO regional advisor and manager of the traditional medicine programme of the WHO at that time, wrote in this publication: "that in many of these developing countries primary healthcare devolves on the healer, herbalist, traditional midwife, and other traditional practitioners and that these are the health workers that offer services to the disadvantaged groups that total about 80 per cent of the world's population and have no easy access to any permanent form of healthcare."

Notwithstanding the fact that Bannerman failed to offer any evidence, reference or other data to support his statement, it became distorted over time, as with many other statements and claims on traditional healthcare. It became a driving force of its own, including in South Africa. He surely did not intend the statement as such at that time. He was focussing on access to healthcare. The fact that WHO reports re-use information without retesting one report before use in another report has caused this issue. Bannerman's non-specific remark about healers, herbalists, traditional midwives and other traditional practitioners that can offer services to the disadvantaged groups, which total about 80 per cent of world's population, has undergone a change in meaning in later publications. Wilkinson[84, par. 2] alludes to the fact that it resulted it in the claim that: "80 per cent of the population depends on traditional medicine, or that 80 per cent of the African population uses regularly traditional medicine to help meet their healthcare needs, or that traditional medicine is the first source of healthcare for about 80 per cent of the population in developing countries."[84]

"Other WHO publications (like *Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region 2001-2010* and *Traditional Medicine Strategy 2002-2005*), also adopted this distorted reading of the original version by Bannerman," as Wilkinson[84, par. 2] shows in her research. This claim has remained the primary source for researchers due to the credibility of the WHO, without anyone asking about the trustworthiness of research facts or data. This circled out, Wilkinson[84] shows, to other important opinion makers, such as BBC News, which carried an article in 2013 about traditional healers in South Africa, claiming that these healers remain the first point of contact for

physical and psychological ailments for about 80 per cent of the Black South Africans.[84] The same can be said for the South African Medical Journal (SAMJ) in 2012 when it suggestion that in some cases, 80 per cent of South Africans use traditional medicine to meet their primary healthcare needs.[84]

Multiple researchers have quoted this percentage in their articles, presentations and books and applied it to the populations of Southern Africa. It became a convincing argument, although untested, in favour of regulating traditional healers in terms of the Act as valuable and sustainable healthcare practice for South Africa[37,49,56,84,88]

The argument that the majority of South Africans regularly consult traditional healers is unsubstantiated. The commonly quoted South African consultation rate of 80 per cent is also unsubstantiated and deceptive. This 80 per cent is an outdated 30-year-old statement that is irrelevant in terms of the utilization of South African traditional healers. It is clear that an untruth was used in the motivation of the promulgation of the Act and statutory recognition of the traditional healers in 2007. The information was flawed and distorted. [34,86,87]

1.6.4 The fees that the traditional health practitioner charges is generally lower than that of the medical practitioner

The cost of healthcare is a matter of concern for the public and the authorities. When a new healthcare provider enters the healthcare market, specifically the private sector, it is crucial to know if the fees will be affordable, especially when that service provider claims to be able to offer a far less expensive service than the competitors. The cost of healthcare is of great importance in South Africa, especially for the poor sector of the country. The post-1994 government has exerted itself to offer an inexpensive healthcare service to the poor.

One of the main pleas to regulate the traditional health practitioners claimed that these healers offer an affordable health service to the poor, especially in isolated rural areas, because the fees and costs of practice are generally less expensive than those of the medical practitioner. This plea was strengthened by the argument that there is a shortage of public and private health practitioners who work in these areas, while public services like clinics and hospitals fail to offer much needed healthcare. [34,50,56]

However, literature shows that the fees and costs are almost the same for the two groups, notwithstanding the higher training of the medical practitioner versus the lack of formal medical training of the traditional health practitioner. The only clear difference between the two kinds of healers is the patient-friendly payment system of the traditional health practitioner. This group follows a far more flexible approach regarding payment than the medical practitioner does. It is not necessarily always more affordable, but it does in general accommodate the personal financial needs of the clients. To make payment easy, especially in the rural areas, the traditional health practitioners accept payments in cash or in livestock. In addition, some of the traditional health practitioners also follow a policy of "no payment for no cure." Undoubtedly this guaranteed outcome offered by the traditional health practitioner holds financial benefits for the clients and lowers the end costs.[34,47,50,56]

Some traditional health practitioners also follow a policy of once-off payments for multiple services over a period of time. This minimizes the stress on the poor client's cash layout every time he visits the traditional health practitioner, either for a specific ailment or for various ailments treated over an extended period. Undoubtedly such a comprehensive service where the healer down-prices his final charge, benefits the clients. These practices can contribute to the perception of low costs. [34,47,50,56]

Conversely, researchers also show that the traditional health practitioner's fees and costs can directly contribute to the higher living costs of poor households. This may be a reason why the use of traditional health practitioners is declining when free and effective government health services and qualified healthcare practitioners are available. Researchers point out that visits to a traditional health practitioner can cost up to 10 per cent of the household expenditure per annum. In this context, a cost of 5 per cent is already a heavy burden on a poor family's budget, while a cost of 10 per cent and above can be catastrophic and can result in even more severe poverty.[34,47,50,56]

The simultaneous use of the traditional health practitioner and the medical practitioner can double the medical expenditure of poor households. This double use can wrongfully lead to a perception that the medical practitioner's healthcare service is expensive, while the costs of the traditional health practitioner is not at all brought into consideration as a contribution to the problem. One furthermore has to take into account that the traditional health

practitioner's treatment does not always bring healing and that the patient may ultimately be forced to incur extra costs for modern healthcare treatment from the medical practitioner. Not only does this negative outcome render the service of the traditional health practitioner less inexpensive, but the extra costs and emergency services rendered by the medical practitioner to rectify the traditional health practitioner's mistakes, erroneously reflect on the medical practitioner's income system as normal services rendered, heightening his fees and costs profile.[34,47,50,56]

Gumede[34]provides a different perspective on the traditional health practitioner's "no payment for no cure" and "once-off payment practice" as described by researchers.[34,47,50,56] He mentions that there is a "small retaining fee," a "doctor's fee for opening his doctor's bag" for the first consultation at the traditional health practitioner. Regarding the final amount to pay for treatment, Gumede[34]says that: "the fee was well-known to all and sundry; it was a beast – an ox or a cow." This means that the once-off payment for traditional health practitioners can be up to R5 000 or more. This amount is surely not a low fee or an inexpensive cost to the patient. In this instance it must be noted that this was the fee for 1990, excluding inflation of twenty-six years.[34]

This expensive fee structure of the traditional health practitioner is also confirmed by the study of Flint and Payne[89] in the Eastern Cape. They investigated traditional health practitioners' treatment of HIV/Aids with uBhejane (a rhino-muti cure). In 2006 this cost R300 per visit, with rates as high as R2 000 if animal sacrifices are included.[89]

Modern hospitals and medical facilities situated in urban areas are sometimes difficult to reach for many poor people, especially in deep rural areas. Journeys involve long distances, poor public transport facilities and expensive taxis. With vast areas of land and poor road and transportation systems, many people have to travel long distances on foot to reach medical help. Once they arrive, they are often required to wait in queues for hours as the shortage of clinics and resources cause overcrowding. Medicines are not always readily available at district clinics, even at hospitals. Patients are often not informed about the cause of their illness or given any information about it at all. This not only leads to personal and health insecurity, but to patients remaining uninformed about preventing or handling specific ailments. This situation creates hostility among poor patients and results in them staying away from public healthcare facilities.

Alternative medical help and services, like that of the traditional health practitioner, becomes their only alternative.[43,56]

These situations promote the services of traditional health practitioners, not necessarily because they offer trustworthy and beneficial medical services, but purely because they are the only type of health service immediately and locally available. The government's failure to offer an effective medical system in the rural areas has, especially in the past, created a false impression of the traditional health practitioner's services are cheap and effective. The sub-standard health system of the government and the extra costs it brings for the poor when they have to use the traditional health practitioner as an alternative has nothing to do with the medical practitioner and the fee structure. This failed official healthcare system and incorrect reporting in research do injustice to the South African medical practitioner as a professional. The use of these one-sided perceptions of the medical practitioner's fee structure in literature is misleading.[51,90,91]

The fact that the South African government fails to train enough medical practitioners also reflects badly on the medical practitioner's fees and cost structure. This can relate to their salary in public service or the income generated from their private practice. The shortage in medical practitioners has led to increased demand for their services, which pushes up their income. This failure to train enough medical practitioners is evident from the fact that the eight local medical schools only deliver 1 200 medical practitioners annually compared to a much poorer and under-developed Cuba's output of 50 000 medical practitioners per year. Medical training is therefore another government problem that is now projected onto the medical practitioner's fees and costs. [92-94]

It must, however, be acknowledged that the South African government has done much since 1994 to bring free and inexpensive healthcare to the poor in rural areas. More than 1 600 clinics have been built or upgraded and been staffed with qualified practitioners while free healthcare is available for children under six and for pregnant and breastfeeding mothers. The pre-1994 healthcare system, in which hospitals were run on apartheid principles to benefit Whites, was also successfully abolished, giving a much higher healthcare allocation to the poor. More than 260 000 healthcare professionals are now available to patients in some form. The district nurses furthermore play an important role in rural communities. These developments minimize the role of the traditional

health practitioners and their services in rural healthcare. This lower demand for their services seems to force them to lower their fees to make a living.[36,46,58,59]

Regarding the role and public use of the traditional health practitioner, it is important to note that a 2008 South African study shows that the use of traditional health practitioners has declined in tandem with an increase in the wealth of patients: the poorest patient group had an average of 0.03 visits the previous month to the traditional health practitioner, while the wealthiest group had 0.002 visits to the traditional health practitioner.[56]

As reflected above, the use of the traditional health practitioner is considerably lower than the use of public sector health services, which includes the medical practitioner working in the system (0.18 to 0.09 visits). Visits to public sector health services also declined with an increase in socio-economic status as wealthier patients make considerably more use of private health services. It seems that the older age groups (median age 35 years) make more use of traditional health practitioners than the younger and more modern groups (median age 23 years). It is clear that the new Black middle class (and upwards), who is surely in a better financial situation and are less traditional, is moving into the use of modern medicine, leaving the traditional health practitioner out in the cold.[56]

In 2003 there was a general use of less than 12 per cent of traditional health practitioners by limited segments (poor) of the population with less than 10 per cent for medical work, while in practice less than 2 per cent of the total population used the traditional health practitioner specifically as a healthcare practitioner. Since 2008 statistics collected countrywide has shown that the use of the traditional health practitioner, especially by Black South Africans, was never more than 2 per cent of the total population. Official research also reflects that since 1990 there has been a constant decline in the use of traditional health practitioners, basically because they are increasingly being replaced by better and cheaper public healthcare services and practitioners. This confirms that public use of the health services offered by the traditional health practitioner is insignificant and not always as inexpensive as claimed.[34,43,56] The arguments about the lower fees and costs of the traditional health practitioner, when compared with that of the medical practitioner, is not really accurate.[49,56,84]

This study cannot conclude that the fees and costs of the traditional health practitioner are lower than that of the medical practitioner. There seems to be

hidden political agendas behind the rhetoric of the lower fees and costs of the traditional health practitioner compared with that of the medical practitioner. The promulgation of the Act and the statutory registration of the traditional health practitioners in 2007 seem to be a primary goal in this distorted argument. It is clear that the medical practitioner is not too expensive, below standard or provides inadequate health services. The perception of low fees and costs of the traditional health practitioner is kept alive with a political agenda to maintain the traditional health practitioner as a cultural and political institution in new South Africa.[95-98]

1.6.5 The traditional healers are the true owners of traditional medicines in South Africa

Literature postulates that traditional medicines form an important part of modern South Africa's healthcare system. The belief is that the traditional healer and traditional medicine is a close unit, with the traditional healer as the true owner of traditional medicines and the sole manufacturer of traditional medicines. This viewpoint forms a strong motivator in the ANC regime's final decision to promulgate the Act and to regulate the traditional healer. Various studies also postulate that the growth and development of traditional medicines are restricted by the pharmaceutical industries and other role players like the medical fraternity.[41,49,56,58,76-78,99,100]

There are many more role players who are active in today's traditional medicines manufacturing industry than the traditional healer and the traditional fraternity. The literature on traditional medicines fails to reflect the true meaning of traditional medicine in modern South Africa and to whom it really belongs. Literature offers no in-depth analysis and understanding of the various regulations of the Act and of the definitions *traditional philosophy* and *traditional medicines* to identify true ownership of traditional medicine.[41,49,56,58,76-78,99,100]

There is a clear differentiation between the dominant (real) traditional medicine and the inferior pre-modern traditional products of the traditional healer. The title deed or card and transport of traditional medicine are held by various public and private institutions and other entities, not at all by the traditional healer fraternity.

South African literature on traditional healing offers opinions, statements and views on the excellence of traditional medicines and state that a dramatic evolution in traditional medicines is currently underway here and worldwide.[41,49,56,58,76-78,99,100]

Regarding the assumed intellectual property rights of the existing traditional African medicines (TAM), it is postulated that the power of the multinational pharmaceutical industry, together with cultural imperialism, had marginalized it. It is specifically alleged that the lobbying of pharmaceutical cartels after 1994, together with hostile attitudes of medical doctors and the medicine regulators, are in the process of destroying the South African traditional healer's unique traditional medicines.[40,41,42,44,54,100]

Even the good name of the Medical Research Council (MRC) is selectively abused to promote the existence of a "South African traditional medicine culture" by reflecting global information, which is clearly applicable to the supplementary/complementary medicine (CAM) industries and not to South African traditional healing (pre-modern, self-made concoctions), as part and parcel of the TAM of the traditional healing fraternity.[44]

From the many opinions and views offered in the literature, a clear profile emerges of the excellence of the traditional healer's medicines and of an excellent traditional health service offered by the traditional healer through these medicines. It is further alleged that traditional medicines and the traditional healer form a unique, unity that is unbreakable and inseparable from the traditional healthcare fraternity, and as such that traditional medicines are the exclusive domain of the traditional healer. For the propagandists of traditional healing, a differentiation among the kinds of traditional medicines does not exist. The objections of the regulated allied health professions and the supplementary/complementary manufacturers that traditional medicine is their domain and that there is a misconception in the minds of the traditional healing fraternity and their propagandists to see and to reflect their traditional products (muti/concoctions) as similar to (real) traditional medicine, are bluntly ignored.[40,42,44,49,54]

At present the true ownership of traditional medicines, with or without the prefix *real*, is a point of debate. Especially the conception that traditional medicines are the sole domain of traditional healing is controversial and should be addressed.

Indigenous traditional medicines were surely a strong competitor of the European traditional medicine when last-mentioned made its appearance at the Cape of Good Hope in 1652. On the other hand, is it clear that it was the indigenous traditional healers' own actions that kept them from becoming role-players in the mainstream of healthcare. They insisted on a spiritual orientation and did not address their lack of medical training. The Second World War brought a further change to scientific healthcare. It shaped a health complex to which indigenous traditional medicines was not a partner for a long time. They remained stuck in the dimensions of the healthcare of the 1600s.[49,52]

Since 1960s traditional healing, the traditional healer and traditional products slowly moved to the foreground again, not because of an urgent need for it, but because it had become a political determinant and pivot of certain streams of thought and practices on African culture and – rights. This movement gained momentum with the advent of the post-1994 political dispensation and was supported not only by the traditional healing fraternity and sympathetic politicians, but also strongly by the activists and propagandists in favour of traditional healing. These groups offered various opinions and statements regarding the absolute needs and benefits of the traditional healer's (indigenous) traditional medical products.[49,52,76,101]

Thorough research shows (as already described) that most of the supporting evidence mentioned in articles, books and other reports, including the belief about the existence of the exclusive TAM of the traditional healer in South Africa, is based on wrong WHO information that created misleading beliefs, statistics and superficial thinking more than 30 years back. A cleansing of these churnings and falsities should have occurred when Act was considered.[39,49,52,76,84,101]

The belief of the existence of the exclusive TAM of the traditional healer in South Africa should be addressed as true or false, specifically the *present ownership of traditional medicine in South Africa*.

In South Africa *traditional medicine* is a definition that encompasses the wide definition *traditional philosophy* of Section 1 of the Act. The whole Act is based on the definition *traditional philosophy*, which reads "indigenous African techniques, principles, theories, ideologies, beliefs opinions and customs and the use of traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation whether

supported by science or not, and which are generally used in traditional health practice."[1]

First, the description of traditional medicines in the Act already reflects ignorance among the traditional healing fraternity with respect to their understanding what traditional medicines truly mean. Second, there is a public acknowledgement by the Act itself in its definitions that there is at present no indigenous traditional medicines culture that is unique to traditional healing in South Africa. This absence of an established indigenous traditional medicines culture and intellectual property rights are reflected in the following wording: "traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation, whether supported by science or not."[1] This kind of phrasing in an Act's definition is nothing else than Dark Middle Age mythology-writing and story-telling.

The absence of an existing *indigenous traditional medicine culture* is further reflected by Section 1 of the Act's superficial and insufficient description that traditional medicine is only "an object or substance used in traditional health practice." This proves the absence of a proper traditional medicines culture. The main intention of the Act is to regulate and to guard the interests of tradition healing, yet there is nothing concrete in evidence to lay claim to an established science of traditional medicine or to demonstrate with any written documentation the fraternity's intellectual and property rights on certain traditional medicines that are in use as scientific matter or profit, either by them or the established healthcare.[1]

This shortcoming in the Act is again covered up with the inscriptions "traditional medicines communicated from ancestors to descendants and without written documentation;" empty clichés that have no standing as the truth.[1]

The fact is that the traditional fraternity arrived on the scene in 2007 with the Act without any proof of an existing history and culture of traditional medicines. Claims of the intellectual and property rights on traditional medicines held by the traditional fraternity are myths that had become truths within a new policy of political correctness that no one dares to challenge. Notwithstanding this embargo on the truth, various writers would not be silenced and they classify the traditional healer of South Africa's "medicines" under the single name *muti*. It is known that muti can include substances varying from human organs, human blood and nail-clippings to potions from herbs and plants.[102-104]

Other literature on traditional medicines also classifies the traditional "medicines" of the South African traditional healer as pre-modern, indigenous concoctions that include rare lizard fat, snake skin, sun burnt beetles and spiders, lion lard, dried crocodile liver and baboon testicles and substances from plants. These are clearly not medicines that will be listed and protected by the South African health authorities as exclusive traditional health intellectual property or used by the regulated health professionals. [34,41,105]

There is currently a clear and a specific differentiation between what is often called traditional medicines (also known as *real* traditional medicine or complementary/supplementary medicines) that is manufactured by complementary manufacturers and the traditional products (also named medical concoctions, magic medicines or muti medicines) of the traditional healer. Complementary medicine manufacturers have their own quality control separate from the Medicines Control Council (MCC), while the products mixed by traditional healers are not subjected to any quality testing or scientific standards. It is clear that the description of what is regarded as traditional medicine is misleading and incorrect in the Act. The definition of traditional medicines included in the Act refers to the mixtures prepared by traditional healers (or medical concoctions or muti).[49,74,101]

A critical analysis of the pharmaceutical safety of traditional products shows that the safeguard included in the Act's definition of traditional medicine, namely that such medicine "does not include dependence-producing or dangerous substances or drugs," is not a guarantee that the traditional healer's untested traditional products (muti and concoctions) are free from dangerous components. It lacks MCC certification as well as registration on the Pharmaceutical Product Index (NAPPI), which is used as the only guideline by pharmacists and doctors for prescriptions. The danger of these muti products is confirmed by the fact that the same government that promulgated the Act had to establish two state-centres to combat muti-poisoning. [44,49,106]

There is a misconception that the two entities, *traditional healer* and *traditional medicines* (last mentioned in reality a subdivision of *supplementary medicines*) form one unit in the traditional healthcare context. To the contrary, traditional medicines have their own domain, totally separate and independent from the traditional healers and their pre-modern methods and products. The traditional healer is indeed dependent on pre-modern traditional products for an

existence as a supernatural healer. Pre-modern, supernatural traditional products are clearly not included in the definition of modern-day traditional medicines.[49,74,101]

Pre-modern traditional products (concoctions and mutis) are used by traditional healers solely because plants and herbs (and animal substances) are plentiful, easy to gather and because it is easy to manufacture traditional medical products with little cost and know-how, while legal rules that govern the manufacturing, use and sales are also non-existent for traditional healers. It is furthermore popular with traditional healers because healers are too untrained and too under-educated to understand the manufacturing, working of and the safe prescription of regulated medicine.[100,107,108]

Traditional healers also have a negative impact on biodiversity due to their self-manufacturing of medical products. There is already an 86 per cent shortage in plant and animal sources for their products. Especially the use of certain herbs in their treatment of HIV/Aids led to serious damage to biodiversity, while the smuggling of the protected plants and animals for use in traditional products is very destructive. Research also shows that 51 per cent of healers ignore plant reservations in their plant gathering. The effect on biodiversity is enormous if the statistics about their use and output of traditional products per annum are true. Consider for instance that 1 500 tons of medical products are sold at the Durban markets alone every year, that 20 000 tons of indigenous plant materials of 771 species of plants are used and that 128 million causes of traditional medicine treatments are prescribed.[40,44,47,101]

Limited-success (untested and unconfirmed) with the use of pre-modern traditional products by traditional healers to treat mild diseases shows that the traditional healer does not have an extraordinary healing ability with the exclusive use of self-made traditional medical products. Real traditional medicines do have potential, but then clearly apart from the traditional healer’s pre-modern manufacturing and use of traditional products. The only contribution of their traditional medical products (concoctions) in the past and even today is as “spiritual medicines.” This helps the traditional healer to survive and to remain in the present position of supernatural and mystic treatments for a limited group of South Africans.[100,107,108]

In essence, “real” traditional medicine, which is associated with and is similar to or is part of supplementary/alternative medicines, is nothing else than

natural or phyto-medicine, meaning medicines made from plants. Modern medicine in South Africa does have branches in the use of herbs and plants, like the naturopathy, homeopathy and phytotherapy. Even the modern medical practitioner makes use of these types of real traditional medicines, seeing that as much as 30 per cent of the world's drugs comes from plants, but only *after* it is reworked and *refined* pharmaceutically and scientifically. In the modern medical practice, the use of these real traditional medicines are verified by scientific cause-and-effect guarantees, based on reworking and refining and biochemical tests and retests before it is made available for use. This is far removed from the pre-modern traditional products, described wrongly in Section 1 of the Act as traditional medicine. The traditional healer's refusal to put his primitive, self-made traditional products (muti or concoctions) on trial for testing and retesting and to obtain scientific certification to ensure its safety, confirm their inability to manufacture safe and effective traditional medicines.[34,49,52,71,100,108]

Researchers[3,37] are correct when they state that the growing international popularity of traditional medicines signals a new era for traditional medicine in South Africa, but are totally led astray when they see traditional medicines as the same as muti or pre-modern traditional medical products, and the traditional healer as the primary role player in this context. Indeed, the traditional healer is not even a secondary role player. The traditional healer's negative role with his medical concoctions outweighs any advantages and benefits to scientific medicines. His traditional products (muti) are health-dangers to the public.

It is clear that real traditional medicines are being taken care of by various public and private pharmaceutical and scientific institutions and other entities in their focus on developing most of the real traditional medicines into a pharmacopoeia of sound modern medicines and to integrate it with the user-bank of modern medicines. Real traditional medicines are not owned at all by the traditional healers of South Africa. This inclination is far removed from the traditional healers and their pre-modern, supernatural practice, beliefs, habits, customs and dangerous medications. The argument put forward in 2007 of the traditional healers as the true owners of traditional medicines was false. It was a politically driven argumentation of activists, propagandists and lawmakers of the ANC regime to legalize traditional healing through the Act and to provide statutory recognition for the traditional health practitioners.[38]

1.6.6 The estimated annual incomes of South African traditional healers as generated by their practices and sales of their pre-modern traditional products are between R2 billion and R3.4 billion

During the debates leading up to the promulgation of the Act, those in favour claimed that the manufacturing and selling of traditional medicine (TAM) by traditional healers has an enormous financial impact on the gross income of the country. South African researchers on traditional healing claimed that TAM specifically generates an annual income of between R2 billion (R2 000 million) and R3.4 billion (R3 400 million), roughly an average of R2.7 billion (R2 700 million), from the sales of traditional health products and mixtures by South African traditional healers. The idea was also promoted that the traditional healers offer a widespread indispensable medical service, specifically through their medical and health products, which contributes to a further R1 billion (R1 000 million) or more in income.[43,52,109]

A more recent study on the economics of the traditional healers' pre-modern medicine trade in South Africa alleged the existence of 68 000 full-time practicing traditional healers, 63 000 plant harvesters and 3 000 street vendors of traditional plant materials. The study postulates that this group possibly generates an annual income of between R2.9 billion (R2 900 million) and R3.4 billion (R3 400 million).[109]

Traditional healers also claim that there is an extraordinary demand for their traditional healing in the form of treatment and pre-modern traditional medicines (muti). As showed earlier in this chapter (see subdivisions: 2.6.1 to 2.6.3 of this Chapter and Addendums B1 to B2 for detailed descriptions), they falsely allege that approximately 80 per cent of South Africans regularly consult traditional healers for treatment with their traditional health medicines and that this has led to a contingent of 200 000 or more practicing traditional healers in South Africa, already making this claim suspicious. [43,52,109]

Traditional healers purport that the massive impact of their service delivery in South Africa leads to 128 million traditional prescriptions to 26.6 million customers annually. They claim that 133 000 persons work in the South African pre-modern traditional medicine trade, generating an income of between R2 billion (R2 000 million) and R3 billion (R3 000 million) or more per year, which would represent 5.6 per cent of the national health budget. They furthermore allege that 72 per cent of Black South Africans use traditional

medicines as part of their daily lives. They also claim that this need is constantly growing and that all the various social and economic classes of Black South Africans use and prefer traditional medicines and products.[43,52,109]

As previously indicated, it seems that a misconception was created in South Africa about *what* traditional medicines really are and who the specific manufacturers and sellers are. (For a detailed description see subdivision 2.6.5 of this Chapter and Addendum B4). No differentiation is made in literature between the real traditional medicines offered and marketed on the South African retail and commercial market and those (muti) prepared by traditional healers. Some traditional medicines are available from well-established outlets like pharmacies, health-shops and statutory registered allied traditional healthcare professionals. These medicines have to adhere to a formal manufacturing and scientific foundation, while traditional healers rely on self-made, pre-modern and untested indigenous mixtures. This lack in differentiation and scientific foundation has clouded the true ownership of traditional health and medical products as viewed and understood under the definition *Traditional African Medicines (TAM).* This vagueness also obstructs the compilation of a profile of the income generated by the various role players in their practices by manufacturing and selling traditional medical and health products. The result is a misrepresentation of sales statistics in South African literature on traditional healers and their self-made health products and untested mixtures, giving the traditional healers a misleading position of importance in the healthcare sector. This erroneous thinking served to award the traditional healers professional healthcare status in 1994.[43,52,109]

Current South African literature generally reflects an erroneous classification of *who* the true manufacturers and sellers of traditional health and medical products are, and *what* "traditional medicines" really means. This has led to an acceptance of South African traditional healers and their untested and risky health products and mixtures based on a misconception that they are the true manufacturers, sellers and owners of TAM. The most prominent role player in the manufacturing and selling of traditional medicines and the true income-generator seems to be the formal South African industry of CAM. This comprehensive, well-established and prominent medicines industry has been manufacturing and marketing South African traditional medicines for decades. They do this scientifically as a viable and sustainable enterprise. In comparison,

there are the traditional healers' unscientific practices and the medical products that they manufacture and sell outside of the formal healthcare sector. There is no sound foundation and substantiated evidence in the literature to confirm traditional healers' primary role as manufacturers, developers and sellers of the modern-day South African traditional medical and health products. They fail the test of a scientific, viable and sustainable role player in the field of South African traditional healing and TAM.[43,52,109]

Trustworthy literature on the TAM trade of South Africa is lacking. Most of the studies are old, while the more recent ones only focus on certain segments of Black South Africans and specific areas, such as the Black trade in traditional medicines at markets like those in Durban and Johannesburg. An in-depth analysis shows that most of these researchers used small samples of 30 to 400 persons, lacked applicable information-gathering methods, and make generalizations regarding the demand for and use of traditional medicines and services by more than 45 million of South Africans. There is a measure of political opportunism and subjectivity, specifically after the new political dispensation of 1994. Most of these studies fail when it comes to the requirements of statistical inference about the wider South African population from the information on their samples.[109-111]

Conclusions are strongly based on generalizations, assumed and estimated outcomes and the repetition of untested literature. The studies lack sound scientific research and statistical foundations to offer a proper view and understanding of the trade in traditional medicine for the country as a whole. It seems that some of these research approaches and justifications for the findings, presentations and estimations border on the reckless manipulation of facts to promote South African traditional healing and to suit the thinking of propagandists and politicians in the new RSA. The inappropriate extrapolation of trends in healthcare politics, needs and education has undoubtedly led to ridiculous conclusions on traditional healing.[109-111]

What is more, there is a lack of objective identification and recognition of the legal role players responsible for the manufacturing, marketing, selling and scientific development of modern-day traditional healing practices and medicines in South Africa. The wider history of South African alternative medicines and healing is blindly ignored in the post-1994 political dispensation (it was indeed totally ignored in the promulgation of the Act), specifically the

role of complementary/alternative traditional medicines and the statutorily recognized allied traditional healers. These include homeopaths, naturopaths, phytopaths and ethnopaths, who became the official guardians of the development and promotion of the modern South African traditional medicines by the 1980s. Propagandists and government supporters of the outdated South African sector of traditional healing, an insignificant remnant of old African religious traditions and customs, ignore the more scientifically based field of alternative medicines. [109-111]

CAM and its practitioners had already taken over the roles and positions of the South African traditional healers by 1960. CAM is one of the main role players in the development, management, marketing and steering of modern TAM in South Africa. This became official in 1982 with the promulgation of the Allied Health Practitioners Act (63 of 1982), notwithstanding superficial efforts by politicians and propagandists of the outdated South African traditional healing sector to revive traditional healing in new South Africa with the Act.[52,109,112]

It is important to understand *what* the meaning of *traditional medicine* is for South Africans before one can understand the issue around the possible optimal maximum income of TAM for 2015/2016 as generated specifically by the South African traditional fraternity. Only after such insight can the real role players in TAM be identified and the income matter appropriately evaluated.

Three definitions of *traditional medicine* are available:

- *World Health Organization (WHO) global definition*: "Diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or to prevent illness."[43,49,100]
- *WHO Africa definition*: "The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or social imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing."[49,100,113]
- *The Traditional Health Practitioners Act (22 of 2007)*. The WHO Africa definition is more or less the same as that of the definition of the Act, as reflected in its description *traditional philosophy*, read together with the

definition *traditional medicine:* "indigenous African techniques, principles, theories, ideologies, beliefs, opinions and customs and uses of traditional medicines communicated from ancestors to descendants or from generations to generations, with or without written documentation, whether supported by science or not, and which are generally used in traditional health practice." In this context *traditional medicine* "means an object or substance used in traditional health practice for the diagnosis, treatment or prevention of a physical or mental illness; or any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-beings, but does not include a dependence-producing or dangerous substances or drug."[1]

The above definitions give the impression that TAM is exclusively the intellectual property of the South African traditional health fraternity, including the indication that they are the true generators of an annual income that ranges from of R2 billion (R2 000 million) to as much as R3.4 billion (R3 400 million). This impression is strengthened by two prominent guidelines: first by the view that modern traditional medicine in South Africa is something distinct from CAM and must therefore be treated as an exclusive entity with exclusive health and medical products and income.[43,52] The second guideline is the WHO interpretation that traditional medicine is a way of protecting and restoring health that existed before the arrival of modern medicine and that these approaches to health belong to the traditions of each country, handed down from generation to generation, notwithstanding the fact that it is pre-modern, unscientific and outdated.[52]

The WHO furthermore states, without offering evidence to support it, that CAM is not part of a country's own traditions. In terms of the above interpretation, CAM seems to fall outside this TAM uniqueness, but as said, without sound arguments or facts to support it.[52]

South African and other global literature contradicts the above "uniqueness" of TAM as an entity separated from CAM. CAM is indeed TAM in South Africa; it incorporated and replaced African indigenous medicines successfully in South Africa over time.[114] The official registration of phytotherapists (as well as homeopaths and naturopaths) as allied health substitutes for the traditional herbalists of indigenous healing are excellent examples of this transformation of TAM into CAM.[112] The comprehensive definition of complementary medicine

furthermore confirms that African traditional medicine was successfully incorporated into the supplementary health fraternity in the 1980s. TAM is indeed a limited subdivision (represented by phytotherapy, naturopathy, homeopathy) of the allied health fraternity in South Africa and is managed as such in terms of the Allied Health Practitioners Act (63 of 1982).[52,112]

The complementary medicine definition of the act reads[52, p. 65]:

> Complementary Medicine means any substance or mixture of substances, originating from a plant, mineral or animal, which may be, but is not limited to being classified as herbal, homeopathic, ayurvedic or nutritional, used or intended to be used for or manufactured or sold for use in complementing the healing power of a human body or animal body or for which there is a claim regarding its effect in complementing the healing power of an animal or human body in the treatment, modification, alleviation or prevention of disease, abnormal physical or mental state, or the symptoms thereof in a human being, and may encompass substances or mixtures of substances used in the disciplines generally referred to as Western Herbal medicine, African Traditional medicine, traditional Chinese medicine, traditional Dutch medicine, homeopathy, ayurveda, aromatherapy and food supplementation.

The identification and classification of TAM in Africa (and therefore also in South Africa) is that it is a sub-medicine, one of many, inside the greater medicine group of CAM.

The above definition nullifies the exclusive global and African WHO definitions and the definition of the Act on **African TAM**, as well as the clause of "medicine before the arrival of modern medicine." The definition extends the Act's clause[114, p.pari.nyi]: "traditions of each country, handed down from generation to generation," to CAM. CAM, its practitioners and its customers are therefore full members of the South African "traditions of traditional medicine." CAM's traditional medicine knowledge and culture is undoubtedly, as described in the Act as TAM, also "handed down from generation to generation.[114] Indeed, this CAM definition takes TAM directly into the health/medical sciences of the 20th century under the guardianship of the CAM fraternity.[46,112]It modernizes and strips the pre-modern African TAM of its supernatural and unscientific contents and past (the outdated remnants that politicians and propagandists of traditional

healing at present try to revive in South Africa). On the other hand, it also nullifies the assumed existence of a dual system, with TAM and CAM as equal, but independent role players in health care in South Africa (this immediately makes a theoretical estimation of TAM, based on CAM-findings, such as this study tries to do, questionable).[40,42,43,48]

A comprehensive and sound infrastructure for the scientific manufacturing of traditional health and medical products is lacking at present. In South Africa, there are presently between five and ten manufacturers that are active in some way in the manufacturing of traditional health and medical products. However, they all lack research standards and quality control. These groups seem to be supported by a further 50 to 100 laissez faire manufacturers of traditional products in the country, also lacking quality control. These products are manufactured, stored and sold mostly in unhygienic conditions. They do not conform to the pharmaceutical industry's good manufacturing standards or to the minimum standards prescribed for MCC certification of medicines.[43,52,109]

In an effort to understand the current sales of traditional medicines and products in South Africa, two different but opposing role players must be taken into account:

- traditional health practitioners, as defined and described by the Act, with their self-made and home-made, untested pre-modern traditional health/medical products and mixtures, *versus*
- market orientated local CAM manufacturers and distributors of traditional medicines and products with their high standard of industrially produced, tested and evaluated medicines that adhere to the pharmaceutical industry's good manufacturing standards.

Literature reflects that a total amount of R68 102 000 (R68 million) worth of homeopathic medicines, R141 573 000 (R141 million) worth of herbal medicines, R11 075 000 (R11 million) worth of aromatherapy medicines, R889 066 000 (R889 million) worth of nutritional supplements and R238 550 000 (R238 million) worth of health foods were sold in South Africa in 2003. It clearly shows that the only "unique" African medicine sold was *African herbs* to the value of R2 000 000 (R2 million). This was less than 1 per cent of the total homeopathic sales, already reflecting the insignificant sales of traditional health products in South Africa. The majority of the sales were from various traditional products (overwhelmingly under the classification CAM) of

local or foreign origins, but clearly outside the manufacturing domain of South African pre-modern traditional products.[43,52,109]

Furthermore, the R2 million worth of African herbs sold were not sold by traditional healers themselves, but by various modern outlets, like food stores, pharmacies, supermarkets, chain stores and toiletry discounters *inside* the CAM fraternity.[38,43,52,109]

These African herbs, as indicated, were primarily marketed and manufactured by a modern and well-established CAM group, namely the Health Products Association (HPA), with 114 members and other role players. There is also no indication in support of traditional healing that these products (herbs) were sold only to indigenous or Black South Africans in rural areas (the main working domain of the traditional healers) or for use in traditional rituals that involve traditional healers as such. These products were sold to the broad public, outside the traditional healers' practice domain and could therefore have been used in the same way as Western and Chinese herbal preparations. This finding throws doubt on the view that traditional products and CAM can be seen as equal partners in the health market. Indeed, it seems that the traditional health products, as manufactured and marketed by the traditional healers, only occupy a fraction of the market and sales of that of CAM.[41,43,52,109]

The mass selling of traditional products by the CAM fraternity outside the traditional healers' practices and markets is in line with research[26] that postulates that 90 per cent (89.7%) of traditional products are sold outside traditional healers' practices. This means that only 10 per cent of the traditional health products prescribed in the traditional healers' practices can be traced to and associated with traditional healers' activities and can therefore be seen as income generators. This not only clarifies the low input and use of the traditional healer services and their untested home-made health and medical products, but foregrounds that TAM (*excluding* the traditional healers' health and medical unscientific products and mixtures) is indeed part of the South African CAM.[43,109,111] It also nullifies allegations that the need for the pre-modern health products of the traditional healers by Black South Africans is growing and that there are approximately 30 million users of pre-modern traditional medicines and that its sales represent 5.6 per cent of the national health budget.[111]

The fact that African herbs represent only 1 per cent or R2 million of the total sales of CAM products emphasizes the insignificant role that the untested traditional products and mixtures really play in the formal, organized CAM and TAM. One can safely assume that the traditional healers' total sales of their medical products, marketed through their unorganized outlets and limited pre-modern practices, could be at most only 10 per cent of all the formal sales of homeopathic products and in value the same or less than the R2 million sales in African herbs for 2003. The 2015/2016 theoretical estimation (including inflation) can therefore be at the utmost R300 million for the traditional healers' income.[43,109,111]

This outcome does not support the alleged general income of between R2 billion and R3.4 billion. This R300 million outcome (a tenth of the alleged income of R3 000 million reflected in literature) seems a very acceptable, even optimal theoretical estimation for the total sales of traditional healers' health products and mixtures for 2015/2016.

Another insight can be gleaned from the sales of homeopathic products. Literature reflects that the total sales of homeopathic products was R68 102 000 (R68 million) in 2003/5. In terms of the growth compensation, this R68 million can be as much as R10 billion (R10 000 million) for CAM in 2015/2016. In theory, the pre-modern traditional products could also generate R68 million in terms of the 2003/5 CAM statistics, or R10 billion in 2015/2016 if the 50:50-relationship between traditional healing and CAM is true and can been accepted.[43,109,111] As seen with the above finding of only a 10 per cent market share by the traditional healers' health products when compared with CAM, one should be cautious of the possible 50:50-relationship. Various other factors also seem to nullify this 50:50 interpretations.[41,43,52,109,111]

Here it must be noted that homeopathic products (TAM/CAM) include many products outside the scope of the traditional healers' health and medical self-made products. Also, these sales figures as reflected in the literature were achieved by means of an intensive marketing system.[52] This R10 billion as a possible theoretical sales figure in 2015/2016 for traditional products requires further refined calculation, analysis and short discussion.

Research only confirms the existence of between 300 and 400 informal and informal traditional (concoction) product outlets (described as "muti-shops" in the literature and managed from sidewalks) for traditional healers in South

Africa. There are only between five and ten manufacturers of traditional products, with a further 50 to 100 *laissez faire* manufacturers. This infrastructure is only 3 per cent of that of CAM. This low number of outlets and manufacturers undoubtedly limits the production and sales of the pre-modern traditional products and mixtures of the traditional healers in the country. It surely dramatically lowers the estimated R68 million sales of homeopathic products (CAM) for 2003/5 as equal to the traditional health products, as previously indicated. This situation surely also affects the growth compensation of R10 billion (R10 000 million) for the pre-modern traditional products of the traditional healers estimated for 2015/2016. In terms of only 3 per cent against the 100 per cent marketing and sales ability of the CAM, the theoretical estimation of R68 million of 2003/5 and the R10 billion (R10 000 million) of 2015/2016 for the CAM, the sales figures for the pre-modern health products and mixtures of the traditional healers can only be about R2 million for 2003/2005 and at most R0.4 billion (R400 million) for 2015/2016 respectively.[109]

This finding of R400 million is in line with the above finding that the pre-modern traditional health products of the South African traditional healers as reflected in the sales of African herbs, can be no more than R300 million for 2015/2016. These two outcomes contradict the alleged incomes of between R2 billion (R2 000 million) and R3.4 billion (R3 400 million) as true incomes generated by the traditional healers.

The possible financial impact of traditional healers' self-manufactured medical products on health care and the use and purchase of their self-made products by the public was calculated by analysing the medical schemes expenditure on CAM for 2005. The analysis specifically focused on pay-outs to dispensing allied and allopathic health professionals.[43]

Data reflect that the total dispensing income (selling in the CAM practice) generated by the allied professions in 2005 was only R34 959 793 (R34 million) against the total dispensing income of R7 150 193 033 (R7 150 million) for all the registered healthcare practitioners. From this total income, the pharmacists' income was R6 381 064 777 (R6 381 million) and medical practitioners' income was R769 128 256 (R769 million). Sales of CAM (R34 million) in practice by the allied practitioners is only 1 per cent of the dispensing income of the pharmacists and allopathic practitioners together.[43]

These data reveal that the allied professions fail to make the same financial impact by dispensing their CAM as the medical practitioners do with MCC medicines. The same can theoretically be said for traditional healers' sales of their self-made traditional products, since it has already been indicated that the traditional healers' health products only represent 10 per cent of the homeopathic sales and that the traditional healers marketing only represents 3 per cent of that of homeopathy. The traditional healers' annual dispensing income for 2005 could not be R34 million or R5.1 billion in 2015/2016 as theoretically estimated for the allied professions. The assumed financial impact of R34 million by the alleged 200 000 traditional healers in South Africa is furthermore disproven by evidence of fewer than 5 000 credible traditional healers practicing in South Africa. This finding is further supported by indications that not more than 14 out of a 1 000 of the South African population make use of traditional healers and that there is a continuing decline in demand for the services of traditional healers since the 1990s in South Africa. This negative trend in terms of diminished demand is further aggravated by a lack of professional and organized consulting and marketing facilities, as well as medical fund backing. All these negative factors minimize the presence of traditional healers in the health care sector. This reflects a total market presence of 1 to 3 per cent in the South African health care sector, meaning an income of not more than R1.2 million in 2005 and an income of R0.15 billion (R150 million) for 2015/2016.[43]

When the allied professionals' dispensing income for 2003/5 is specifically compared with the medical practitioners' dispensing income, the discrepancy is still enormous: R769 128 256 (R769 million) for the medical practitioners compared with R34 959 793 (R34 million) for the allied professionals. This reflects only a 5 per cent allocation to the allied professionals.[43]

The above negative position of the allied professionals reaffirms the low incomes generated by the traditional healers in their practices and through sales of their pre-modern traditional health products. An income of R150 million seems to be optimal as reflected in the previous paragraph.

Indeed, the above data show that even the allied health professionals, who constitute a statutorily recognized health science group that has been regulated for more than 30 years in South Africa and who promote themselves very strongly, can still not make significant in-roads into the general health care

sector's income with their CAM alone. This is notwithstanding its well-developed scientific foundation and intensive self-marketing through pharmacists and organized points-of-sale. The South African traditional healers, with their total lack of an established infrastructure (for instance formal consulting rooms, statutory status, medical aid-support), the constant decline in the demand for their services and their unscientific pre-modern health products and mixtures, is surely far worse off.

The maximum incomes of between R150 and R400 million for South African traditional healers per annum as reflected thus far by the calculations of this study at this stage seem to be plausible.

The financial incomes of traditional healers and their health products can also have projected by calculating their potential income. This can be calculated by looking at the income generated by consultations and the sales of their pre-modern and self-made health products and mixtures. Literature reflects the benefits paid out in 2005 by medical schemes to all regulated health practitioners as one comprehensive group. Medical doctors generated a total income (consultation and dispensing) of R4 402 206 860 (R4 402 million) against the total income of only R97 033 651 (R97 million) generated by the allied health practitioners. The allied health practitioners' income is only 2.2 per cent of that of the medical doctors.[43]

This reflects the unfavourable income position of the traditional healers in South Africa: it seems that they not only occupy at most between 1 and 10 per cent of the health care market, but financially also only between 1 and 10 per cent of the health care sector's income.

The above low-income dilemma of the traditional health fraternity is further pinpointed when the total income of the registered allied professions (seen as similar professions as the traditional healers) of R20 645 813 (R20 million) is compared with the medical practitioners' income of R4 402 206 860 (R4 402 million) for 2005. This comparison shows that the allied sub-group's income is less than 0.5 per cent of the medical practitioners' income.[43]

This outcome confirms again that the traditional healers are undoubtedly insignificant role players when it comes to income. They do not generate the extraordinary incomes claimed in South African literature.

The low-income of the South African traditional healers becomes even more clear when the total consultation incomes of all the allied health practitioners is

calculated (consultation income R62 073 868 or R62 million), compared to the consultation income (R3 633 078 604 or R3 633 million) of the medical doctors in 2005. In this case the income ratio between the allied and medical doctors is less than 1 per cent for the allied practitioners. [As already indicated in terms of dispensing income alone, the allied group only generated R34 959 793 (R34 million) compared to the medical practitioners' dispensing income of R769 128 256 (R769 million). In this case the ratio is less than 5 per cent].[41,43,52,109]

It is clear that the traditional healers, either through their services as healers or through the selling of their traditional products, do not occupy at present more than 1 per cent of the consultation market or the dispensing markets of the South African health care sector.

Another approach to calculating an estimated income for the traditional healers is the use of the allied health professions' total incomes of 2003/5 as a guideline. The maximum total income per annum that the allied professions could generate in 2005 was not more than R97 million. Product sales produced a maximum of R34 million and consulting clearly did not generate an income of more than R62 million. The growth compensation reflects a potential total income of R14.5 billion (R14 500 million) in 2015/2016. The unorganized traditional healers could at most generate 3 per cent of that of the allied professions, which comes to an income of R3 million in 2005 and R0.4 billion (R400 million) for 2015/2016.[41,43,52,109]

The above finding of R400 million is in line with the findings so far of an annual income of between R150 and R400 million for the traditional healers, not between R2 000 and R3 400 million as alleged in literature.

The calculation of the consulting fees of only the homeopaths, naturopaths and phytotherapists (allied professions) of 2005 showed that the consulting income of the traditional healers in 2005 was not be more than R0.6 billion and the sales of their products generated more or less R1 billion, with the total practice income R1.6 billion. With the growth compensation, the total income of traditional healers for 2015/2016 could be as little as R240 million (R0.24 billion).

Although this amount of R240 million is R60 to R160 million lower than the amounts of R300 and R400 million for 2015/2016 so far calculated, is it still a good indicator that the traditional healers of South Africa do not generate

incomes of between R2 and R3.4 billion (R2 000 and R3 400 million) per annum.

Another allegation that goes hand-in-hand with the unsubstantiated reflection of 200 000 and more practising traditional healers in South Africa is the allegation in South African literature that 80 per cent of South Africans consult traditional healers regularly and that this includes all the social and economic levels of Black South Africans (**see for more detail subdivisions 1.6.1 to 1.6.2**). The claim of 80 per cent utilization and a growth in this trend must be tested to obtain a perspective on the true usage (in rand value) of the traditional healers' pre-modern traditional products. For such an evaluation various South Africa Household Surveys between 2003 and 2013 can be useful.[39,56,58,84,85,109]

In this regard research shows a constant decline in the use of traditional healers in South Africa from 1990 onwards. In 2003, it was reported that only 52 out of a thousand of the public consulted traditional healers monthly (with a further 60 out of a thousand of the public reporting that they seek care from traditional healers simply as faith healers for spiritual needs). This total of 112 out of a thousand means that approximately 90 per cent of the total population does not make use of traditional healers at any time, which contradicts both the claim of 80 per cent usage reflected in South African literature and the claim of a growth in the usage of traditional healers.[39,56,57,84,85,109]

One report stated that for 2008 to 2011, the use of traditional healers by Black households was only 14 out of one thousand per month. Furthermore, the monthly visits to healers were very low (0.02 visits) compared to the utilization rates of public sector clinics (0.18) and hospitals (0.09). The least favoured provider to use when seeking health care was the traditional healer (0.1%) compared to the private medical doctor's high rating of 243 out of 1 000. In total, 81.3 per cent of South African Black households used public healthcare facilities first, leaving a possible, although undefined, 18.7 per cent that can consult traditional healers. This finding not only nullifies the alleged 80 per cent usage often quoted in literature, but also the allegation that Blacks from the higher income and better educated groups are using traditional healers more and more. It also contradicts the claims that the preference of the poor Black population is traditional healers. What is more, it disproves the claim of the enormous income alleged in literature by the traditional healing fraternity.[39,56,57,84,85,109]

A 2013 South African study reflects a preference rate for the traditional leader of only one out of 1 000 as the first choice health care practitioner against the preference rate of 210 out of 1 000 for medical practitioners. For the period 2004 to 2013, the average preference rate for traditional healers was only two out of 1 000 compared to an average preference rate of 220 out of 1 000 for medical practitioners.[57,109]

An overview also reflects that of the Black households who do visit traditional healers, as many as 90 per cent of the visits are mostly culturally driven. This indicates that only more or less 10 per cent of the visits are for some kind of medical reason.[39,59] It furthermore seems that 62 per cent of Black households, in terms of their traditional healing usage, use pre-modern traditional products without the services of traditional healers.[85] This clearly indicates a further diminished income for traditional healers.

The above statistical incomes of this study are theoretical calculations done with the single aim of offering insight and obviating confusion around the present-day statements in research on the incomes generated by traditional healers and their pre-modern health products. Such a descriptive and exploratory approach is the only available solution for data collection to make up for the total lack of research and official data on the incomes of traditional healers. This approach offers a "liberal" statistical model to test the trustworthiness of the many allegations, assumptions, generalizations and statements on the incomes of the South African traditional healers and to make theoretical conclusions.

The total possible maximum income of South African traditional healers as theoretically calculated and estimated in this study seems to be between R150 million and R400 million for 2015/2016. The mean income, based on the separate five calculated incomes (R300, R400, R150, R400 and R240 million respectively), is R298 million. Even these figures (individual and average incomes) in money value must be approached with caution, especially when read with the South African Statistics finding in 2013 that the consultation of the traditional healers by the public is almost non-existent when compared with their main competitor, medical doctors. Even when compared with the allied health professions' incomes, the traditional healers' incomes are insignificant. [41,43,52,71,108,109]

This study rejects the claim that the South African traditional healers generate an annual income of between R2 billion (R2 000 million) to R3.4 (R3

400 million), roughly an average of R2.7 billion (R2 700 million). This average estimation of R2.7 billion (R2 700 million), which is based on unsubstantiated assumptions, is nearly a tenfold over-estimation of the average estimation of R298 million found by this study based on substantiated population statistics.[41,43,52,71,108,109] The idea that the traditional healers offer a widespread indispensable medical service, specifically through their medical and health products, which contributes to a further R1 billion (R1 000 million) or more in annual income, is unsubstantiated.

The South African traditional healing fraternity generates at most an annual average income of R298 million (varying between R150 and R400 million).

The motivations on income offered in 2007 for the promulgation of the Act were undoubtedly politically driven and sound facts. It forms part of a well-planned strategy to get the Act promulgated and the traditional healers recognized as healthcare practitioners in the country.

1.6.7 The traditional healer has a religious distinctiveness in modern-day South Africa

Classifications and identifications of the traditional healer as a priest, spiritualist, a seer and religious leader and religious practitioner, are supported by the descriptions and definitions of many researchers.[34,37,43,56,64,115-122]

Essien[121] describes the traditional healer as an intricate part of the *Traditional* (old) African religions. He continues to say that the act of healing by the traditional healer is divine and that the traditional healer's healing acts are aimed at aiding humans to adjust to superstition, magic and religious actions and threats. Gumede[34]sees the traditional healer and his healing process as an integral part of the African religious context and as a "gifted man of God": a parallel to the modern religious minister and evangelist. The idiom of approach of the traditional healer for Gumede[34] is, besides the social, political, economic and moral transformations and guidance, mainly a religious one. Boon[122] defines the work role of the traditional healer as that of a priest-healer (meaning to heal spiritually or to restore health solely through spiritual actions).

The shortcomings of most of these classifications and identifications include questions such as *how* the traditional healer as a community religious figure/practitioner/leader represents a certain group of believers' religious views and *what* his own religious learning, opinions and standpoints are. Furthermore,

there is no written documentation on his doctrine and the way he administers his religious beliefs, besides the overall acceptance that his religious healing/practice is founded in the supernatural, the ancestors and afterlife and the fighting off of the evil witch. The impression is that as many traditional religious healers/ practitioners, as many traditional religious ideologies/dogmas there are. They are a grouping of unrelated and un-ordained individuals without any uniform religious practice and belief, customs and traditions, religious buildings like churches, mosques and synagogues, congregations, a Holy Book, the Bible or Koran for religious teaching or religious training schools as commonly found in the Islam, Christian and Hindu religions. The Act and the subsequent Traditional Health Practitioners Regulations No 1052 (2015) only indicate a minimum entrance qualification of Grade 3 to study traditional healing, while the training and scope of practice of individuals in the category Divination in Traditional Healing of the entity Diviner is left undefined.[1,34,38,41,100,105,119,121,122]

The word "divination" can mean "foreboding, forecast, fortune-telling, prediction and soothsaying," while diviner can mean *"augur, bone-thrower, forecaster, predictor, soothsayer, witch-doctor and wizard."* It is only the words "divine" and "divinity" (that form no part of the definitions and descriptions of the Act) that can mean "religion," "spiritual" and "theology." This casts doubt on the classification and identification of the traditional healer as a religious practitioner in South Africa.[1,5,34,100,123]

The question is therefore: do traditional healers have, as is assumed by many researchers, a religious distinctiveness in modern South Africa? The fact that only between 1 to 1.3 per cent of people in South Africa visit the traditional healer as a religious practitioner or for spiritual rituals and the lack of a comprehensive written doctrine on traditional religious practices, customs and traditions, make answers on this question a priority.[34,38,85,100,122]

Overviews of the role of the traditional healer in the South African religious milieu tend to associate traditional healers with the old traditional African cultures that are assumed still to be active today. These cultures are supposed to uphold the traditional healer's religious distinctiveness. However, assuming that Africa is still an ancient, isolated continent stuck in the Dark Ages is misleading. Modern South Africans follow modern lifestyles, adhere to modern thinking and are modern in religious inclinations. The country includes a wide

variety of religions and although some religious beliefs, customs and practices are still regarded as unique to certain areas/regions, it is in truth also shared by many Africans all over the continent. The fact that Africans have always been dynamic and adaptable to new circumstances, that they had contact through global economics, politics, ethnicity, modern education and communication, brought immense changes over the last 100 or more years. In South Africa Christianity (and Islam in northern Africa) became interwoven with Traditional African Religions and it introduces many changes to these religious beliefs, rituals and customs (and of course, brought a change also to Christianity and Islam). The similar way the monotheistic religions like Christianity and the Traditional African Religions characterized God made this interweaving easy.[34,48,119-126]

To argue therefore that there are still thousands of religions in Africa, each with its own, unique, isolated and undisturbed systems and foundations that have remained constant over hundreds of years and that these religions sustain the traditional healer's religious status as a priest, is false. Resistance to religious changes in modern Africa has been minimal. Arguments of 40 years ago are outdated and are misleading.[124]

However, the outdated cultural thinking of 40 years ago has not been phased out in all cases and it has found a strong position in current religious-political inclinations. This results in the promotion of specific religious customs and habits. Current political and social interference and intervention by these outdated groups in society are plentiful; even by fundamentalist, small minorities with power and influence. This is a worldwide phenomenon and it is reflected in South Africa as well. In the 1960s, in time of grand apartheid, the ANC identified certain aims related to the promotion of African culture when they should come to power. The regulation and statutory recognition of the traditional healer and their practices, like religious actions, was executed, as promised in 1990s, with the Act. The African mind-set, religion and lifestyle function inside a predetermined African mould, fixed permanently many hundreds of years ago. Free religious thinking, doing and lifestyle are not possible for Africans who still adhere to this view. Such a person feels that if they move out of their old African mould into the modern world, they immediately lose their rights to be an African or a Black [10,76-79,127-133]

This imposing of the excellent qualities of traditional healing and the traditional healer as a religious practitioner has been a priority on the mind of the ANC since the 1960s, although not reflected in their various healthcare manifestos since 1955. An unquestionable must: to be accepted as true and existing. A myth has become a truth for a certain group of leaders and their followers; a misleading viewpoint, also reflected in time in the literature on the South African traditional healer's religious distinctiveness.[34,48,121,122,127]

The truth is that Europe has not been home to only Whites for a long time; Africa is no longer only populated by Blacks. The chances are good that even the indigenous African languages (and culture) are only maintained at present by the unmanageable aggravating life circumstances of South African Blacks and that it will be replaced in 50 years by a global language(s), like English.[134] The same can surely be said of present-day South African religious cultures, habits and customs.

Racial, cultural and social boundaries have fallen away long ago and the composition of some South African families or units already include a Black, African, White, Afrikaner or Creole member or members, showing the out of date of a "unique" African or Black religious culture that is housing religious practitioners via traditional healers.[34]

Yet the old African mould still exists in the mind-sets of small but strong opinion-forming groups who are trying to reduce even the modern African/Black to a limited, dependent cultural role in Africa. This "African Nationalism" clearly tries to re-enforce racism and concepts like the traditional healer's spiritual status, while pure culture classifications (like African, Black and White) are increasingly neutralized in the new South African social order. Outdated racism and belittling racial views that seek to divide and that deny independent thinking – and also new, modern religious beliefs and the right to Western and other modern religious adherence – are insults to the indigenous African/Black of the post-1994 South Africa.[10,34,129,135-138]

The above outdated utterances by "pure" African academics and politicians are clearly remnants of thinking of the old Traditional African Religions that people still today wrongly experience as traditions instead of as religion (what they see as tradition is indeed faith, although without formal creed or sacred texts). It is in this context that the traditional healer's religious distinctiveness is falsely portrayed as true, especially by the Act. This is clearly an excellent

example of how fixed and false cultural, political and religious exclusiveness can be used to serve the selfish political aims of leaders to the detriment of innocent and less fortunate people by using their beliefs on religion leadership like the traditional healer.[135,138-140]

Many current African political leaders have lost track of the enormous religious, cultural and political changes that have taken place since the 1900s, but especially after 1994. The same can be said of the redundant role of the traditional healer as a religious practitioner in the modern African Society of South Africa. It is inappropriate for the Act to promote the South African traditional healer's religious role and his religious distinctiveness.[10,17,18,64,119,124,135,139]

Religion, like culture and lifestyle, is not a permanent or an isolated phenomenon; it is dynamic and constantly influenced by other groups' thoughts, philosophies, know-how and behaviours. For South Africa it is far more: it is about Black Africans and White Africans, African religions and European religions, as well as White Westerners and Black Westerners and the essence of African-ness, which is no longer exclusively a thing of blackness or whiteness, but of humanity and holism. It is no longer old, pure African thinking, believing and living. [10,48,122,129,138,140-142]

One can no longer speak of a pristine or a pure African and South African religion with "pure" African adherents (like the traditional healer and the pre-modern religious thinking and actions that accompany this). As said, Christianity has spread dynamically through South Africa over the last 100 years and has influenced the practices of the Traditional African Religions and has contributed much to today's Indigenous African Religions. On the other hand, the African religions rituals, beliefs and practices have also influenced the Christian religious rituals, beliefs and practices immensely. The outcome is that indigenous Africans have started to practice a new African Religion, the Indigenous African Religion (an in-between), in combination with Christianity. It must further be noted that Christianity came to Africa long before it reached Europe. The influences of the Christian colonists and missionaries were only extensions of an already established Christian religion of 1 500 years in Africa. The result today is a synthesis or combination of indigenous and non-indigenous rituals, beliefs and practices. Therefore, the present-day Indigenous African Religions can be described as alloys of traditional value systems, imbibed by

foreign religious beliefs, rituals and practices. This interaction between the South African religious spheres occurred to such an extent that it is imprecise to speak of a sole indigenous or traditional African religious dogma per se, seeing as Christianity has not only become a dominant African religion (80%), but that it can be described as a Christian African religion, leaving behind remnants like the traditional healer.[48,119,120,124,125,143]

Religion changes as it is affected by cultural, economic and political changes. This occurred all over South Africa and the phenomenon affected all races, not only the Blacks. Not even Whites, notwithstanding their efforts since 1652 (especially between 1948 and 1994 with legalized apartheid), could stop their racial, religious and cultural interaction and intermixing with Blacks. This interweaving was so intense, especially after the 1950s, that the new Christianity (the White/European Christian Religion re-instated by the colonists and missionaries the last 100 years) today forms 80 per cent (79.9%) of the total South African population's religious inclination. The belief of a *separate* White Christianity versus a *separate* Black Christianity fails to survive. African Christianity has permeated the South African lifestyle, pushing out outdated and pre-modern religious beliefs in which the traditional healer was a religious figure.[17,34,143]

These changes go much deeper; the indigenous African is not only a homo Africanus, but also a *homo Modernist*. He is in some cases much more homo Europeanist then his White counterpart and expresses this in his daily life, especially modern religious beliefs that exclude the supernatural and the traditional healer as a needed spiritualist.[17,122,144]

In terms of the enormous changes in religious orientations in South Africa that also had a direct influence on the traditional role of the traditional healer as a religious practitioner, the question is: what is the traditional healer's role or capacity in the present religious context? The traditional healer's activities are located at most in the African religions that can be divided in two groups, namely the Traditional African Religions (the old group, with little religious standing in today's society, reflecting remnants like the traditional healer as a religious practitioner) and the Indigenous African Religions (the new group, but also with a diminutive role in South Africa), which adapted parts of foreign and modern religions, cultural and cognitive thinking and behaviour in which the

traditional healer as religious practitioner does not play a prominent role.[48,119,120,125,144]

From above two main groups, it seems especially the Traditional African Religions have become delegitimized by African governments because of their negative behaviour linked to witchcraft, ritual sacrifices and other illegal practices and which, as a group, is in a process of being forced out of the religious systems. The continuous position of the traditional healer as a religious practitioner is clearly in difficulty in this context. To evaluate the traditional healer's position in this context, it is necessary to first determine today's total adherents to African religions (*traditional* and *indigenous*).

Detailed data of African religious adherence is limited. The research by Pewforum[145] shows that in 2012, traditional religions represented 6 per cent of the total world religion population. This group of 6 per cent includes African religions, Chinese folk religions, Native American religions and Australian Aboriginal religions.

The research indicates that the followers of Indigenous African Religions (including the Old *Traditional* African Religions has shown a dramatic decline the last 100 years (a total decline of 49.9% in adherents). This decline seems to be in line with the phasing out of the old, Traditional African Religions which are referred in literature too as *old*, *rigid* or *fossil* religions with overwhelming unacceptable rituals, like witchcraft, bad magic beliefs, etc.[48,124]

Regarding a South African perspective, it is reported that at the turn of the millennium an estimated 28.5 per cent of the population adhered to Indigenous African Religions (and animist believers), compared to 68 per cent Christians, 2 per cent Islam and 1.5 per cent Hindus. In 2010 the adherents of Traditional African Religions were 210 000 in South Africa, against a total population of more or less 50 million. This represents only a 0.42 per cent of the total population. This finding shows that Traditional African Religions has been all but phased out. [48 143 145]

Furthermore, the 2012 South African Census[147] reveals that in 2001, out of a 44 819 778 total population that indicated their religious adherence, 35 416 616 citizens were Blacks. With reference to their specific religious affiliations, only as few as 124 947 Blacks registered as adherents to Indigenous African Religions (a total of 801 Coloureds, 132 Whites and 22 Indians/Asians also indicated that they are adherents to indigenous types of African religions). This

means that only as few as 124 947 out of 35 416 616 Blacks are still adherents to the African religions (including the Modern Indigenous African Religions). This represents only 0.35 per cent of the total Black population. This percentage is totally insignificant, especially the fact that more or less 80 per cent of the country's Blacks (as well as the total population), identify themselves with Christianity. The enormous decline in adherents to the African Religions[48] is evident from the 0.35 per cent indicated in the 2001 census statistics as well as the Pewforum-finding[145] of 0.42 per cent.

It can be assumed that very few of the 124 947 adherents are still pure believers in the Traditional African Religions (old) and in pre-modern beliefs, customs and rituals (including traditional healers as religious practitioners) that researchers use so often to profile the standing of true African religions.[34,48,124,125,144,146,147] It is furthermore clear that the traditional healer and spiritual healing are not part of the modern African Christian Religion, but belongs to Traditional African Religions.[148]

It is clear that the traditional healer of South Africa has become dislodged from the role as a religious practitioner or spiritualist over the years. Clearly, the new Indigenous African Religions do not have a place for him. They still manifest in the remnants of the old Traditional African Religions that play an insignificant role in modern South Africa, and they seem to still in the minds of certain politicians with masked agendas. The traditional healer's impact, even in the modern Indigenous African Religions, is minimal, seeing that even this group only represents between 0.35 per cent and 0.42 per cent of the religious believers of the total Black population (35 416 616). The traditional healer's total input as a religious practitioner of only between a 1 per cent and 1.3 per cent consulting rate is also insignificant and correlates further with the low 0.35 per cent to 0.42 per cent of adherents to Indigenous African Religions in 2001. It reaffirms this "outcast" position as a present religion practitioner; the input of traditional healers in the religious life of modern South Africans seems more obstructive than constructive.[85,147]

It is clear from the above that the role that pure African religions (including both the traditional and indigenous groups) and the traditional healer as a religious practitioner play in present-day South Africa, is minimal. Rituals, customs, practices and muti, which can be associated with witchcraft, demons, bad magic, witches and other negative or problematic behaviours and actions by

the traditional healer, have become rare in global South Africa. It is limited to the Limpopo Province where it seems to be problematic and where traditional healers are still very active.[102,104,149]

The South African traditional healer's treatment can be in line with that of a religious practitioner or spiritualist, but is most probably closer to that of a pre-modern indigenous welfare caregiver. The true status of a trained and ordained priest, monk, religious minister or reverend is absent. The indistinctive role of the traditional healer as a religious practitioner in terms of his status as a diviner in the modern life of South Africans is confirmed by the finding that usage of traditional healers as diviners by the total population per 1 000 is only between 12 and 15. At most, this usage represents only between 607 041 and 758 801 persons and is, in terms of the established religion Christianity, insignificant. There is also no evidence of a documented religious doctrine underwritten by the traditional healer, be it in the past or present.[85,147]

The preservation of traditional healers and their religious role in South Africa, as done by the Act and especially by the literature on traditional healing, seems to be politically orientated in the post-1994 context where political leaders and opportunistic politicians with masked agendas abuse traditional healers as a religious and cultural heritage that must be maintained. This unhealthy political climate is also abused by the traditional healers themselves to advance their own interests. The traditional healer with all the supernatural doings, is a pre-modern spiritual phenomenon with an ambiguous status, stretching back to Apollo's oracles and wizards.[1,3,5,6,7,50,72]

It is clear that the South African traditional healer is not a theological or religious entity as viewed and recognized in modern life. It seems as if the name religious practitioner, as with the misleading label of medical healer, derives from a misunderstanding by early colonists and missionaries regarding the true religious role of traditional healer in the pre-modern South African society. They are at most augurs, bone-throwers, forecasters, fortune-tellers, predictors, soothsayers, witchdoctors and wizards: an entity in line with the Act's definition of traditional philosophy. This philosophy centres the supernatural, which is accompanied by fearful, unexpected, unpredictable and bad life-experiences that threaten everyday life, the afterlife with the ancestors playing a central role and witch-hunting and -finding. It is furthermore clear that the divination activities

of traditional healers as defined in the Act can contravene the stipulations of the Witchcraft Suppression Act (3 of 1957).[1,5,34,100,123]

With special note to the promulgation of the Act and the role of the traditional healer specifically as a religious practitioner, it must be mentioned that religion cannot and may not be factored into the law-making process (especially into healthcare), even if it is seen as fitting and needed by the country. South Africa has a secular Constitution, with a Bill of Rights that guarantees freedom of religion (as well as non-belief). There is also the Ethics Act (82 of 1990) that guides the correct and good behaviour and decision-making of the executive authorities of the South African state. Both the South African state and its government must always remain neutral in relation to religion and should not favour any specific religion or a group of believers.[8,9,12,150]

With the Act, the state and the ANC government did not stay neutral: they favoured the Traditional African Religions and the traditional healer as a pre-modern religious practitioner with their official statutory regulation as a healthcare practitioner. They failed the Constitution and put indigenous South Africans back into a new apartheid (although now a religious and cultural one), where, through the Act, the present government (as they accused the pre-1994 regime of doing with the Dutch Reformed Churches during apartheid) formed an association with the traditional healer as an outdated religious group. At the same time, certain Black leaders belittle and degrade Black citizens with respect to their right to think and to live religiously free under the guise of an untrue and false neo-Africanism, one that includes a specific religion as prejudice and bias.[8-18]

1.7 THE ANC'S POLITICAL POWERBASE IS SEATED IN AND DRIVEN BY OUTDATED BLACK CULTURES, CUSTOMS AND TRADITIONS OF THE MASSES

The ANC started as a liberation movement. Even as recently as 1991 the ANC refused to describe itself as a party, preferring to retain the description "national liberation movement," representing various classes of the community. In contrast to most African political parties, the ANC's foundation was never cemented in a tribal orientation, but was built on a territorial basis (total South Africa) with the primary aim to appeal to, to seek and to attract groups and

individuals that have their roots in the pre-colonial society and who are against Afrikanerism and Afrikaner dominance as it manifested from 1948.[21,25] Welsh writes[25, p. 34]: "Its supporters include all shades of opinion, from liberals to hard-line Stalinists; it declines to call itself a 'socialist' movement, but there can be little doubt that much of the ANC's theoretical and strategic discourse has been conducted in a Marxist paradigm." This intention goes deeper, namely to respect and to provide in their supporters' individuals special needs, customs and traditions of liberation, regardless of whether it can be pre-modern and dangerous. The ANC has never really been successful with shedding its liberation colours. These outcomes are constantly reflected in its governance; corruption; political, economic and social wrongdoings; and its dictatorial decision-making and management. The current disintegration of the ANC as a political unity confirms this liberation foundation that lacks party integrity.

In its present healthcare politics, liberation priorities and interests are rated far more important than national priorities and interests. This goes for short- as well as long-term planning and the implementation of solutions. The statutory regulation of traditional healthcare was an outcome of this fault-line of political thinking and governing, endangering and disregarding the healthcare and the civil rights of South Africans. This kind of behaviour occurred worldwide in other liberation movements when they obtained political power, like in post-Shah Iran, Nazi Germany, Sadam Hussein's Iraq, Gaddafi's Libya and even the post-1948 NP of South Africa. These regimes' power abuses mostly ended catastrophically.

1.7.1 The Ill-considered Rights and Privileges of the Masses

One of the biggest problems since 1994 is the inability of the ANC as a liberation movement (which had to transition to a "political party" purely to satisfy the political and personal selfishness of its leaders) to observe the restraints and respect for constitutional rules that liberal democracy presupposes. The established rights of responsible citizens versus the assumed newly awarded rights of the masses of lower class and poverty-stricken ANC supporters in terms of the Constitution comes into play. Healthcare rights, needs, traditions and customs are prominent in this regard. Sound arguments and planning in the delivery of these services are mostly absent in the ANC. Actions, legislation and strategies are emotionally, subjectively and politically driven, especially on

cultural issues such as outdated South African traditional healthcare. The ANC has had to please its masses of voters, especially the lower income groups who assured it of future political empowerment. The rights of democracy can bring healthcare rights to every individual by means of one man-one-vote, but individual don't always know what good and correct healthcare practices are. It is also doubtful if the ANC lawmakers understand it themselves.[19,25,133] It is important to know and to acknowledge this mental fault-line, as Palkhivala did when he wrote [133, p. 111]: "… the thirst for freedom can never be quenched in the human breast. But the one-man rite is not enough to make a democracy meaningful. It is the aristocracy of calibre which must take to public life, however, distasteful it may be, because the success of democracy depends upon an informed citizenry, not on the participation of every inmate in the asylum."

The shallow thinking of the ANC politicians on what it means to offer sound, responsible and correct healthcare to every of the South African citizens is evident from politicians' intentions in politics in general. Palkhivala describes this devastating dilemma for the voters and citizens well when he writes[133, p. 77]: "Power politics has been called the diplomatic name for the law of the jungle. How long do we want to run the circus from the tiger-cage? A reasonable solution can emerge from men of vision, wisdom and learning. It will not come from politicians who put their party and themselves before the State; and more concerned with votes than with welfare of the people, more interested in the short-term prospects of their own party than in the long-term future of the country."

The above political instability and unpredictability in the ANC's mind-set results from its liberation-inclination (which is reflected in its rule from 1994 to 2017). The party ignores the democratic and constitutional rights and sound and scientific healthcare rights and preferences of every good and responsible citizen in favour of the unsound healthcare preferences and requests of the masses in the name of "democracy." Welsh describes this aptly when he says[25, p.37]: "What characterised liberation movements... was the stress on unity, the rejection of partisan division as destructive of the new nation, and the illusion that an entire country could have a single purpose and accept a single representative to speak as the 'mouthpiece of an oppressed nation'. Political parties operating in a democratic framework, on the other hand, do not pretend to represent a people or a nation, but specific constituencies." This behaviour reflects back to Welsh's

earlier reference to a Marxist paradigm in the behaviour of the ANC; here specifically with respect to sound healthcare models inside a well-established healthcare system.[25]

Regarding the ANC's implementation of outdated cultural traditions, customs and habits like traditional healthcare and the traditional healer, is it important to note that its aim as political group from 1912 to 1994 was to oust Afrikaners and apartheid. It was their only focus. They had to collect "a people" or "a nation" as supporters and voters to execute this aim. This single intention led to the emergence of the ANC in 1912. It was prominent in the 1960s as the strongest Black (unofficial) opposition group, and after its unbanning in 1990 as the strongest Black party. After the 1994 election they had to meet their supporters' needs, customs and traditions as their new government. Many of these needs, customs and traditions are based on untested and controversial cultural claims, specifically the untested need of the general population for traditional healing.[19]

1.7.2 Another pre-1994 drive behind the plan to introduce traditional health into South Africa's formal healthcare sector

It seems that another main driving force behind the recognition of the occupation of traditional health practitioner was to a certain extent also revenge on early discriminative White decisions, policies and politics related to African cultural beliefs, customs and habits, like traditional healing. Strong opposition from some sectors of the healthcare sector due to the danger that traditional healers pose for South Africans' health, their lack of medical training and the fact that their untested medical concoctions have led to many deaths in the past, were bluntly ignored by the ANC lawmakers. They wanted to reposition traditional healers in new South Africa. Thorough research on the matter was refused, while the untested claims and assumptions were put forward as good reasons to regulate traditional healers and to offer them professional status.[1,34,76-79]

The promulgation of the Act was initially driven by a one-sided deliberation between various traditional healers' groups and the DOH of the NP-regime as sole role players. This resulted in the establishment of an Internal Committee for traditional healers in 1992, followed by the election of a National Steering Committee for traditional healers in 1993. From 1993 onwards, the traditional

healers focused their attention on getting formal recognition for their profession from the government (especially the incoming ANC) through various political initiatives. To obtain some guidelines to formulate policies, the National Assembly Portfolio Committee on Health initiated an inquiry with the main focus on three issues.[3,58,76-81]

These issues were[3,58,76-81]:

- the desirability of a statutory council for traditional healers;
- the recognition of medical certificates by traditional healers; and
- the recognition of traditional healers by medical schemes.

Various public hearings on traditional health were held in the country in 1997 under the auspices of the Provincial Standing Committees on Health. The information obtained was drafted into a report by the National Council of Provinces. In 1998, further hearings were conducted by the Portfolio Committee on Health, with a final report in December 1998.[3,58]

The following recommendations resulted[3,58,76-81]:

- legal recognition of traditional healers as a health resource; and
- an Interim Council to be established for the regulation of traditional healing as a profession.

An interim period of three years (up to 2001/2002) was allowed for the Interim Council of Traditional Healers to report back to parliament (this turn-date was extended various time up to 2017). The objective was that a permanent council would be constituted after 2001/2002 if certain conditions had been met.[41,80,81,100]

It seems as if the general election of 1999 ruled out any input by the Minister of Health in proposed legislation, but various meetings and workshops were still held. In September 2000, the Health Ministry gave the DOH a mandate to implement the Portfolio Committee's recommendation of establishing an Interim Council for Traditional Healers. During 2001 and 2002 the DOH held a series of road shows countrywide for traditional healers, specifically with the aim of engaging them on the matter of regulating their profession. One outcome was the formation of a forum of traditional health practitioners under the guardianship of the DOH. Its task was to consider legislative proposals and the regulation process. In 2007 the Act was promulgated after many delays.[41,80,81,100]

1.8 CONCLUSION

It is clear that the views expressed in 1994 to support the regulation of traditional healers, which culminated in the promulgation of the Act, were unsubstantiated and politically driven. This occurred in the post-1994 atmosphere of political correctness where positive and constructive objection, reasoning and wisdom were seen as hostility by the current regime. Power, especially political power, can corrupt and intoxicate the noble mind. Prof. Dacher Keltner, a psychologist of the University of California, found after years of research that people under the influence of power react as if they had suffered a traumatic brain jury. Known side effects are impulsiveness, less risk awareness and a serious inability to see life from other people's point of view or to adapt to others views. Dr David Owen, a British neurologist (and himself an ex-minister in a UK cabinet), stressed that political power, held for years with minimum constraint, can lead to contempt for others, loss of contact with reality, reckless actions and a display of incompetence.[151]

The foolishness of the promulgation of the Act and the formal statutory recognition of traditional health practitioners as medical practitioners in 2007 are undoubtedly evidence of the presence of the above syndrome among some of the ANC lawmakers. The ANC, as happens with many other revolution-cum-liberation-groups worldwide when they gain power, has failed democracy with the promulgation of the Act. They put the South African society back in the Middle Ages with an outdated African model like traditional healing because of beliefs of the ex-liberation leaders that they should meet the needs and preferences of the masses to satisfy (liberate) them further in the new South Africa. The Act and its traditional health practitioners, with all their supernatural doings and unscientific inclinations, result from this thinking. They are pre-modern spiritual phenomena with ambiguous statuses, stretching back thousands of years to Apollo's oracles and wizards.[1,5,6,7,35,50,72,152]

Calling the ANC regime and its leaders to book for the faulty and controversial promulgation of the Act would be appropriate in a political-historical overview. However, one must remember that the process was put into action in 1990 by the NP regime itself and its DoH. It was the NP that gave the go-ahead for the later legislation on traditional healing under the ANC when they started to rule "officially" from 1994. It is important to note from the above historical overview that although it was the ANC regime that drove the Act to

reality after it came into power in 1994, the NP regime already succumbed to the pressure of the ANC to start the process of recognition the traditional healers as healthcare practitioners in 1990. This means that the Afrikaners via their De Klerk regime themselves approved the first steps to recognize traditional healing, sangomas and the Act in the South African healthcare sector. [3,58,76-81]

The ANC regime itself has been reluctant to implement the Act fully since its promulgation in 2007 because of its various possible negative implications on South African healthcare, seeing that in 2017 (a decade after its proclamation) it is still only partly implemented. They have sidestepped full enactment over the years, resulting in hostile actions by the traditional healers against the government. Today South African traditional healers still lack comprehensive training facilities, a skilled overseeing teaching-management, education and training curricula, etc., to make it effective.

Notwithstanding this temporary halt, the resolutions of the Act and the right of practice of traditional health practitioners holds many direct and indirect risk and dangers for the South African healthcare sector as well as the general public.

The post-1994 political dispensation has distorted the role of the South African traditional healers and their activities as true role players in the country's healthcare sector. The new government is steering the future healthcare of the new South Africa based on political opportunism, propaganda, emotional subjectivity and anti-Western healthcare models. The foundation of the Act and the recognition of traditional healers as healthcare professionals are based on unsubstantiated claims, assumptions and statements, offered shamelessly as truths by official sources. [3,7,8]

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PART TWO

RESOLUTIONS, IMPLEMENTATIONS AND THE IMPLICATIONS OF THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007) AND THE PRACTICE OF TRADITIONAL HEALTH PRACTITIONERS FOR THE SOUTH AFRICAN HEALTHCARE SECTOR

2.1 INTRODUCTION

The promulgation of the Act brought new statutory status to the South African traditional healers as recognized health professionals under the professional title of *traditional health practitioners*. This kind of professional recognition in healthcare is traditionally only awarded after a profession's formal education in the form of established study programmes and training and its places and facilities of learning has been confirmed; and their diagnosis and treatment model and their scope of practices are identified and fully in place. Guarantees of the future continuation of traditional healing as a viable and sustainable medical entity have also been offered. There should also be a clear indication of a need for the new profession. A statutory mandate was only granted to the South African medical doctors after the South African and international public and the other kinds of healthcare professionals all had a precise understanding of the definition of medical doctor or practitioner and what they will do, their training, skills and abilities. More recently (nearly 50 years ago) the same happened to the South African psychologists. In the psychologists' case, the psychology fraternity offered constructive evidence, stretching over more than 50 years of sound established professional courses, teaching and instruction by qualified mentors at various South African universities. It was also guaranteed that the identity and entity of the professional psychologist has been established for many years, that the public and healthcare sector understand the definition and was familiar with the actions, training, skills and abilities.[1-3]

Traditional healers failed to offer an established identity similar to that of the medical doctor or the psychologist. With the support of the lawmakers, they justified the promulgation of the Act with various prominent arguments, like the claim that there are 200 000 and more practicing traditional healers in South Africa, that the ratio of traditional healers versus medical doctors is 7:1 and that

more than 80 per cent of the population regularly consult traditional healers. They also claimed that that the fees of traditional healers are lower than those of medical practitioners, that traditional healers are the sole owners, manufacturers and sellers of traditional medicines and that these sales amount to an average of R2.7 billion or more annually. Lawmakers involved in the promulgation of the Act failed to confirm these claims. The lawmakers also failed to verify the existence of an education culture and foundation for the South African traditional healers.[1-3]

South African literature on traditional healing fails to offer any information and guidelines on the resolutions and future implementations and implications of the Act, as well as on the kind and the quality of the training that the traditional healers receive and their abilities to diagnose and treat without risk to the lives of patients.[1-3]

The prominent question at this stage is whether the Act is applicable to the traditional health practitioners in general as a healthcare law and if the traditional healers' levels of education and training meet the minimum requirements prescribed for health professionals in the healthcare sector, etc. No formally established education and training infrastructure has ever been developed for the South African traditional healing profession. Up to 2007, there was no governmental support in this regard. A formal education and training system is still in its infancy. There is, however, an informal training system that developed over many years, but the absence of an advanced and statutorily recognized education and training system can make the immediate changeover from traditional healing as an unregulated endeavour to a healthcare profession, together with the acceptance of traditional healers as part of the healthcare establishments, very difficult.[1-3]

This part examines the legal standing of traditional healing as reflected by the resolutions of the Act.

2.2 OVERVIEW OF THE STATUTORY DEVELOPMENT OF THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007)

The presence of traditional healers in greater South Africa goes far back in folklore, which claims that the first official traditional healer was appointed by uShaka kaSenzangakhona (Shaka Zulu), King of the Zulus, when he allowed Nobhiyana Madondo to become his official sangoma.[4,5] Gumede[4] regards this

event as a unique Zulu Royal Charter to practise as a diviner. Also, the early official recognition of traditional healers in greater South Africa goes back to their licensing in the Natal Colony and the Union of South Africa between 1895 and 1981. Under White rule, the early licensing of traditional healers in Natal to allow an individual to practice for gain limited the person to the Zulu people. Licensing was only applicable to a specific group of healers, referred to as healing doctors, Zulu medicine men (*Izinyanga Zokwelapha,* which include midwives, the *Umbelethisi*) and the herbalists (*Izinyanga Zamakhambi*). The other healer groups like the wizards, witches, diviners, sky herds or heaven-doctors, rainmakers, etc., were not licensed and were prohibited from practicing for any gain.[4]

Gumede[4] states that the practice rights of these early groups of licensed traditional healers were included in several proclamations and Acts of Parliament. The KwaZulu Act (6 of 1981) even determined that the provisions of other existing Health Acts should not be constructed as derogating the KwaZulu Act and its registered traditional healers. This means such Acts as the Homeopaths, Naturopaths, Osteopaths and Herbalists Act (52 of 1974), the Medical, Dental and Supplementary Health Services Professions Act (56 of 1974) and the Nursing Act (50 of 1978) were restricted so that they did not limit the rights awarded to traditional healers by the KwaZulu Act (6 of 1981).[4] These early pro-traditional healers proclamations and Acts include[4]:

- Proclamation No 7 of 1895: Statutes 1845–1899;
- Act No 21 of 1988, Section 33: Statutes 1845–1899;
- Act No 13 of 1928: Union Statutes 1910–1947;
- Act No 3 of 1957: Statutes 1957;
- KwaZulu Act (6 of 1981).

2.2.1 The planning with respect to traditional healthcare for South Africa before 1994

Literature alleges that the main driving force behind the reconsideration of the occupation of the traditional leader from the 1990s onwards was to a certain extent the correction of early discriminative decisions, policies and politics of the South African White regimes related to African cultural beliefs, customs and habits, like traditional healing. The Western healthcare fraternity was also a role player in this process of limitation. [4,6-9,11]

As reflected earlier a process of deliberation between various traditional healer groups and the DoH as the main role players started in the early 1990s, initially under the NP. This was followed by various cooperative actions between the government and the traditional healers, especially after 1994 under the ANC with its "African liberation"-inclination.[6-,9,12-15]

The outcome was a final report in December 1998 that recommended recognition of traditional healers as a health resource; the establishment of an Interim Council for the regulation of traditional healing as a profession; and the formulation of legalization on the matter.[12-15] An interim period of three years (up to 2001/2002) was proposed for the establishment of the Interim Council of Traditional Healers (ICTH) to report back to parliament. The objective was the founding of a permanent council to aid legalization of traditional healing after 2001/2002 if certain conditions had been met as prescribed by the law-making process.[14-17]

The official process around the constructive development of the Council and a concept act on traditional healthcare was stalled by the general election of 1999 and other political events, but notwithstanding these delays, various initiatives by the Health Ministry and the DoH steered the establishment of an Interim Council for Traditional Healers. One main outcome was the decision to compile a proposed bill on the regulation of traditional healers in South Africa. This Bill (No 20) was proclaimed in 2003.[14-17]

2.2.1.1 Traditional Health Practitioners Bill of 2003 (No 20)

The pre-1994 lobbying by activists and propagandists to regulate traditional healers and to offer them statutory status was fruitful and led to the proclamation of the Traditional Health Practitioners Bill (2003), introduced in the National Assembly as a Section 76 Bill and published in Government Gazette No 24751 of 14 April 2003.[14,15]

The Traditional Health Bill of 2003 clearly stated the objective of devising regulation for traditional healers. This is reflected in the Memorandum of 2003 to the Bill (2003). The traditional healers and the DOH as main role players since 1994 drove this goal and it was ultimately incorporated into the Act.[11,13-15]

The Bill was a first for traditional healers in South Africa, seeing that it *includes all the provinces.* It therefore goes much further than the KwaZulu Act (6 of 1981). It had constitutional implications in that it focused on the regulation

of a specific South African profession (traditional healers) that had previously been unregulated. This regulation was subject to the government's interpretation of Section 22 of the Constitution, which they believed stipulates that "all citizens have the right to choose their trade, occupation or profession freely and that the practise of a trade, occupation or profession may be regulated by law." The DOH, through its legal advising-unit, was content that the Bill was not repugnant to the provisions of the Constitution.[14,15,18]

At the time of proclamation, the DOH and the law advisors of the South African state were also of the opinion that the Bill should be dealt with in accordance with Section 76 of the Constitution, since it fell within a functional area listed in Schedule 4 to the Constitution, namely *Health Services.*[14,15,18]

It was decided that the start-up costs for the incoming Council would be borne by the state. With the passing of time, the Council should achieve a greater degree of financial independence as more and more traditional health practitioners pay registration fees.[14,15]

The Bill was based on other South African health acts, like those that regulate the Health Professions (56 of 1974) and the allied health professions (63 of 1982).[19,20]

The Bill's intention was to provide a regulatory framework to ensure the efficacy, safety and quality of traditional healthcare services; to provide for management and control over registration, training and conduct of traditional health practitioners, students and specified categories of traditional healthcare workers.[13,21]

The Bill incorporated comprehensive descriptions, definitions and rules in an effort to make effective its implementation (if it became an active Act). It offered precise guidelines on how to establish a council and how to manage the traditional healers in terms of profession registration and rules, offences, and fees to pay. It offered a basic foundation on which traditional healers could develop their trade as a profession. However, some of the Bill's definitions are vague. Especially controversial are the regulations that give the traditional healers certain practice rights and privileges on the same level as the existing regulated professions of the Health Professional Council of South Africa (HPCSA). The Bill also makes them full members of the health establishment. Specifically, their competence to practise as a healthcare professional in terms

of their present training and educational levels is still a point of criticism by the accredited healthcare professionals.[11,17]

The Traditional Health Practitioners Bill of 2003 was modelled on first-world health legislation applicable to and meant for the start-up of a well-established and well-organized profession, one with existing excellent management styles, learning programmes, a training model, and one that already has some kind of official recognition. Traditional healers did not meet these prerequisites in 2003.

2.2.1.2 Traditional Health Practitioners Act (35 of 2004)

The Bill, when promulgated, was to be called the *Traditional Health Practitioners Act*, *2003*, and would have come into operation on a date to be determined by the president by proclamation in the Government Gazette.[14,15]

The above Bill was not proclaimed as an Act in 2003 as intended, but only in 2004. It was signed into law on 7 February 2005.[13,14,21]

Act 35 of 2004, signed into law on 7 February 2005, was based on the Bill of 2003, with a few new inscriptions to make the Act's contents more clear and precise.[14,15,21]

This Act was put on the shelf for a short time after the Constitutional Court ruled, after intervention by Doctors for Life (DFL), that the Act be returned to parliament, as it was improperly processed by the National Council of Provinces (NCOP). The Act was further opposed by the DFL as they argued that a medical practice that is not based on the allopathic system is potentially harmful to the public and can only lead to a waste of their money.[13,22-25]

2.2.1.3 Traditional Health Practitioners Act (22 of 2007)

After the government re-traced their steps and held public meetings in all provinces in 2007, the Traditional Health Practitioners Bill (20 of 2007) was approved and the Act was signed into law in 2008. The Act was precisely the same in content as Act (35 of 2004).[11,21] 11/10 21/19

The primary intention of the Act is to regulate traditional healers and to establish an Interim Traditional Health Practitioners Council to start-up the legislation to regulate traditional healing.[11,26]

It took ten years of parliamentary struggle from 2003 and 45 years of informal agitation from 1969 to reach the inauguration of the Interim Council in 2013.

The reason why the establishment of the Interim Council was delayed from 2003 to 2013 is unclear. It is problematic to attribute it to the modern Western medical sector of the country, as post-1994 politicians try to do, seeing that the Medical Association of South Africa (MASA) offered written guidelines for cooperation between modern and traditional healers as early as 1995. It rather seems as if the in-fights among the 100 or more traditional healer organizations and the many different types of traditional healers, as well as a lack of governmental support to guide and advise them on the process, played a negative role.[13,27]

Research suggests that events inside in the ANC government also played a role, for instance the expulsion of Mbeki as president of the Republic of South Africa. Mbeki, who signed the Act into law on 7 January 2008, was recalled by the ANC in 2009, leading to the resignation of the Mbeki cabinet. Thereafter, an acting Minister of Health was appointed under the then acting President Motlanthe. The ANC elective conference of 2009 was followed by national elections and the appointment of a new Minister of Health by the new president, president Zuma.[13]

The new government did not regard the activating of the Interim Council for Traditional Health Practitioners as a priority and it was not high on the priority list of the ten-point plan of the DOH. This led to frustration among traditional healers, which resulted in a march to the Union Buildings in Pretoria in 2011. In a petition the traditional healers raised various points of dissatisfaction. They alleged that they were treated badly by the Minister of Health and that there was lack of official action to activate the Interim Council. It was only in December 2011 that the National DOH took action and opened nominations for seats on the interim council. Health spokesperson Joe Maila informed the public and traditional healers in the media in October 2012 that the DOH aimed to have the Council up and running by the end of 2012. The Council was eventually inaugurated on 12 February 2013, while the formal establishment of the Council took place on 1 May 2014 by President Jacob Zuma in terms of Section 52 of the Act. A period of three years (up to 2016/2017) was prescribed for the Council to become operative and to report back to the Minister of Health.[13,23,25,28]

It is clear that the Act is still, in 2017, a decade after its promulgation, not functioning fully and that it is beset with many shortcomings and inexplicit

definitions and descriptions. Although some of these shortcomings have in the meantime been corrected with amendments to the Act with the promulgation of Regulations No 1052 in 2015, many more corrections are needed to make it work effectively. If one considers the development history of the Act, is seems that much more time may well elapse before it becomes functional.[29,30]

2.3 STRUCTURES AND RESOLUTIONS OF TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007)

An effective and well-structured professional body is a pre-requisite for reaching the aims of the registration of traditional healers and the establishment of professional training for traditional healers. The Act was the primary body to activate these aims and was promulgated in 2007. This Act's central role players in this endeavour are two entities, the Council for Traditional Health Practitioners (CTHP) and its chief executive, the Registrar.[11]

2.3.1 Main aims of the Act

2.3.1.1 Council for Traditional Health Practitioners

The CTHP has various aims and objectives that cover a broad spectrum of traditional health interests. The training of traditional healers was the main goal of the CTHP. This mandate of the CTHP is fully reflected in various sections of the Act [5(a) to 5(b), 8(2), 9(a) to 9(g), 10(1) to 10(6), 11(1) to 11(3), 12(1) to 12(7), 13(1) to 13(2), 14(1) to 14(5) and 15 to 17].[11]These various sections and resolutions are discussed further in the different subdivisions of this chapter.

2.3.1.2 Registrar's Office

The Registrar's office is the administrative pivot. This makes the aims and objectives of the Council a reality, especially the future registration of traditional health practitioners, student practitioners and specialist practitioners. The functions of the Registrar are fully described in various sections of the Act [18(1) to 18(2), 19(1) to 19(2), 20(1) to 20(3), 21(1) to 21(6), 22(1) to 22(2), 23(1) to 23(4), 24(1) to 24(4), 25, 26(1) to 26(4), 27(1) to 27(2), 28(a) to 28(c)].[11]These sections and regulations are discussed in the different subdivisions of this chapter.

2.3.2 Various definitions and descriptions of the Act

2.3.2.1 Section 1 of the Act

Various definitions and descriptions included in Section 1 of the Act make provision for a new statutorily recognized training system, specifically with reference to the traditional practitioner, student practitioner and specialist practitioner. The definition *traditional philosophy* offers a guideline for the training and education of the traditional healer in the near future.[11]

Section 1 of the Act defines a learning system as part of the definition *traditional health practice*. The definition describes the performance of a function, activity, process or service based on the *traditional philosophy*. It includes the utilization of *traditional medicine* and *traditional practice*.[11]

The definition *traditional medicine* in Section 1 describes the specific way in which a traditional health diagnosis is made and is delivered and how patients are treated. This is meant to start on completion of the prescribed training of the traditional healer. *Traditional medicine* also refers to an object or substance used in *traditional health practice*.[11]

The traditional healers to be trained in terms of above definitions of Section 1 include the *traditional health practitioner* in the categories *diviner, herbalist, traditional surgeon* and *traditional birth attendant.*[11]

The type of service that the traditional healer should deliver during or after training and the establishment to which he or she must deliver this service after training, are reflected in the following two definitions in Section 3, namely[11]:

- *Health establishment* refers to any public or private institution, facility, agency building, place or part thereof, whether the organization intends to make profit or not, that is operated or designed to provide health services.
- *Health services* include in-patient or out-patient treatment, diagnostic or therapeutic interventions, nursing and rehabilitative, palliative, convalescent and preventative health services.

The adjective *traditional* is omitted from the above two definitions of the Act. The two other definitions (*traditional medicine* and *traditional health practice*) that do include the word *traditional,* create the impression of a model where traditional healers work in a *parallel* and *separate* healthcare system from the allopathic. This creates a situation where the traditional health practitioners are on one side of a divide and other regulated health professions are on the other

side. The traditional health practitioner's practice is, in terms of this classification, seemingly limited to only *traditional activities* as part of his service and in his place of health delivery. The omission of the prefix *traditional* indicates something else (and indeed contradicts the previous sentence's intentions), namely awarding full healthcare practitioner status to the traditional healer within the same health system as that of a medical doctor and therefore on the same level. It reaffirms the government's movement towards granting traditional healers full status as health practitioners and merging (and forcing) traditional healers into the official health sector. This intention brings a shift in the planning and management of the training of traditional healers.[6-9,11,12,16,17,31-34]

*[The above mentioned inclusion of traditional healers in the circle of established healthcare professions is not really new. The KwaZulu Act (6 of 1981) positioned traditional healers in this manner. The KwaZulu Act (6 of 1981) indeed safeguarded all the traditional healers' exclusive practice rights and privileges from intervention and interference by the allied and allopathic practitioners in KwaZulu].[4,35]

2.3.2.2 Section 47(1) of the Act

Section 47(1) is very specific about future accredited training institutions, education authorities and traditional tutors. There is also a general reference to fees to pay for training, a register of students and the duration of programmes. The section furthermore establishes minimum requirements for the curricula, the minimum standard of education, examinations, a minimum age, standards for the general education of students who want to enrol and other educational guidelines. These prescriptions are only tentative and without specific time durations, etc., up to 2016, seeing that formal, accredited training is absent. The Traditional Health Practitioners Regulations of 2015 (No 1052) was an amendment to the Act. This Regulation was promulgated in March 2016 and these regulations make Section 47(1)(e) stipulations more focused and the Act more executable. Still, it lacks more descriptive information.[11,30]

It is clear that Sections 47(1)(b) to 47(1)(e) will be the primary driving force behind the planning and management of the training of traditional health practitioners, although the Act does not say this explicitly. These Sections[11],

together with the incorporated proposed amendments of the Traditional Health Practitioners Regulations of 2015 (No 1052)[30], read as follows:

(a) (i) The registration by the Council of students in any prescribed category of traditional health practice undergoing education or training at any accredited training institution or educational authority or with any master, the fees payable in respect of such registration and the removal by the Council from the register in question of the names of such students. Fees to be paid are foreseen to be R 100.00 for the first year and then R 50.00 per year for subsequent years (Regulations No 1052, 2015: Table of Fees)

(ii) The minimum standards of education and training required of students as a condition precedent to registration. No one may be registered as a student practitioner unless he or she has attained an ABET (Adult Basic Education and Training) Level 1 educational level or equivalent (School Grade 1-3) and has in his or her possession letter of admission indicating the training or course to be done from the tutor or institution registered and accredited by the Council to provide or offer the training or the course (Regulations No 1052, 2015: Regulation 5).

(iii) The duration of the educational programme to be followed by students at an educational or training institution or with a master will be (Regulations No 1052, 2015: Regulations 6):

(1) The Divination student must attend or undergo training for a minimum period of 12 months in which period the student practitioner must learn at least diagnosis, preparation of herbs and traditional consultation;

(2) The student herbalist must undergo training for a minimum period of 12 months in which period the student must learn to identify and prepare herbs, sustainable collection of herbs and dispense herbs and consultation;

(3) The student traditional birth attendant must undergo training for a minimum period of 12 months during which the practitioner must learn issues of conception, pregnancy, delivery of a baby and pre- and post-natal care;

(4) The student traditional surgeon (circumcision) must undergo training for at least five years during which the practitioner must

observe in three initiation schools and do supervised practise for two years.

(iv) The minimum requirements of the curricula and the minimum standards of education or examinations which must be maintained at every educational or training institution or by every master offering training in traditional health practice, to secure registration and recognition of the qualifications obtained under this Act;

(b) (i) The minimum age and standards of general education required of a candidate for examination for a certificate, entitling the holder thereof to registration in terms of this Act, are as follows (Regulations No 1052, 2015: Regulations 7):

1. The student for Divination and Herbalism must be at least 18 years old, and Traditional Surgeon and Traditional Birth Attendant must be at least 25 years old, to qualify for registration for a certificate entitling the holder thereof to registration in terms of the Act;
2. The student practitioner contemplated in sub-regulation
   (i) Must at least have attained the Level 1 ABET or equivalent;

   (ii) The courses of study and the training required for examinations;

   (iii) Institutions at which, or persons with whom, educational courses or training may be undertaken and any other requirements relating to such study or training;

   (iv) The registration by the Council of persons undertaking educational courses or undergoing training and the fees payable in respect of such registration. The Council must register the persons undergoing training on FORM THPA3 on payment of the fee of R500 (Regulations No 1052, 2015: Regulation 8/Table of Fees). The following categories of traditional health practice must undergo education or training at any training institution or educational authority or with any traditional healer (Regulations No 1052, 2015: Regulation 3):

   (a) Divination;
   (b) Herbalism;
   (c) Traditional birth attendant's practice;
   (d) Traditional surgeon (circumcision) practice.

(v) The fees payable by candidates for examinations;

(vi) The appointment and remuneration of examiners for examinations;

(vii) Any matter incidental to examinations or the issue of certificates by the Council;

(viii)The nature and duration of the practical training to be completed by persons before they may be registered;

(ix) The nature and duration of the training to be completed by a person who has obtained a qualification as a traditional health practitioner, but who is not yet registered as such, before he or she may be registered as such;

(d) The conditions under which a registered person may practise as a traditional health practitioner or practise in any category of traditional health practice. Regarding the exemption of the pre-requirement of training an applicant who, on promulgation of these Regulations, is a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon may be registered as such by the Registrar on the basis of the documentary proof he or she may produce to the Registrar, or on basis that the community regarded him or her to [be] a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon (Regulations No 1052, 2015: Regulation 10).

(e) (i) The registration of students of traditional health practice, including the recording of particulars relating to their training and proof of the fulfilment of the requirements thereof (Regulations No 1052, 2015: Regulation 9):

(1) The registered students must submit or cause to be submitted the log book that details the observations and procedures undergone;

(2) The log book must be signed by the Institution or Tutor as proof of the fulfilment of the requirements for the qualification;

(3) The student must submit the certificate of completion of the training from their Institution or Tutor to the Council.

(ii) The health establishments or other institutions, if any, at which or the persons with whom such training may be undertaken;

(iii) Any other matter incidental to the registration or training of students.

Regulation No 1052 (2015) provides for the formal registration of traditional health practitioners with the Council in terms of Section 21 of the Act. This can be done by applying on FORM THPA1 to the Registrar and paying the fee of R 200.00 (Regulation 2/Table of Fees).[11,30]

Sections 47(1)(b) to 47(1)(e) of the Act and Regulations No 1052 (2015) create a basis for planning and managing the future training and education of the traditional healer. However, these legal guidelines are incomplete and lack detail on planning and managing the effective training of traditional healers. The Act's training guidelines and intentions need extensive description.[3,11]

Regarding the vision of the Act, namely to create a new training model for traditional healers, Section 47(b)(i) refers specifically to "any accredited training institution or educational authority." This undoubtedly means a formal institution that the Interim Council intends to approve and to accept as one that meets the requirements to offer training. It seems that the focus is here on a General/Further Training and Education (FTE) college or some kind of tertiary institution like a South African university.[4]

2.3.2.3 Offering of future learning at private and public places, for profit or not

The implication of Section 47(b)(i) is that a single traditional healer tutor, or a group of traditional healer tutors, can establish a place of learning, private or public, for profit or non-profit (see also Section 1: Health establishment). This outcome of learning from a single tutor is confirmed by Regulations No 1052 (2015): Regulations 4(1)(c)(ii), 5 and 9. One crucial fact is that all such learning institutions (either run by a single person or a group), must be registered in some way with all the prescribed South African education authorities. The same goes for the programmes they want to offer and the education levels of their staff. Accredited institutions are defined in Section 1. It reads: "*accredited institution* means an institution, approved by the Council, which certifies that a person or body has the required capacity to perform the functions within the sphere of the National Quality Framework contemplated in the South African Qualifications Authority Act, 1995 (Act No. 58 of 1995)."[11,30]

The standard of the programmes that the traditional healers have to complete as reflected in Regulation 6 of Regulations No 1052 (2015) are clearly at a very low level. This negative profile is confirmed by the ABET Level 1 entrance

qualification (School Grade 1-3). The dynamic and high level training of the South African traditional healer claimed in literature over the years is clearly non-existent. Regulations No 1052 (2015) reflect this matter as well.[30]

2.3.2.4 In-house apprenticeships

Establishing the new training model for traditional healers as foreseen by the Act will be costly and time-consuming. The obstacles are overwhelming. Ways to train the traditional healer other than the above complicated and costly approach are needed. One such a way is in-house apprenticeships.

The lawmakers themselves were clearly unsure about which avenues to follow to instate training immediately. The only options are training at formal institutions (none exist at present), or continuous training with in-house apprenticeships. Section 47 hints at this with frequent references to the "registered traditional tutor" as equivalent of the formal institution in terms of training [See the phrase "or with any accredited tutor", in the various sections of 47 b(i), b(iii), b(iv)]. This inclusion surely gives the Interim Council a way out of the proposed new training model of traditional healers as intended by the Act. Regulation No 1052 (2015) echoes this intention of training with many references to future training by a traditional healer as a training entity on its own (Regulations 3, 4 and 9).[11,30]

An in-house apprenticeship, offered by a master (tutor) traditional healer for a certain period, seems the most obvious solution.

An accredited in-house apprenticeship (for a moratorium period) under an accredited master or tutor traditional healer is a safe and inexpensive way out of the various problems that the new training model brings. It is furthermore clear that Regulations No 1052 (2015) makes the accreditation of tutors in terms of its Regulations (Regulations: 8/Form THPA, 1/Form THPA, 3/Tables of Fees) easy. The allowance that the approximately 200 000 unregulated traditional healers can be registered immediately based on their prior learning will free the Council from immediately creating costly training and evaluation/examination facilities. This can give them time (5 to 10 years) to reorganize the present problematic situation with traditional healing training. They will be able to put formal training institution(s) and formal programme(s) in position to accommodate a new calibre of traditional health student, for instance one with a Grade 12 school-leaver's certificate instead of the ABET Level 1/School Grade

1-3 as minimum entrance qualification for study. There will be time to write and implement a traditional healer's curriculum, etc.[17,30,36]

Formulations such as the registration of students "undergoing education or training with a traditional tutor" amplifies this concern in Section 47 in its Subsections (b)(i), b(iii) and b(iv). The primary requirement of the Act is that such a tutor must be accredited. Although the adjective "traditional" is omitted for "traditional tutors" in Sections 47 (b)(i), (b)(ii), (b)(iii) and b(iv), it appears as part of the traditional tutor definition (Section 1). This definition prescribes that a traditional tutor must be a person registered in any of the prescribed categories of traditional health practice and who has been accredited by the Council to teach traditional health practice or any aspect thereof. Section 44(2) qualifies the clause "registered" with the addition "suitably qualified healer." Sections 47(b)(i), (b)(ii), (b)(iii) and (b)(iv), however, clearly makes provision that a tutor, not necessarily a traditional tutor, but any tutor acceptable for the Interim Council, can be appointed.[11]

Section 44(2) still leaves the possibility that a student may be trained by an unregistered traditional healer or another type of health practitioner as long as the training takes place under the supervision of a "suitably" qualified traditional health practitioner.[11]

The Act clearly tries to fulfil its main aim, namely to establish a high standard of training for traditional healers. Certain theoretical guidelines, although vaguely described, are put in place by the Act to reach this aim. However, it is clear that these aims will take five or more years to reach. Traditional healers lack the planning and management expertise that would make the immediate implementation of the initial training model possible.

The complete absence of an advanced traditional health science and culture will not be rectified easily. The true enactment of the Act will move at a sluggish pace for many years to come.

2.4 LEGAL DEFINITIONS AND DESCRIPTIONS OF THE SCOPE OF PRACTICE AND SERVICES OF THE TRADITIONAL HEALERS IN TERMS OF THE ACT

Certain legal definitions of the Act serve as primary guidelines in describing the scope or range of the practice and services of the South African traditional healer (see Addendum 9B). These definitions are discussed below.

2.4.1 The legal definition of *traditional philosophy*

The single legal definition *traditional philosophy* encloses a complex of sub-definitions that includes various legal descriptions, systems, actions and meanings. These sub-definitions are further explained by various specific legally defined words and phrases in terms of Section 1 of the Act. Elucidators are prominent, like "indigenous African techniques, principals, theories, beliefs, opinions and customs, as well as the uses of traditional medicines communicated from ancestors to descendants or from generation to generation with or without written documentation, whether supported by science or not, and which are generally used in the traditional health practice." [11]

The legal definition *traditional philosophy* is the foundation and pivot of the Act. It describes in general the new profession *traditional health practitioner*. It only indirectly and in non-specifics delineates the range of the practices and services of this healer of the future and his medicines. The definition confirms the holistic approach of traditional healing. The link with the ancestors, spirits and supernatural inclinations are the points of focus.[11]

The definition *traditional philosophy* falls into two legal sub-definitions, namely *traditional medicine* and *traditional health practice.*[11]

2.4.1.1 Various meanings and definitions of traditional medicine

- **The Traditional Health Practitioners Act (22 of 2007) meanings and definitions of traditional medicine:**

This Act defines *traditional medicine* as an *object* or *substance* used in the *traditional health practice* for the diagnosis, treatment or prevention of a physical or mental illness or any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in human beings. The law specifies that this may not include any dependence-producing or dangerous substance or drug.[11]

- **World Health Organization (WHO) meanings and definitions for traditional medicine:**

The WHO proposes a global and an African definition for traditional medicine.[17,37]

The *global* definition describes traditional medicine as the intention to maintain well-being and to treat, diagnose or prevent illness. It refers to diverse

health practices, approaches, knowledge and beliefs that can include plant and animal matter, mineral-based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination.[17,37]

For *Africa*, specifically, the WHO deviates from its global definition with the added description that traditional medicine is the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or social imbalance. It further stipulates that traditional medicine exists and is maintained exclusively by practical experience and observation, handed down from generation to generation, whether verbally or in writing.[17,37]

The above WHO definition for Africa is more or less in line with the legal definition contained in the Act. However, it does not include the wording "contact with ancestors." Although the WHO definition also lacks reference to scientific knowledge, healthcare research and principles as in the definition of the Act, the WHO global version seems to be more scientifically orientated. The discrepancy between the two WHO definitions seems to be an effort on the side of the WHO to accommodate the overall lack of scientific principles and methods in African traditional healthcare, a system that seems still to be reflecting remnants of the old African religions.[38,39]

The above legal definition of traditional medicine by the Act was not unanimously accepted and sanctioned by all the researchers and role players involved in South African traditional healthcare.[4,38,40-44]

Pretorius[33] sees traditional medicine as formulas manufactured from various natural substances (animal, mineral and vegetable). She also alludes to the fact that traditional medicines are used for various uses, like placebos, sympathetic magic and medical value.

Holland[45, p.15] infers that traditional medicine:

> Include[s] medicines for every complaint and aspiration, either dug from fields and forests by individual spiritual specialists to fulfil prescriptions for their own clients, or purchased from herbalists' shops in the cities of Africa. It is mostly of botanical matter, but it can sometimes include bio-substances like rare lizard fat, snake skin, sunburnt beetles and spiders, lion lard, dried crocodile liver and baboon testicles.

Make use of remedies that may be termed sympathetic magic. For instance, to ensure a good journey, the prescription is made from a root that sends out runners and therefore knows its way. It is founded on the belief that qualities can be transferred to humans, which means that a cream made of the beautifully sleek skin of the python will make the hide of cattle gleam, or that lion's fat smeared on the arms and legs of a soldier, will make him feared by his enemies. Furthermore, to give a person security, the herbalist may administer a portion of the body of the steadfast tortoise; for swiftness, the sinew of a hare.

Besides the above definitions and descriptions,[11,17,37,45] various other definitions of traditional medicine are offered in the literature.[51,53]Most of these definitions imply that the healing effect of traditional medicine is negative or unsubstantiated.[16,17,37,44,51,53]

- **Comparing magic medicine, muti and traditional medical mixtures with modern traditional health products**

There is a very specific differentiation between *traditional medicine* and the *traditional health products* (also known as complementary/supplementary medicines and health products or real traditional medicine) of complementary medicine manufacturers. The Act erroneously defines a grouping called *traditional medicine* (better known as *traditional medical products,* which include *magic medicine*, *muti* and *traditional medical concoctions*). Where complementary medical products are manufactured under strict standards of quality control and qualified pharmacists, although independent from the MCC, the traditional medical preparations made by the traditional healers themselves are manufactured with no quality standard or internal professional control.[4,40,42,46-50]

Mentioned below are some of the other definitions of traditional medical preparations (also often referred to as muti), as reflected in the literature:

- Muti is Black magic, voodoo medicine used by Blacks in South Africa;[51]
- The most potent muti are the ones that contain human organs, harvested from the victims still alive;[51]
- Human blood and body parts are essential to the preparation of muti;[52]
- Muti is a potion from herbs and plants;[53]

- Muti can consist of human parts that is believed to have supernatural power and that can change or alter the cause of events;[53]
- Muti is sometimes consumed, but may also be carried about the person who aims to benefit from its powers or secretly smeared onto the body, clothing or included in the food of the target person;[52]
- Muti does not always involve killing: a living person's nail clipping may be used in potions targeted at that person.[52]

The pharmaceutical safety of traditional medical preparations as described in the Act is superficial and misleading. The legal definition of traditional medicine reads "does not include a dependence producing or dangerous substances or drugs." The Act contains no statutory guarantees or an official MCC certification that the untested and unscientific traditional medical preparations are free from dangerous and prohibited components. The registration of these traditional preparations on the National Pharmaceutical Product Index (NAPPI), the only manual used by the South African pharmacists and doctors for the issuing of prescriptions, is not allowed. The extent of the negative effect of poisoning as a result of the use of dangerous traditional mixtures is further evidenced by the official establishment of two centres to combat muti-poisoning.[37,40,46]

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- **The legal definition traditional healthcare practice, including diagnosis, as defined by the Traditional Health Practitioners Act (22 of 2007)**

Various legal definitions are generated by the Act. Its legal definition for traditional health practice refers to the performance of a function, activity, process or service offered specifically by the traditional health practitioner. This description is, as said, primarily based on the legal definition of traditional philosophy, which includes and describes the use of traditional medicine and/or the offering of a traditional health practice.[11]

Traditional health practice, as described in the sub-regulation of the Act[11], has as its goals the following four outcomes, namely to:

- Maintain or to restore physical or mental health, or the function of it;
- Diagnose, treat or prevent a physical or a mental illness;
- Rehabilitate a person to enable him/her to resume normal functioning within the family or community; or
- Prepare physically or mentally an individual for puberty, adulthood, pregnancy, childbirth and death.

The above four outcomes exclude the professional activities of a person practicing in South Africa any of the professions contemplated in the Pharmacy Act (53 of 1974), the Health Professions Act (56 of 1974), the Nursing Act (50 of 1974), the Allied Health Professions Act (63 of 1982), or the Dental Technicians Act (19 of 1979), and any other activity not based on traditional philosophy.[11]

Pretorius[16, p. 3] describes South African traditional health practice simply as the diagnosis and treatment by traditional healers in general and diviners in particular. Pretorius[16] postulates further that practices of diagnosis and treatment vary greatly and depending on the healer's own knowledge, skills and the nature of the patient's illness. Satisfactory healing involves the recovery from bodily–mental symptoms and the social and psychological re-integration of patients into their communities.

Other researchers offer variations on the official legal description of diagnosis and the follow-up treatment with traditional preparations.[4,54] South African traditional healers see illness as misfortune, a man-made phenomenon as a result of bewitching, evil-doing by another or punishment by an ancestral spirit for bad and sinful behaviour. Opposite hereto, are good health and good fortune seen as rewards for good behaviour. In the traditional healthcare practice, there is no insight or concept of the modern approach of the germ-diagnosis and treatment

model. It is not a case of *what* is causing an illness, but *who* is causing it. The supernatural therefore drives diagnosis and treatment.[4,54]

- **The misleading prefix "traditional" as used in the legal definition of traditional health practice**

The prefix "traditional" is a prominent legal inscription in the various sections of the Act, seemingly with an aim. It is constantly cited in the first part of the Act, successfully creating the impression that there is a legal separation of the traditional health practice of the South African traditional healer from the modern health practice of the medical doctor (consequently safeguarding the medical doctor from competition by the traditional healer). This tentative dual competence of two types of healers, as created by the unclear definitions in the Act, clearly leaves the door open for two legal interpretations regarding the diagnosis and treatment rights and the scope of practice and services of the traditional healer. This situation is already leading to misinterpretation by the traditional healers and the various official agencies promoting traditional healing and profiling the scope of practice of the traditional healer. These legal contradictions and shortcomings pervade all the sections of the Act. It becomes more prominent later on with the omission of the prefix "traditional" from various legal definitions. This is undoubtedly a masked intention to open the door to the formal healthcare services and to establish a practitioner brotherhood with the statutorily registered healthcare practitioners, specifically the medical practitioner. It is nothing less than a demarcation of the old scope of practice of the traditional healer.[11]

The legal definition of traditional philosophy, strongly supported by the various sub-definitions of the Act, is poorly formulated and lacks a scientific underpinning. It should therefore be revised comprehensively or recalled, seeing as it is based on a spiritual intention, driven by the supernatural and superstition. It does not contain any scientific medical–legal definition on how to provide a medical diagnosis and medical treatment and does not support a descriptive scope of practice. The other legal terms also require in-depth reconsideration and phasing out, like "indigenous African techniques," "indigenous African principles," "indigenous African theories," "indigenous African ideologies" and "indigenous African opinions." The above words and phrases must be thoroughly studied, defined and explained to make legal sense of the traditional healer's present practice system, including his scope of practice.[11]

The use of a description such as “traditional medicines communicate from ancestors to descendants”,[11,55] as part of a medico-legal document is unheard of in the modern medical sciences or in what the medical practice regards as true, normal and scientific. One could not regard this phrase as merely symbolic either. The truth is that it is the reality of the thinking and beliefs of the practitioner of traditional healing in the present scope of practice. The same thinking and belief system are applicable to his or her patients. The primary aims and intentions of the Act versus that of the Witchcraft Suppression Act (3 of 1957) confirm this legal short-sightedness and dilemma.[11,55]

It is unacceptable that the phrase “communicate from ancestors to descendants” could be legally inscribed and certified as “true” and “medically scientific” in a health act of South Africa or can be embedded in a healthcare practice.[11,56-63]

It is also unacceptable in these modern times that the training and practice system of a health profession can be based on “no written documentation” of their learning programmes, curricula and the medicines used.[21] It is also unheard of that legal sanction is given to a health profession of which the “health knowledge and practice, together with its medicines” are free from scientific testing and approval.[11] This is the legal sanctioning of an unlimited and unrestricted scope of corrupt practice. It is a recipe for a healthcare disaster.

Neither the Act nor the WHO offers a satisfactory definition of traditional philosophy. This indicates that there is a shortage of knowledge and that an “African Science of Medicine” for traditional healing does not exist.[4,6,54] The inclusion of this legal definition in the Act was a desperate and improper effort to put in writing a “non-existing traditional health science” into the South African healthcare legislation.[11,17,37,54]

It is clear that a South African traditional health practice is non-existing in terms of established healthcare standards, services, ethics, training, diagnoses and treatment. This complete failure is confirmed by the absence of a written and functional practice culture and failure of the Act to formulate a written guideline to activate a future traditional health practice culture for South African traditional healers. It is not possible to speak of a scope of practice for traditional healers.

2.5 THE EDUCATION AND TRAINING LEVELS OF THE SOUTH AFRICAN HEALER IN TERMS OF THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007)

The Act puts certain definitions in place about the education and training levels of the incoming traditional health practitioner. It basically describes how the training of the traditional healer should be directed in the future. The Act and the Traditional Health Practitioners Regulations of 2015 (No 1052) do not describe the contents of traditional healing training, the examination of the learner healer at the end of his training or by whom this should be done.[11,30,64,65]

2.5.1 The Traditional Health Practitioner Act's (22 of 2007) description of the education and training levels of traditional health practitioners

Regulations No 1052 (2015)[30] prescribe the educational level needed to enrol for training, namely an ABET Level 1-qualification (School Grade 1-3) or an equivalent. Also, Regulations No 1052 (2015)[30] prescribe a minimum duration of study for the various sub-types of healers: a 12-month internship for students in divination, herbalist and birth attendants respectively and five years for the traditional surgeon. The Act[11] does not describe the structures involved or the training itself, nor does it offer any detailed description of institutions to train new healer*s*.[11,30]

The intent of health and government authorities to bring the traditional healer, defined as traditional health practitioner*,* into the established health sector without any formal education and training, training facilities or any established patient responsibility and ethic code through the Act, compounds an already serious situation.[11]

The current lack of formal training and education for the traditional healers is a direct result of their exclusion, over many years, from a strong education and development system aimed at making practitioners effective in healthcare delivery. This meant that they missed out on support for their early training and development. The situation is different for other health profession. Such empowerment, development and support would have offered the South African traditional healers a start with an excellent system of education and training. This, in turn, would have resulted in an excellent system of diagnosis and treatment, ending in the third and last instance with an excellent scope of

practice. Such a process could have developed them into respected and trusted members of the South African healthcare fraternity years ago.[64,65]

The traditional healers now stand before an immense challenge. The public and the formal healthcare sector want them to create a formal training and education system as fast as possible. This is something that the established healthcare professions were fortunate to create over many years, mostly with government support. The question is: are the present South African traditional healers really too untrained and uneducated to be proper healers? [64,65]

The absence of formal registered programmes for traditional healing as part of the National Qualifications Framework (NQF) and the absence of registrations of qualifications with the South African Qualification Authorities (SAQA) does not mean there are no alternative forms of training for traditional healers in South Africa. To the contrary, it is clear from a literature overview that there is an informal traditional health culture of practice and training that is unique to South Africa. In this regard it is important that South African traditional healing is not confused or compared with the training and educational systems, cultures and histories of traditional Chinese medicine, homeopathy, naturopathy or Ayurveda that are also practiced in South Africa. Traditional leaders clearly broke away from these disciplines in the 1970s with the exclusive statutory recognition of the allied health professions in South Africa. This recognition of the allied group further isolated traditional healers from the formal healthcare sector of South Africa and professional healthcare training.

2.5.2 Publications and declarations by traditional healing organizations on the current education and training levels of traditional healers

Traditional healer organizations had taken it on themselves to educate and train individuals and groups as traditional healers in an effort to make up for having been side-lined for decades by the established healthcare sector and the formal training sectors. The literature on training produced by these organizations makes it clear that to be registered with one these many traditional healing organizations, the healer, whether herbalist, *sangoma* or *inyanga*, has to have had five years of training as an apprentice healer. The applicant furthermore has to pass an oral and written examination to be awarded the certificate of practice and to be allowed to take the Healer's Oath of Ethics. Practicing unethically, dabbling in politics and having a bad reputation in the

area can cause his expulsion from the organization. These organizations also require that all herbal shops must obtain a municipal license and be registered with the necessary authorities to ensure standards and ethics.[66,67]

Literature also states that the traditional healers have knowledge of traditions and of healing by means of different traditional health practices. This knowledge is transferred to student healers through their training programmes. Some of their short courses were accredited by the Health and Welfare Services, Education and Training Authority (SETA). It seems that they also offer certified training on ten different traditional health specialist practices.[66,67]

In an effort to overcome their exclusion from the formal systems and to guarantee the standard of their education and training, the various traditional healers' organizations also started early on to issue their own certificates of registration and of competence to their students after graduation. With these warrantees they assure every patient that a trained practitioner has completed training of a good standard, has passed assessment successfully and is capable of giving services to the patient in an ethical, efficient, safe and hygienic way.[68]

Traditional organizations also put rules in place. To qualify and to register as a traditional healer, the candidate has to serve an apprenticeship of between one and five years and the person must be well-known within the community served and among the other traditional healers. Some of these local traditional healers' organizations have training and work agreements with traditional healers' organizations of countries in Africa, Asia, Latin America, Europe, and Australia and these organizations seemingly recognize their qualifications. Locally, many of the traditional healers' organizations also recognize each other's qualifications.[69]

From the literature is it also clear that the student-healer sometimes receives in-house training under the guidance of another traditional healer, known as a master- or tutor-healer. This system is more or less in line with the old guild system in Britain where the apprentice or novice trained or articled under a master or tutor for a certain period.[64, 65,70,71]

2.5.3 Researchers' and writers' reflections on the educational and training levels of present-day traditional healers

Literature offers various thorough descriptions regarding the education and training of the traditional healer. These studies also confirm that some

traditional healers in South Africa have been through a period of initiation under another traditional healer. Some of them undergo rigorous and complex training and have completed external courses.[16,17,72-80]

Other researchers[4] confirm the apprenticeship training, but adds that the levels of learning are very elementary: the novice has to do basically only physical and mental exercises. The novice spends a lot of time in the veldt studying nature. She studies herbs as well under the guidance of her tutor. Dancing the diviner's dance is one of the most important exercises. Her tutor gives her divining exercises where she has to find hidden objects. She is given many mental exercises, learns meditation, goes into séances, travels to faraway lands in dreams and enters into commission with her ancestral spirits. When the tutor is satisfied with the changes, the novice goes through the ceremony for graduation.[4]

It is further emphasized that learning to be a traditional healer is to be trained formally under another *sangoma* for anywhere from a number of months to many years and that the training content involves the learning of humility before the ancestors, purification through steaming, washing in the blood of sacrificed animals and the use of muti (self-made traditional medicines) with spiritual significance. During the training period the learner is forbidden to see his or her family, must abstain from sexual contact and often lives under harsh and strict conditions. This intense physical experience of training is part of the cleansing process to prepare the healers for a life of dedication to healing. Their formal education and learning also includes the analysis of dreams.[78]

Truter[81], in reporting on the formal education and training of the different categories of healers, mentions that the training of a *sangoma* requires training under a qualified diviner for several months. During this learning period, the mentee learns to throw the bones and experiences trance-like states where communication with the spirits takes place. On completion of training, he or she undergoes the process of ancestral spirit possession when he or she is called by ancestors to become a healer. There is no fixed period of training; it may take anything from six months to ten years. An *inyanga* intern spends a few years as an apprentice; the birth attendant's apprenticeship entails 15 to 20 years of training; while the student *umthandazi's* period of training is not described. Qualifying depends on two factors: first, the teacher-*sangoma* only allows a

pupil to qualify once a final fee has been paid, and second, the *sangoma* retains territorial exclusivity, where the pupil pays allegiance to the teacher.[81]

Mbiti[54] writes also about the education and training of the learner medicine man. Such a person associates with a skilled medicine man for training. This can last up to ten years or even longer. Learning consists of learning the names and nature of herbs, trees, roots, seeds, bones, birds and animal droppings (excreta) and many other things that are used for making medicines. It also consists of learning how to diagnose diseases and troubles of every sort, how to handle the patients, how and what to prescribe as the cure, and in general how to perform one's duty as a medicine man. All this may be called the "Science of Medicine," according to Mbiti.[54]

The healers of the Zulu people, the *inyanga* who specialize in herbal medicine and potions, and the *isangoma* who use divination, mediumship and psychic healing, acquire their knowledge through "long apprenticeships" under a master healer.[82]

In Lesotho, most traditional healers is said to have received the calling from their ancestors while asleep (34%). The ancestors reveal to the novice who will train them further on traditional healing. A further 34 per cent acquire their knowledge from their elders, usually as employees of traditional healers. They gain knowledge when they are sent out to fetch herbs or medicinal plants and animals. There is another category (28%) that never goes through any form of training, but claims to have been shown various medicinal plants and animals by their ancestors while asleep.[83]

A study involving Bapedi traditional healers (n=34) in Limpopo reflects that most of the males (48%) acquired their healing knowledge from fellow traditional healers, 38 per cent learned it from their parents and 14 per cent from grandparents. Among the females, 62 per cent received training from their parents, 38 per cent from fellow traditional healers and 8 per cent from grandparents.[84]

2.5.4 Southern African traditional healers' formal scholastic and tertiary education

Another way to gain insight into the healer's level of educational and training is to evaluate the person's formal scholastic and tertiary education from case studies. Four studies were identified.[84-87]

A KwaZulu-Natal study with Zulu traditional healers reports that all the healers had attended school in some form, as many as 20 per cent had obtained tertiary qualifications.[86] A study with Xhosa traditional healers reflects that 35 per cent attended primary school, 50 per cent secondary school and 3 per cent tertiary institutions.[87] The third study, involving 34 Bapedi healers from Limpopo, reports that 76 per cent of the males and 46 per cent of the females had no formal education (average=61%), 19 per cent of the males and 31 per cent of the females attended primary school (average=25%) and 5 per cent males and 23 per cent females secondary school (average=14%).[84] The three studies show that very few traditional healers have had tertiary education.

A comprehensive investigation in Lesotho[83] used a sample of 91 traditional healers [and 108 users or beneficiaries of traditional medicine]. This study by the African Technology Policy Studies (ATPS)[83] found that out of these "traditional doctors," 56 per cent had schooling at a primary level and that 23 per cent had not been to a formal school. Some 14.3 per cent had only attended traditional schools, meaning that they possess only indigenous knowledge, gained from initiation school and their elders and while tending livestock. Of the traditional healers, only 4,4 per cent attended high school (Grade 8 to Grade 12), while as little as 2.2 per cent obtained some form of tertiary education (NQF 5-level and higher, but not necessarily a tertiary qualification).[83-88]

In view of modern healthcare standards and requirements, it seems that modern traditional healers in Southern Africa lack medical knowledge and skills. There are no formal programmes, qualifications and learning institutions for the traditional healer. As such, formal quality control of the content, duration or level of their current education and training standards are undefined and impossible to evaluate scientifically. They argue that they learn mostly through the supernatural. One gets training in traditional healing if you have been "called" by the ancestors and spirits, while mental impairment and disarrangement and psychosis also sometimes play a role in this calling.[64,65]

2.6 THE CURRENT DIAGNOSIS AND TREATMENT MODEL OF SOUTHERN AFRICAN TRADITIONAL HEALERS IN TERMS OF THE ACT (22 OF 2007)

2.6.1 Diagnostic Approaches and Styles

At present, there is no formal curriculum on traditional health training that directs and instructs the traditional healer on how to make his diagnosis or to perform his treatment. The only official guideline on these matters is linked to the definitions traditional philosophy and traditional medicine of the Act. These directives are aimed at implementation in future when the Act is fully enacted. At present the only knowledge of the present-day diagnosis and treatment methods and styles of the traditional healer is the definitions, descriptions, declarations, etc., offered by writers, researchers as well as activists and propagandists. This information can be instrumental to reveal the real practice activities of the traditional healer.[16,17,73,74,76,78,79,89,90]

Various diagnostic and treatment approaches and practice styles, unique to the traditional healer, are captured in South African literature. These descriptions, although from secondary resources, offer insight into the diagnosis and treatment used in traditional healing and compensate for the lack of formal, written curricula and primary resources on traditional healing.

2.6.2 The traditional healer as a diagnostician

Literature shows that the central role of the traditional healer as diagnostician is to identify through his supernatural powers the reason for unnatural illness and unnatural occurrence in individuals or communities. He must ascertain *who* (and not *what*) causes misfortune or illness that can only be brought on by ancestral spirits or witches. This concept of diagnosis is clearly reflected in the meaning and intention of the definition of traditional philosophy in the Act on which the South African traditional healing is based.[4,11,45,54]

To be able to perform a diagnosis and offer treatment in line with this traditional philosophy, it is assumed that the traditional healer receives certain supernatural powers to benefit the community through his "heredity-selection." Accordingly, it is believed that the traditional healer is a sacred servant of the community and in terms of the esoteric knowledge he possesses, he alone can communicate with the spirits on the wills and wishes of the living. Making his diagnosis he relies on magical powers that involve rituals and ceremonies that include the use of substances (muti) made from herbs and animals (and sometimes human parts), verbal spells that are believed to invoke divine intervention as well as the use of esoteric methods and interpretations.[4,45,54]

This explanation reveals a misconception among people practising and consulting traditional healing concerning the meaning of the notions diagnosis and treatment as understood by modern medicine. This misconception is clearly illustrated by the definition of the "African science of medicine," which falsely portrays the pre-modern and supernatural training of the traditional healer as based on modern medical principles. The same misconception is reflected by their definition and understanding of the concept "protective medicine" in which healers exclusively use muti for protection against misfortune and illness, while modern medicine regards "protective medicine" as inoculation using safe and effectively tested medicine to prevent an illness like poliomyelitis.[54]

A further confirmation of this misconception of modern medicine (and the medical diagnosis and treatment procedures that go with it), is the remark by Mbiti[54, p. 156] that "medicine in the African society has a wider meaning as in modern society." It has also been verified that the medical concoctions and muti of the traditional healer do not have the healing qualities of the medicines certified by the Medical Control Council (MCC) medicines. These traditional "medicines" do not intend to heal bio-medically, but is only an expansion of the supernatural diagnosis and treatment of the traditional healer.[4,45,54-14]

From the ranks of the traditional healers also comes the acknowledgement that they do not have any modern medical diagnosis and treatment at their disposal. For example, being consulted about a new illness a healer might react as follows[91, p. par. Healers Herbalists]: "On occasion a healer will be confronted with a new and strange disease. In these situations, the herbalist will seek assistance from the spiritual world."

2.6.3 The education and training model of traditional healing guiding diagnosis and treatment

It is clear that the education and training of the South African traditional healer occurs in an informal environment of no formal education, controlled standards, learning programmes, established institutions or hospitals. There is no indication of any academic culture equivalent to that of a medical doctor. The traditional healer's skills, competence and abilities are not in any way regarded as being the same as that of a modern health practitioner. No evidence of a medical culture being embedded in an earlier established medical foundation that still exists today was found. Furthermore, no evidence of a formal

traditional healing fraternity acting as the guardian of traditional healing programmes or the teaching of practice and skills that include diagnosis and treatment, was discovered.[65,92,93]

The present-day traditional healer is evidently a kind of spiritual healer, lacking an acceptable medical identity. The nearest association to the traditional healer with the medicine model is the psychologist and psychiatrist, specifically regarding some practice similarities. But, due to inadequate training, the traditional healer is not able to make a medical, psychological or psychiatric diagnosis in terms of the codes of the International Statistical Classification of Diseases and Related Health Problems (ICD-10 code), to be at the same level with the psychologist or the psychiatrist. In addition, a similar problem emerges for his medical concoctions to obtain rating from the MCC or the SMASA.[37,46,90,94-23]

2.6.4 The present-day diagnosis profile of the traditional healer

In view of the mentioned findings regarding the traditional healer as a health practitioner without medical certification or licensing and his lack of formal medical or health education, the kind and level of diagnosis and treatment offered appear suspicious.

Literature offers a broad overview of *how* traditional healers make their diagnoses and treatments. Some approaches present similarities regarding activities, points of focus, creeds, views on present and future life, as well as utilizing certain diagnostic tools and medicinal concoctions. However, certain approaches differ completely and are even in conflict with others.[4,78,79,82,83]

The various approaches towards diagnosis are mainly the following:

- The traditional healer generally obtains guidance from an ancestral spirit. These instructions usually come through dreams or when praying. The healer receives direction when, where and with which particular plants to make muti for a specific patient and where these plants are located.[78,82]
- Some healers employ charms, incantations and casting of spells to make a diagnosis. The dualistic understanding by traditional African medicine of themes such as body–and soul, matter and spirit, and their interaction is perceived as magic (witchcraft). It is also believed that healers are able to implant from a distance a foreign object into a person's body to inflict sickness. To remove this malignant object, the intervention of a second

healer is required. He removes the object from the affected person by making an incision. Another form of magic (witchcraft) is the sympathetic magic in which a model is made of the victim. Actions performed on the model are transferred to the victim in a way similar to the familiar actions on a voodoo doll. Where spirits of deceased relatives trouble the living and cause illnesses, the healer applies remedies like propitiatory sacrifice to put the spirits to rest.[79]

- The act of diagnosis and healing in an African context is considered to be a religious act. The healing process attempts to appeal to God because only God can inflict sickness or provide cure. This intervention is performed through the medium of spirits.[79,90]
- Health and illness are perceived in the same light. Traditional healers are consulted for a wide range of reasons such as physical, psychological, spiritual, moral and social problems. Healers are also consulted to obtain ministrations to prevent illness and misfortune.[83]
- While making a diagnosis, the traditional healer always takes into account the connection between the client/patient and his ancestral spirits. The living and the dead have a duty towards each other. Therefore, good health or illness is regarded as a net result of a delicate and intricate balance between a man's family and his relationship with the ancestral spirits. Good health and good fortune are rich rewards for good behaviour and constant sacrifice to the ancestral spirits,-while illness is a punishment for sins of commission and omission.[4]
- It is believed that the healer receives instructions and advice from ancestors in the spiritual world to diagnose and heal illnesses, social disharmony and spiritual difficulties. In order to make a diagnosis healers believe that they are able to access advice and guidance from the ancestors on behalf of their clients (patients). This is achieved through possession by an ancestor, channelling, throwing bones, or by interpreting dreams. It is believed that the spirits have the power to cause affliction and they also connect the healer to the acting spirits. Helping as well as harming spirits are believed to use the human body as a battleground for their own conflicts. With his understanding of traditional philosophy on diagnosis, the traditional healer is able to create harmony between the spirits, which results in the alleviation of the patient's suffering.[78]

- Diagnosis is reached through spiritual means, while the resulting treatment consists of herbal remedies that have supposed healing, symbolic and spiritual abilities. In traditional African medicine, the belief is that nobody becomes sick without sufficient reasons and that illness is derived from spiritual or social imbalances within the person. Natural causes (medical or physical) are regarded as the manipulations of spirits or the gods. Sickness is sometimes said to be attributed to guilt in the person, family or village for a sin or moral infringement. The illness manifested stems from the displeasure of the gods due to an infraction of universal moral law. Given the type of imbalance, appropriate healing presupposes a "proper" diagnosis.[79]

Pretorius[16, p. 4] refers to traditional diagnosis as "a system that is both an art and a method of seeking to discover the origins of the disease and determining what it is." The diagnostic process not only seeks answers to the question of how the disease started (immediate causes), but also who or what caused the disease (efficient cause), and why it has affected this particular person at this point in time (ultimate cause). Diagnosis comprises a combination of information, namely observation, patient self-diagnosis and divination. Observation involves noting physical symptoms, while patient self-diagnosis entails patients reporting their symptoms. If deemed necessary, the impressions of other family members regarding the patient's illness may also be obtained. Three methods of divination are described and include the casting of divination objects, mediumistic ability (clairvoyance/ telepathy) or dreams and visions.

Mbiti[54] and Essien[95] also emphasize that the major illnesses and life troubles in the African society are usually diagnosed and explained as religious experiences and clearly not as biological/medical conditions as in modern medicine. Essien[95] reports specifically that the traditional healer's diagnosis signifies aiding human spiritual health and adjustment through superstition, magic and religious actions and not by real medicine.

Also, in terms of the concept of diagnosis, it is clear that Gumede[4] sees traditional diagnosis as an essential part of religion, with the central figure accomplishing this diagnosis the traditional healer as a *priest*, not as a medical doctor.

It is clear that a medical diagnosis**,** developed by the regulated health professions such as nursing, the allied and allopathic professions, is completely

absent from traditional healing. The traditional healer's diagnosis (*traditional diagnosis)* is founded in faith in the supernatural.

2.6.5 The present-day treatment profile of the traditional healer

Treatment is only administered after making a diagnosis and deciding on a treatment plan. Several authors have placed on record descriptions of a wide range of treatments offered by the traditional healer.

About the treatments offered by the traditional healers, Pretorius[16, pp. 4-7] writes:

> Traditional medical practitioners treat all age groups and all kinds of problems, using and administering medicines that are readily available and affordable. Their treatment is comprehensive and has curative, protective and preventive elements. Treatment can be either natural or ritual, or both, depending on the cause of the disease. Treatment includes among others, ritual sacrifice to appease the ancestors; ritual and magical strengthening of people and possessions; steaming; purification (e.g. ritual washing or the use of emetics and purgatives); sniffing of substances; cutting (African mode of injection); wearing charms; and piercing (African acupuncture).
>
> Traditional healers also deal with traditional ailments. These culture-bound syndromes usually do not respond to Western medicine and must be treated by traditional healers (Zulu: ukufa kwabantu). There are five such culture-bound syndromes viz being possessed by (evil) spirits, sorcery, ancestral wrath (esinyanya), neglect of cultural rites or practices (amaseko), and defilement.

Regarding the scope of traditional healers' treatment, Pretorius[16, p. 4] states that the traditional healer deals with the following categories of conditions:

- Conditions of the respiratory system: e.g. colds and flu; hay fever; pneumonia; asthma; bronchitis; emphysema; tuberculosis.
- Conditions of the gastro-intestinal system: e.g. diarrhoea; dysentery; constipation; heartburn; indigestion; ulcers; haemorrhoids; worms.
- Conditions of the cardiovascular system: e.g. angina; high blood pressure; palpitations.
- Conditions of the central nervous system: e.g. headache; migraine; stroke (traditional treatment is given after discharge from hospital).

- Conditions of the skin and hair: e.g. acne; eczema; boils; insect bites and stings; ringworm; scabies.
- Conditions of the blood: e.g. anaemia; blood cleansing.
- Conditions of the urogenital system: e.g. sexually transmitted diseases; cystitis; menstrual pain; vaginitis.
- Conditions of the eyes: e.g. "pink eye."
- Conditions of the musculoskeletal system: e.g. arthritis; backache; muscular pain; gout; sprains and strains; rheumatism.
- Other conditions such as cancer; HIV/Aids (some cultural beliefs maintain that there is no such thing as HIV/Aids or it is sometimes confused with *lugola* – a culture-bound syndrome that mimics HIV/Aids); fever; pain; alcoholism.

Another author[79] also indicates that traditional healers use a wide variety of treatments – from "magic" to biomedical methods such as fasting and dieting, herbal therapies, bathing, massage, and surgical procedures. Migraines, coughs, abscesses, and pleurisy are healed by using the method of "bloodletting" followed by an application of herbal ointment with follow-up herbal drugs. Sometimes animals are also used so that the illness can transfer to the animal. Some healers rub heated herbal ointment across the patient's eyelids to treat headaches, while malaria is treated by both drinking and inhaling the steam of herbal mixtures. Fevers are often treated using a steam bath. Vomiting is induced and emetics are used to treat diseases, e.g. raw beef is soaked in the drink of an alcoholic to induce nausea and vomiting as a cure for alcoholism. The fat of a boa constrictor is used to cure gout and rheumatism. It is also believed to relieve chest pain when rubbed into the skin.[79]

Other forms of treatment are purification rituals. The casting of bones to access the advice of ancestors is an alternative practice to the ritual of exorcism of spirits. In a typical session the *sangoma* would determine what the affliction is or what the reason for the patient's visit might be. The patient or diviner throws bones on the floor. This collection of objects may include animal vertebrae, dominoes, dice, coins, shells and stones, each with a specific significance to human life, e.g. a hyena bone signifies a thief and will provide information about stolen objects. The *sangoma* or the patient throws the bones, but it is believed that the ancestors determine the pattern they form when they land. The sangoma then interprets this metaphor in relation to the patient's

treatment: what is required from the patient by the ancestors, and how the disharmony would be resolved. Similarly, sangomas also interpret metaphors present in dreams, either their own or those of their patients.[78]

The spiritually curative medicines prescribed in traditional treatments are called muti. Traditional African medicine makes extensive use of botanical products, but may also include other formulations that are zoological or mineral in composition. Different types of muti are prepared from approximately 3 000 out of 30 000 possible species of higher plants of Southern Africa.[78]

Depending on the affliction, a number of purification practices can be administered. These practices include bathing in herbal mixtures; self-induced vomiting to cleanse and tone the system; inhaling the steam of medicinal herbs; the use of snuff to induce sneezing to expulse diseases; enema infusions and decoctions and the application of extracts to small cuts.[78]

In some cases, treatment with the traditional healers' muti is obviously meant to be ill-disposed, as Hofstatter[80, p. 18] reveals:

> Gris-gris consist of pouches and horns – and sometimes hooves and vials – containing special powders. They are strung along belts, hung around the fighter's neck or slung over his shoulder. The garland carries a padlock that must be unlocked when not in battle. 'Otherwise the gris-gris causes discord. You will start fights with your family. Your car won't be able to start'.
>
> The hoof is a particularly dangerous weapon. 'During a fight, it can turn you into a snake or the wind so your enemy can't see you. It is deadly.' Gris-gris also salves your conscience. 'When you kill someone, the ghost of the person will not disturb you – the gris-gris will chase it all away'.

Truter[81, p.59] identifies three categories of traditional medicine in treatment:

> Preventive and prophylactic medication: Most of the work of traditional healers involves protecting patients from possible afflictions. This can be achieved in various ways, for example by performing ceremonial acts; using medicine against disequilibrium; wearing totemic objects. For fortification these objects are scattered around and about the kraal to ward off lightning or evil pranks that a witch of some kind endeavours to bring about.

Treatment for ailments: These are prepared in different forms such as cold and hot infusions, decoctions, powders, poultices and lotions, and a variety of earthy ointments that comprise animal fat, clay and sometimes ash. These formulations are made into different medicine mixtures. These recipes are usually a secret and form part of the knowledge that the healer passes onto his apprentice.

Medications used to destroy the power in others: These medications target specific individuals. A concoction may be placed in the enemy's path and it is then believed that when the enemy passes by, he will contract a fatal disease. Scarification, bloodletting and cupping are the commonest surgical procedures performed by African traditional healers and are occasionally performed in full view of onlookers. The letting of blood is sometimes used as a way of casting out the illness. If the cause of the sickness is perceived to be witchcraft, a number of rituals may be performed in order to cast off the spell. These may include the induction of vomiting, enemas, bloodletting, whistling or elaborate rituals such as animal sacrifices. Rituals play an important role. Many Africans believe that if the ancestors withdraw their protection and gift of good fortune, the descendant is left vulnerable to all sorts of misfortunes and diseases. The wrath of the ancestors is usually evoked by discord in the home, the violation of customs and traditions or non-observance of certain taboos. The rituals performed in traditional medicine aim to restore balance and harmony in terms of the beliefs and values of its culture. These rituals reduce patients' anxiety and serve to relieve feelings of guilt. A large part of the African traditional healer's practice is also devoted to counselling individuals.

To Mbiti[54] and Essien[95] the treatment with muti is essentially a religious component of traditional medicine. Treatment rituals are necessary to confirm that life's troubles in the form of magic, sorcery, witchcraft, broken taboos and the work of spirits have been laid to rest. Essien[95] points out that treatment with "medicine" in terms of the traditional healing involves amulets, charms, herbs, sorcery, etc. Such treatment is not meant to heal an illness bio-medically or physically, but to block out supernatural misfortune and illness caused by spirits

or witches. These authors do not refer to any modern, scientific or biomedical treatment at all.

The Act fails to rectify the description of treatment by the traditional health practitioner. The scientific intention of its definition traditional medicine*,* meaning "an object or substance used in traditional health practice for the diagnosis, treatment or prevention of a physical or mental illness, or any curative or therapeutic purpose, including the maintenance or restoration of physical or mental health or well-being in human beings, but does not include a dependence-producing or dangerous substance or drug," is obviated by the Act's pre-modern pivot definition of traditional philosophy, connecting directly to the ancestors, spirits and supernatural inclinations.[11]

The diagnosis-treatment-model of the traditional healer is exclusively focused on the supernatural. The adjusted term should more accurately be traditional supernatural treatment. The sound medical diagnosis and treatment model of the medical doctor clearly does not exist in traditional healing.

Research also indicates a lack of understanding of the concepts diagnosis and treatment, not only within traditional healing realm, but also among the composers of the Act and certain portions of the South African research community and the general public.

The Act failed to offer any guideline for a diagnosis and treatment model for the traditional health practitioners.

2.7 THE INSUFFICIENT AND VAGUE FORMULATION OF THE DEFINITION "TRADITIONAL HEALTH PRACTITIONER" AS INCLUDED IN THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007)

2.7.1 Definition Traditional Health Practitioner

In light of the envisioned professional role and practice rights of the traditional health practitioner in the healthcare establishment, it is of utmost importance to determine a definition for traditional health practitioner. It is also pertinent to establish which training and skills and what practice scope is embedded in the definition as described in the Act. An evaluation of the Act's various definitions describing the traditional healer can elucidate this matter.[11]

2.7.2 The statutory definition of the traditional health practitioner in terms of the Traditional Health Practitioners Act (22 of 2007)

The person of the traditional health practitioner is prominent in Section 1 of the Act. This definition only reflects the single descriptive name *traditional health practitioner*, which refers to a person registered in one or more of four categories or sub-types of traditional healers. This description entails an immediate conflict with the definition of the medical practitioner, which does not include sub-categories of medical practitioners in its definition. The definition of the traditional health practitioner is purely an umbrella description and it is superficial and misleading. As the definition appears in the Act, it fails to stipulate who the traditional health practitioner really is. Legally and theoretically, the definition is only applicable when the healer is registered for all four the sub-categories at the same time. It also fails to define the scope of practice, training and the diagnosis and treatment approach of the traditional health practitioner. This incomplete definition compounds the registration problems with respect to the alleged approximately 200 000 traditional healers. This presently unknown identity will surely also neutralize any cooperation within the healthcare sector.[11]

2.7.3 The statutory definitions of the four sub-groups of traditional health practitioners in terms of the Traditional Health Practitioners Act (22 of 2007)

There are four sub-groups of traditional healers that can be registered under the umbrella term traditional health practitioner. They are in fact the primarily role players in the delivery of the intended traditional health services and not the traditional health practitioner as reflected in the Act.[11]

Sections 19(1) (c), 20(1) to 20(5), 47(f) (i) of the Act identify the four types as follows[11]:

- *Diviner*, meaning a person who engages in traditional health practice and who is to be registered as a diviner;
- *Herbalist,* meaning a person who engages in traditional health practice and who is to be registered as an herbalist;
- *Traditional birth attendant,* meaning a person who engages in traditional health practice and who is to be registered as a traditional birth attendant;

- *Traditional surgeon*, meaning a person to be registered as a traditional surgeon.

The Act fails to describe the practice scopes, training and methods of diagnosis and treatment of the four categories in the descriptive wording of the four definitions. The description merely tries to associate the diviner, herbalist and traditional birth attendant with the definition traditional health practitioner with the wording "engage in traditional health practice" as reflected in Sections 19(1) (c), 20 (1) and 20 (5).[11] (This wording is absent from the description of the traditional surgeon. The Traditional Health Practitioners Regulations 2015[30] adds the following phrase to the description of the traditional surgeon: "as a circumcision practice and to be involved in the initiation schools").

2.7.4 Other official definitions of the traditional health practitioner in terms of the Traditional Health Practitioners Act (22 of 2007)

Other names allowed in terms of Section 49(1) (e) of the Act in the place of the umbrella name traditional health practitioner seems to be traditional healer and traditional health doctor.[11] These two official descriptions seem to be of limited value at the moment and only complicate the situation, seeing that they are synonyms for the term traditional health practitioner.

2.7.5 Other common, but non-statutory names used for traditional healers

Literature shows various other names for traditional healers in terms of abilities and tribal uses that are not mentioned in the Act. Some of these names are synonyms for existing names, while some describe unique types of healers.[11,12,14,16,21,54,74,78,81,83,96,97]

These names are *ngaka chitja* (herbalist), *ngaka ea litaola* (diviner), *ngakana-ka-hetla* (learner), *Mathuela*, *Moapostola* and *Pentecostal faith healers*.[83] Other general names for the *diviner* are *sangoma* and *diagnostician*, while certain tribes identify the diviner with names like *izangoma* (Zulu), *amagqirha* (Xhosa), *ngaka* (Northern Sotho), *selaoli* (Southern Sotho), *n'ango* and *mungome* (Venda or Tsonga). The *herbalist* is also generally named *inyanga*. In the Zulu culture they are known as *inyango*, while the Xhosas call them *ixhwele* and the Swahilis call them *mganga*. There are Christian practitioners also, called *faith healers* or prophets (known as *umthandazi* in Nguni and *umprofiti* in Sotho). The traditional *birth attendants* are also known as traditional midwives or

ababelithisi, while the *traditional surgeon* is known as *ingcibi*.[11,12,14,16,21,54,74,78,81,83,96,97]

2.7.6 Gumede's various doctors of traditional healing

The above-mentioned list of names goes further. The well-known South African traditional health expert, Gumede[4], identifies many other types of traditional healers (whom he calls specific "doctors in traditional healing"). The Act fails to specify the different categories. According to Gumede[4], each healer's group has its own function, with some dovetailing and overlapping.

Gumede[4, pp. 51-52,77-80,85,92,99,107-109] identifies 20 types of traditional healers, each with a unique name:

- Destructive and evil practitioners
- Abathakathi wizards
- Witches
- Diagnosticians or Diviners
- Izangoma, with types:
- *Zamathamba* (Bone throwers)
- *Zehlombe* (Hand clappers)
- *Zezabhulo* (Stick diviners)
- *Zegithupla* (Thumb diviners)
- *Izanusi* (The smellers)
- *Abalozi* (Ventriloquists)
- Amandiki
- Amandawu
- Therapists
- Medicine-men (*Izinyanga zokwelapha* and *Izingedla*)
- Herbalists (*Izinyanga zamakhambi* or *zemithi*)
- Midwives (*Umbelethisi*)
- Specialists
- Sky herds *(izinyanga zezulu*)
- Rainmakers (*izinyanga zemvula*)
- Military doctors (*izinyanga zempi*)
- Disease specialists (*inyangas*) with types:
- Chief special physicians

- Heart specialists
- Kidney specialists
- Chest specialists

2.7.7 Mbiti's "medicine man" and his other traditional healer types

Mbiti[54] offers further insight into traditional healer types. His book *Introduction to African Religion* does not make reference to the three sub-types of traditional healers of herbalist, birth attendant and traditional surgeon as the Act[11] does, nor does he refer to the term traditional health practitioner. He refers incognito to the Act's herbalist as a *medicine man,* while he clearly, in addition to the *medicine man*, identifies the *diviner, medium, seer, ritual elder, religion leader, rainmaker* and *priest*. To a great extent his definitions of the different healers/religious practitioners are, like the definitions of the Act, also non-informative and contradictory, only contributing further confusion about the term traditional health practitioner. On the other hand, his definitions offer some useful descriptions of scopes of practice, treatment approaches and diagnoses.[54]

Mbiti's[54, pp. 151,155-6] definition of *medicine men* says the following of this person's scope of practice, diagnosis and treatment approach:

> They carry out the work of healing the sick and putting things right when they go wrong. Their knowledge and skills have been acquired and passed down through the centuries; they are the ones who come to the rescue of the individuals in matters of health and general welfare. Major illnesses and troubles are usually regarded, treated and explained as religious experiences, while minor complaints like stomach upsets, headaches, cuts and skin ulcers, are normally treated with traditional medicines.
>
> In persistent and serious complaints, the medicine man has to find out the religious causes of such illness or complaint which is usually said to be magic, sorcery, witchcraft, broken taboos or the work of spirits.
>
> The medicine man prescribes a cure which may include herbs, religious rituals and the observance of certain prohibitions or directions. These measures also involve religious steps and observances. Therefore, the medicine man serves as a religious leader, who performs religious rituals in carrying out his work. Some

medicine men are also the priests of their areas. They pray for their communities, take the lead in public religious rituals, and in many ways symbolize the wholeness or health of their communities.

They deal in medicine, which means much more than just the medicine which cures the sick. It is believed that their medicine not only cures the sick, but also drives away witches, exorcizes spirits, brings success, detects thieves, protects from danger and harm, removes the curse, and so on.

About the diviners, mediums and seers, Mbiti[54, pp. 158-9] writes that these persons often work with the medicine men and they may even perform the duties of a medicine man:

Diviners normally also work as medicine men and they deal with the question of why something has gone wrong. They can tell who may have worked evil magic, practiced sorcery or witchcraft against the sick or the barren, which spirit may be troubling a possessed person, what it wants and what should be done to stop the trouble. They discover the unknown by means of pebbles, numbers, water, animal entrails, reading the palms, throwing dice and many other methods. Sometimes they get in touch with spirits directly or through the help of mediums. Diviners have knowledge of how to use some of the unseen forces of the universe.

Mediums are people who make contact with the spirit world. They are often women and they are attached to medicine-men or diviners. They can contact spirits at will, normally through ritual drumming, dancing and singing until they become possessed without being aware of it. Under possession they may do things that they may not do when their normal selves and they may communicate with the spirit world. Some mediums are possessed by only one particular spirit. They are said to be ‘married’ to it. Others may be possessed by any spirit. During their possession, they speak in a different voice and some of them may speak languages that they do not otherwise know. The diviner, medicine man or priest who is in charge of the medium, is then able to interpret what the medium is saying. Most of the communication through a medium comes from the spirit world to human beings; people rarely have messages to deliver to the spirit

world. The medium tells people where to find lost things, who may have bewitched a sick person, what types of rituals and medicine are necessary to cure people's troubles, whether an intended journey will be a success or not, which of the living dead may have a request to make and of what kind, and many other things.

Seers are people who are said to have natural power by means of which they 'see' certain things not easily known to other people. Sometimes they foresee events before they take place. On the whole, there is no special training for seers. They are often people with foresight and insight into things. It is also possible that some receive revelations through visions and dreams, in addition to being able to use their intuition. Others have the ability to receive information through forces or powers not available to common man. Seers may be either men or women.

2.7.8 Traditional Surgeon

Regarding the sub-category traditional surgeon, the Act[11] again does not offer a description of its functions and roles, nor do the writers Gumede[4] and Mbiti[54] give any clarity.

The only reference to the practice and functions of the traditional surgeon in the literature up to 2017 comes from a group of South African scientists and public health experts. In a less flattering remark about the abilities of the traditional surgeon in the *SAMJ* of August 2014, they call for the banning of unsterile traditional male circumcision practices by traditional surgeons. These practices often cause death among the young men.[98]

It was only in 2015 that the proposed Traditional Health Practitioners Regulations No 1052 (2015)[30] officially referred to the traditional surgeon as a circumcision practitioner involved in initiation schools. This addition to the Act is valid from 2016.[11]

2.7.9 The Traditional Health Practitioners Act's (22 of 2007) confusing classification of traditional healers

It is clear that the various types and sub-types of traditional healers differ greatly and are sometimes quite distinct (including their methods and techniques, diagnosis and treatments, and their traditional formulations, muti

and medical concoctions). The above analyses, evaluation and discussion show that defining the traditional health practitioner is much more complex than what the Act reflects in its definition.[4,11,16,17,30,54,75]

Literature also reveals that the South African Ministry of Health itself acknowledges that there is a variety of healers that can confuse classification. They also admit that no groundwork has even been done to establish systematic approaches to the categories and their specialities. The legislation pertaining to traditional healers should make allowances for this. Lawmakers should take into consideration that the various unwritten categories of traditional healers could differ dramatically in functioning and skills from the statutory defined traditional health practitioner and its four sub-types of healers. These differences can even occur from region to region and clan to clan. It is clear that this differentiation should have been made when statutory recognition was bestowed on traditional healers in terms of the Act. Furthermore, the training of these types and sub-types must be characterized by the institutionalization of standardized training and qualifications before any trustworthy definition of the traditional health practitioner would be possible.[16,99,100]

The name traditional health practitioner, as reflected in the Act, is defined in English. The same language approach was followed with the four categories of healers in the descriptions.[11] Considering the South African Constitution's recognition of cultural uniqueness, these five legal definitions in Section 1 of the Act do not to meet the Constitution's requirements of language and individual (cultural and tribal) rights. It also fails to acknowledge that each of the four official categories of traditional healers can be sub-divided into various other sub-types of healers with unique practice approaches, beliefs and customs, perhaps exclusive to a certain tribe or clan, region or group, as described by Gumede[4], Mbiti[54] and Pretorius[16].

First, traditional healthcare professionals have failed to provide evidence of their development. South African psychologists provided proof of 50 years of development to get statutory recognition as a health profession. Second, they have failed to thoroughly establish the identity and entity of the traditional health practitioner over years. They have not created an understanding of the definition of the traditional health practitioner with the public and among other statutory recognized practitioners like the medical fraternity acknowledges the medical practitioner.[64,65,102-105]

It is clear that the present definition of the traditional health practitioner and the definitions of the four sub-categories of traditional healers as described in the Act[11] are incomplete, vague and misleading. It fails the main aim of the Act, namely to define the profession traditional health practitioner, especially regarding its scope of practice. About an alleged 200 000 (or more) healers are awaiting registration. Describing each of the four sub-types or the many other types that the literature refers to in terms of the Act will take immense input and time. It will be impossible for the Interim Council to declare the alleged ±200 000 healers of various healing, cultural, training and experience backgrounds fit to be registered within the present classification, especially if this is expected in a short period of time. The Regulations No 1052 (2015)[30], which is an effort to provide clarity on registration pathways for future traditional healers, also failed to solve the problem.

The traditional fraternity and the compilers of the Act failed to offer a single acceptable definition or description of who the traditional health practitioner is. The definition traditional health practitioner is undefined and insufficiently formulated. This inadequate definition jeopardizes the implementation of the Act and the establishment of professional traditional healing in South Africa.

It is also clear that the education and training, practice, diagnosis and treatment styles and approaches of the various traditional healers cannot be embedded in a single identity as the Act tried to do with the definition of the traditional health practitioner. The inclusion of the traditional health practitioner in the country's formal health establishment and its acceptance by the established medical fraternity as a profession in healthcare is at this stage clearly impossible.

2.8 THE POSSIBLE IMPACT OF THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007) AND THE TRADITIONAL HEALTH PRACTITIONERS ON THE EXISTING PROFESSIONAL RIGHTS AND PRIVILEGES OF MEDICAL DOCTORS

2.8.1 The medical doctors' historical professional powerbase in the South African healthcare sector

The South African healthcare establishment is primarily managed and overseen by medical doctors. This powerbase was established over many years, especially after the early 1930s. World War Two gave doctors the final approval to take this supervisory and sole decision-making role regarding healthcare training and models of other health workers in South Africa. This phenomenon led initial to doctors having a certain jurisdiction to set the pace and to make the rules. This jurisdiction became more comprehensive and extended with time in South Africa to include a collection of unique medical traditions, customs, privileges, habits, healthcare rights and empowerment, as well as exclusive medical training and practice models to become known as the *holy grails* of the South African medical doctors. The power of these holy grails has become untouchable to anyone outside the medical domain. Since the 1980s, some powers vested in these holy grails have been lost to the allied health professions and to other insiders of the HPCSA brotherhood itself with the recognition of auxiliary health practitioners, like psychologists, physiotherapists, etc.[106-110] The recognition of traditional healers in the Act seems to challenge these holy grails of medical doctors. The Act and its traditional health practitioners can create enormous problems for South African medical doctors in future.[108-111]

2.8.2 Possible future impact of the Traditional Health Practitioners Act (22 of 2007) on the South African medical doctors' holy grails

The traditional health practitioners as an independent group of health practitioners in the formal South African healthcare sector, empowered by the resolutions and implementations of the Act and free from the guardianship of South African medical doctors as applicable to all the professions governed by the Health Professions Act (56 of 1974), is a dynamic development that can trigger immense challenges and bring changes for South African medical doctors.[11,19-21]

The resolutions and implementation of the Act directly and openly aim to give traditional health practitioners the same statutory status as that of the allopathic health practitioners in the formal healthcare sector – including working in public hospitals as independent health practitioners. Public hospitals used to be the exclusive domain of medical doctors because of their specific and

extraordinary training and skills. The traditional health practitioners' sub-standard training, skills and their strong religious/supernatural inclinations may put medical doctors under new pressure with respect to their holy grails. It seems in this context as if the Act and the traditional health practitioners pose much more danger to the holy grails of medical doctors than the allied health professions did in 1982. This includes their practice rights, privileges and status, as well as their executive and guardian power.[11]

Two prominent issues can be fore-grounded. First, the pre-modern methodology of traditional healing spells direct and indirect disaster for the official South African health establishment. It directly threatens the regulated medical doctors' position and status as main healthcare providers and healthcare executives in South Africa. Second, the recognition of traditional healers seems to have other serious consequences. The power of the different professional bodies, the HPCSA in particular, is endangered. South African medical doctors are concerned not only about losing more of its dominant role in the overall South African healthcare sector, but also about losing its internal authority over the other regulated, but subordinated professions within the HPCSA brotherhood. This means a further loss of holy grails and a levelling of professions, both within and outside the HPCSA brotherhood. The South African medical doctors fiercely opposed this situation in the past to keep their holy grails intact.[112-115]

For South African medical doctors with their established ethics, traditions, training and professional standards, these various newcomers in healthcare are nothing else than modern imposters with the sole intention to take over parts of the medical holy grails, notwithstanding their seemingly sound arguments and pleas that they are skilled "medical doctors" who are able to deliver comprehensive medical diagnoses and treatments.[112-115]

The above demanding situation requires a choice between adapting and dying on the side of medical doctors. In the past they could deflect all threats as they had political and social favour. In the new South Africa, this support system is weak, even hostile sometimes. Revisiting and evaluating their holy grails have become unavoidable for South African medical doctors.

It is also worthwhile to note in this regard that after the 1990s, medical doctors again lost some ground when the SAMDC, which conferred enormous power on the medical profession, was replaced with the more democratic

HPCSA. In the HPSCA the different professional bodies were empowered, shifting some of the power to the auxiliary medical practitioners.[19]

Another important outcome of the Act is the right of traditional healers (including White traditional healers that are becoming prominent) to prescribe traditional medicinal mixtures and mutis. This outcome, although possibly not intentionally intended by the Act to influence the allopathic doctors maliciously, can restart, as previously indicated, a long time lingering conflict inside the regulated health professions within or outside the HPCSA. [The prohibition of psychologists, pharmacists and nurses to prescribe medicines independently are of particular relevance. It is a problem that has been demanding attention since the 1970s, but it was put aside and neutralized, first by the SAMDC and later by the HPCSA, as part of the dominance of the medical doctors (and to a certain extent the dentists). Losing such exclusiveness on practice rights would mean the direct collapse of the South African medical doctors' holy grails].[64,65,102-104,116,117]

The various resolutions of the Act and its future legal and professional implementation can cause widespread disruption and conflict inside the HPCSA itself. It can lead to sudden and unexpected challenges for medical doctors, challenges they have never had to deal with before and that they are not geared to face with effective constructive counter-actions.[64,65,102-104,116,117]

One example is the future position of psychologists as equal members with the medical doctors and dentists in terms of the resolutions of the Act and not as auxiliary healthcare practitioners. They are also both equal to the untrained traditional health practitioner who is now allowed to prescribe traditional mixtures to treat mental problems. The fact that psychologists, who are in possession of recognized Master's degrees in psychology – with many psychologists also obtaining qualifications in pharmacy, anatomy and physiology and doctoral degrees in psychology – are still prohibited from prescribing any medicine, notwithstanding their clear position in terms of the Health Professions Act (56 of 1974), is creating more and more tension. The traditional health practitioners' right to make and prescribe medicines spells conflict. Also the right of the traditional health practitioners to be called the courtesy title *doctor* (as with all the allied health professions of South Africa), while the psychologists registered in terms of the Health Professions Act (56 of 1974) are not allowed this privilege (only with a doctorate), reflects

discrimination towards the psychologists inside the HPCSA. Together the psychologists and the traditional health practitioners can form a future partnership that has the potential to damage the holy grails of South African medical doctors. [64,65,102-104,116,117]

It is clear that the Act can activate shifts in professional registrations. Psychologists can for instance move away from the HPCSA and Board of Psychology to registrations as traditional health practitioners with the THPCSA. It is an open question why psychologists would stay in a registration and with a council/board that limits their practice rights and privileges just to benefit the South African medical doctors. Why would they keep to "talking therapy" when they can also practice "pill therapy" and maximize their practice skills and income like the traditional health practitioners intend to do?

If the Interim Council of Traditional Health Practitioners recognizes the dilemma that the Act can create for the regulated health boards inside the HPCSA regarding their limited and discriminating practice rights and privileges, they can use this dilemma as an opportunity to recruit regulated practitioners like psychologists, pharmacists and nurses from the HPCSA and the Pharmaceutical Council of South Africa and the Nursing Council of South Africa as traditional healers. They can strengthen their professional position. Such recruiting can offer them established manpower, leadership and a powerful direction, far away from the restrictions of the present. It can change the face of South African professional healthcare and delivery dramatically.

2.8.3 Much needed South African governmental reconsideration of the various healthcare Acts and their role in supporting the medical holy grails

It is of utmost importance that the South African government also revisits the country's various Health Acts. This includes the South African Pharmacy Act (53 of 1974), the Health Professions Act (56 of 1974) and the Nursing Act (33 of 2005) to see if they are still applicable to the South African scenario and the needs of present-day South African patients. It is also of importance to consider the rigid authority of medical doctors, which exclusively favours the South African medical doctors in the formal healthcare sector. If the government could promulgate and implement the Act despite the opinions and will of the regulated health professions, especially the dominating medical doctors inside the HPCSA, what would stop the government from revising all Acts on health,

pharmacy and the nursing profession to give the regulated practitioners greater practice rights and to reduce the authority of the South African medical doctors?[19]

Better health service can be offered if the South African government changes the rule that only the medical and dental practitioners may prescribe independently, especially in rural areas. Effective healthcare professionals can then take over this task from traditional health practitioners.[12,64]

2.8.4 New Generation of Mental Health Problems and Professions

The fact that more than 30 per cent of the total South African population experiences mental health illnesses and that 75 per cent of them will never receive any psychological and psychiatric treatment, while in the public health sector up to 80 per cent of these cases are neglected, has led to a crisis in healthcare. The fact that the modern medical doctors' ratio to patients is only 0.8 per 1 000 (against the WHO ideal ratio of 1.67 per 1 000), makes the demand for more healthcare providers prominent. It is in this context that the traditional healers are promoted by activists and politicians and are starting to make in-roads into the formal healthcare sector through the Act, even though it is minimal at the moment.[113,118-120]

2.8.5 The post-1994 South African political prerogative of African culture in healthcare delivery versus modern-day medicine

In South Africa, authority in the medical and healthcare environment is still mostly the prerogative of medical doctors. They often still cling to their "on top" and "on tap" status. This situation is to a certain extent influenced by cases of financial self-interest that makes doctors blind for local and international changes in the types of healthcare practitioners available, the training these professionals received and their new power. Many medical doctors are ignorant of the fact that their traditional established training and professional model, which gave them their socio-economic and political-cultural powerbase in the past, is undergoing enormous changes in developed countries. This is a situation that will surely follow in South Africa in a decade or two. Changes in the mind-set of the present-day medical doctor regarding power division, status, exclusive practitioner rights and financial self-enrichment, cannot be delayed or ignored. It must be noted that the present South African government's less favourable

attitude towards an exclusive European/Western context and way of doing things in medical care and management, are indeed changing. Sometimes this is very noticeable, but mostly it goes unnoticed. The South African government's political dimensions have broadened as a result of its admission to the Brazil-Russia-India-China-South Africa (BRICS) Alliance, a group with its own, unique approaches to medical training and models, as the People's Republic of China has already demonstrates. South Africa's friend, Cuba, has already given us a good lesson on how effective medical training can be different from ours, yet be done on a great scale. Forced changes to the system and models of the South African medical establishment (as already happened with the regulation of the traditional healers) can and may happen surprisingly fast in the near future. It will therefore be wise for the South African medical doctors to be prepared and to act preventively.

It must also be noted that ANC's thinking on cultural priorities (including traditional healers), as done with the promulgation of the Act is slowly forcing South African medical doctors into a negative situation. The negative actions aimed at the modern health sector by means of the Act and due the present government's dislike for the European/Western health establishment, are strong destructive indicators for the holy grails of medical doctors.[11,19,31,65,102-104,112-115,117,121-130]

The Act is far more complicated and powerful than what the South African healthcare administrators, the public and the regulated health professions think. As said, the Act can have far-reaching effects on the future of the healthcare sector and its regulated health professionals in South Africa beyond its recognition of the pre-modern traditional healer and the practices involved. It will undoubtedly challenge the rights and privileges of medical doctors, both directly and indirectly.

South African traditional health practitioners can become a tool to destroy the position of medical doctors in the South African healthcare sector with their masked "African" identity and superficial indigenous cultural distinctiveness and political favour. This negative impact can also destroy the medical holy grails of the modern medical doctors; especially the degree of power and rights of the medical doctors of South Africa. The Act is a confrontational piece of legislation, intended to take on the South African medical doctors and their authority.

2.9 THE EFFECT OF THE NEW PRACTICE RIGHTS OF TRADITIONAL HEALTH PRACTITIONERS AS STIPULATED BY THE ACT (22 OF 2007) ON THE EXISTING PROFESSIONAL RIGHTS AND PRIVILEGES OF MEDICAL DOCTORS

In 2007, a practice directive was issued for the new legal entity traditional health practitioner with the promulgation of the Act.[11] Although the Act describes this new pathway in terms of various definitions, the future practice rights and their impact on healthcare were left undefined and unwritten. To date the negative legal implications and career consequences that the Act has for the regulated health practitioners have gone unnoticed. The derogation and degrading of their work domains and rights seem of no concern. The future practice and services of traditional health practitioners seem to incorporate many new unwritten practice rights and activities, which is contrary to the Act's written intentions. The new traditional health practitioner's future practice rights are legally comprehensive and hidden. It holds serious consequences for the practices of the established healthcare professions.

2.9.1 Some of the future practice rights of traditional healers are left undefined and unwritten by the Traditional Health Practitioners Act (22 of 2007)

The new policy of 2007 to regulate traditional health practitioners with the Act awarded these practitioners immense legal rights to practice. Some new activities, rights and privileges are clearly mapped out, others not. Before this Act there was no legal framework according to which to regulate and register traditional healers in South Africa. Training and education are non-existent, as well as an ethics code of professional conduct and a professional position as a practitioner in the established healthcare sector.[11]

Although already promulgated in 2007, the Act has still only been partially enacted by 2017. Its contents and intentions are largely unknown to established healthcare practitioners and the general public.[11]

This outcome is that established regulated health practitioners do not always understand or have a correct legal interpretation of the future implications of these new practice rights for the healthcare establishment. The various definitions and accompanying descriptions have not been thoroughly analysed

and relayed to the other pieces of healthcare legislation that govern the medicine, pharmacy, nursing and the allied professions. This ignorance can have serious consequences for the country's healthcare management and planning.[11]

2.9.2 Holistic unity versus the body-mind dichotomy

The compilers of the Act attempted to reassure regulated healthcare professions by means of different stipulations in the Act that state that the traditional healers will not violate their existing practice rights and privileges when fully enacted. Three legal definitions, namely traditional philosophy, traditional medicine and traditional health practice are offered as a safeguard, with the prefix traditional a prominent addition.[11]

However, viewed on the whole, the Act seems to actually contradict this safeguard. The prominent use of the term *traditional* in the first part of the Act, while this adjective is largely missing in the second part, is an anomaly.[11]

This contradiction is further aggravated by the misuse of the popular view of traditional health practice as a holistic unity that involves a holistic physical, spiritual and well-being approach to the human and to illness. The Act shows that it underwrites a body-mind dichotomy. There is a clear description of physical illness on the one hand and of *mental illness* on the other in the discussion of the diagnosis and treatment approach. This practice differentiation most strikingly comes to the fore in the legal definition traditional medicine in Section 1 and Section 49(1) (b) of the Act.[11] Other literature confirms this observation.[4,16,17]

The traditional healers' new practice rights are in conflict with their customary holistic sickness approach to diagnosis and to treatment. The holistic inclination sees the supernatural primary as the reason for illness. This used to be the main argument to regulate traditional healers, but traditional healers' practice rights have now been extended to meet the rights and privileges of regulated healthcare professions that base their approaches on a body-mind dichotomy. This outcome was unopposed, notwithstanding the fact that the qualifier traditional in the three legal definitions is supposed to limit the traditional health practitioner's rights to traditional procedures only.[11]

The conjunction "**or**" instead of "**and**" to differentiate between physical and mental in the legal definition of traditional medicine of Sections 1 and 49(1) (b), changes the emphasis of the stipulations regarding practice rights. The emphasis

is completely different from the universally and traditionally accepted holistic descriptions of traditional healing that do not separate the natural from the spiritual or the physical from the supernatural.[7,11]

The emphasis in the Act changes the practitioner's traditional role as diagnostician. Traditionally, he or she was assumed to have received supernatural powers, either by heredity or from their ancestors, to identify reasons for unnatural illness and unfortunate events, and to mediate with the spirits about the wishes of the living.[4,45,54]

The practice directive of traditional philosophy as legally defined in the Act stands in contrast to the new trend of exclusively physical diagnosis and the use of muti to treat illnesses directly and separately. This is not traditionally associated with the rights, traditions or skills of the South African traditional healer when viewed as a supernatural holistic unity. In contrast to custom, Section 49(1) (b) very selectively terminates the limitation "not to may and not to can" venture into the sole treatment of physical illness.[4,37,45,52,54,131]

2.9.3 Delimitation of the holistic unity

Section 49(1) (b) not only nullifies the traditional healer's holistic practice uniqueness, but also quietly and selectively terminates in total the limitation of the prefix traditional in the legal descriptions of the Act.[11]

It is important to revisit Section 49(1) (b) to understand how it violates the practice rights and privileges of the regulated health professions.[11]

The specification physical health **or** mental health as two separate practice entities and as specific new practice rights, are prominent. There is not a single reference to traditional in Section 49(1) (b). Indeed, the traditional healer's infiltration into the modern healthcare sector is not even masked behind the prefix traditional, as was done in the earlier sections of the Act.[11]

These earlier references successfully take the attention away from the Act's real intention, namely to declare the new legal entity, traditional health practitioner, a type of medical practitioner or medical doctor and to bring the healer directly into the health services and health establishments of the country as an equal of the medical doctor.[11]

2.9.4 Masked intentions of the Traditional Health Practitioners Act (22 of 2007)

Two legal definitions, namely *health establishment* and *health services*, foreground the masked intention of the Act to empower the traditional health practitioner within the formal healthcare sector.[11]

The inclusion of the clause health establishment in the Act clearly provides the traditional healer with *direct* entrance to practice in any public or private institution, facility, agency, building or place or part thereof, that provides health services.[11]

This inclusion of the clause health service gives the traditional health practitioner the right and privilege to offer health services inside any of the above official health service establishments. This service can indeed include in-patient and out-patient treatment, diagnostic or therapeutic interventions, nursing and rehabilitative, palliative, convalescent and preventive health service.[11]

The inclusion of the legal definition of the Department of Health in the Act aims to formally bring traditional health into the private and public health services and health establishments of South Africa. This is clearly part of a long-term political plan starting in the 1960s.[6-9,31,128,129,132-135]

This intention of the ANC government was openly stated by a Deputy Minister of Health, Gwen Ramokgopa, in 2013 when she acknowledged the plan of the government to integrate traditional healers into the healthcare establishment. She confirmed that many primary healthcare facilities and hospitals are already working in collaboration with traditional health practitioners and that they are members of clinic committees, hospital boards, district health committees, provincial and national advisory structures with government approval.[34]

Ramokgopa's remark is in line with other government efforts from the 1990s onwards to dethrone the medical doctor from his central healthcare position by inserting various community healthcare workers, like traditional healers, into the system so that they are "on top" and "on tap."[12,31,128,129,132]

2.9.5 New rights and entitlements for the traditional health practitioners

The limitations that are enforced the first part of the Act by means of the legal definitions *traditional* medicine, *traditional* health practice and *traditional*

philosophy are virtually erased by three specific legal definitions health establishment, health service and Department of Health. They are not qualified by the adjective *traditional* .[11]

This is amplified by Section 42(2), which opens the door to health services and establishments by providing for claims of payment to traditional health practitioners from medical schemes in terms of the Medical Schemes Act (131 of 1998).[11,136]

Section 44(2) states that no person other than a traditional health practitioner registered in terms of the Act and holding the necessary qualifications, is eligible for or entitled to hold any appointment to any establishment, institution, body, organization or association, whether public or private, if such appointment involves the performance of any act that only a traditional health practitioner may perform in terms of the Act. This creates an open-door policy with regard to hospitals and other institutions. It also states that nothing in Section 44(2) precludes the training of traditional health practitioners or students under the supervision of a suitably qualified traditional health practitioner, or employment in any hospital or similar institution of any person undergoing training with a view to registration in terms of the Act under the supervision of a suitably qualified traditional health practitioner or other health professional.[11]

The new status of the traditional health practitioner as a new kind of medical doctor with the omission of the prefix *traditional* in various legal definitions and descriptions in the Act is also reflected in Section 49, which puts in place various rights of practice. Included here are various unwritten practice rights. Section 49 has serious consequences for the regulated health professions and holds enormous risks for public health. It also discriminates against the healthcare professions psychologist, pharmacist and nurse by bestowing various practice rights on the traditional health practitioner that are totally denied to these professions.[11]

Section 49 is further confirmation that government will merge the traditional health practitioners – with their comprehensive new written and unwritten rights to practice – with the public health sector as fast as possible and that they will not consider back-tracking on the Act.[11,132]

2.9.6 Is unprofessional conduct equal to professional ethics?

Government's official sanctioning of the rights of practice of the traditional health practitioner is further extended with the definition of professional conduct. It is implied in the definition of unprofessional conduct, which reads: "any act or omission which is improper or disgraceful or dishonourable or unworthy if the traditional healer performs or do it", meaning that he is seen by the authorities as a true medical practitioner with certain (and the same) responsibilities for which he is accountable.[11] This sanctioning is regardless of the clear lack of medical training and healthcare standards and ethics among traditional health practitioners.

The above legal definition is specifically applicable to the legal definition traditional health practice in Section 1 of the Act (read together with the three legal definitions *traditional health practitioner*, *traditional medicine* and *traditional philosophy*) to guide the traditional healer's ethics in his traditional practice.[11]

Professional conduct by the traditional healer takes on new meaning given the goal of the DOH to make traditional healing a full public health service as part of all the health services and in all the establishments of South Africa. This potential for misconduct is increased by Section 49's attempt to make the traditional healer a full member of the established group of regulated health professions and to grant the healer comprehensive rights and privileges of practice as part of the official health services and in establishments.[11]

Improper conduct is eminent with the estimated ±200 000 traditional healers waiting to be registered in the near future. They will legally be health professionals without any formal or recognized medical training, experience and skills, and a lack of exposure to modern health facilities. They will be free to heal under their new statutory registration. The pre-modern traditional client now becomes a modern patient within the structure of medical schemes and health establishments. The modern patient is in other words unwillingly transferred to the traditional health practitioner's pre-modern traditional health services at public and private facilities. This not only strengthens the traditional healer's new practice rights, but extends them beyond the unwritten rights.

The above imbalanced power and favouring of the traditional health practitioner in the country's health establishments, is in contrast with the trained homeopathic doctor, who is currently not included in the public health initiatives

of the country and whose services and rights of practice are predominantly limited to the private healthcare sector.[137]

The move of traditional health services to a modern, formal in-patient and out-patient hospital setup is very different from the present practice setup, practice rights and scope of services of the traditional healer. In the traditional context, an in-patient lives at the traditional healer's home for the duration of treatment. The out-patient is visited by the traditional healer, and sometimes the healer stays at the patient's home to give treatment.[4] It is probable that these pre-modern consultations, rituals and customs of the traditional healers will become part of the established modern healthcare tradition. Gumede[4, p. 19] refers very honestly to this when he says: "Consultations take place not in the sterile meaningless environment of the hospital, but at the patient's home in the environment which is not only familiar but where the problem is and where the living dead will hear the incantations to their persons. They smell *impepho* and see the sacrificial beasts and roar approval as the goat bleats or the bull bellows when slaughtered."

There are undoubtedly new unwritten practice rights that will be activated for the traditional healer, not only inside the formal healthcare setup, but also outside the formal healthcare setup, since the healer can enforce his practice rights on the modern patient.

The introduction of the practice services of the traditional health practitioner into the modern health practice and sector may possibly see the replacement of the white coat and stethoscope of the medical doctor in operating rooms and surgeries by the traditional health practitioner's pre-modern attire, consisting of bandoliers, a *sangoma* hairdo tagged with gall bladders, a head-*umyeko* of beads, a *sangoma*-stick, a "doctor's bag" consisting of horns filled with concoctions, a broom to sprinkle charm medicine, an ox-tail as a diving ward and a skin bangle of a sacrificial beast to assure victory over illness.[4]

The above possibilities not only mean that these healers can put thousands of innocent lives at health establishments in danger because of their lack of medical knowledge and skills, but also that the ethics and rules of the hospital and patient, as well as the rules prescribed for the healer, can be transgressed. The "good" professional conduct of the traditional health practitioner, as envisaged in Section 1, can change very fast to "acts or omissions which is improper or disgraceful or dishonourable or unworthy for the traditional health

practitioner", when the traditional healers enter the modern health establishments with their controversial health services, habits and customs, together with their new unwritten rights of practice.[11]

2.9.7 Other exclusive new practice rights and privileges in waiting

Section 49 further benefits the traditional health practitioner regarding his rights of practice, both legally defined and unwritten. It prohibits the regulated health professions from practicing in any of the physical and/or mental health areas of the traditional healer; identified with the misuse of the qualifier *traditional*. Only medical practitioners and dentists are exempted by Section 49(5).[11]

The domain of practice bestowed on the traditional healer in terms of above different rulings, especially Section 49, means that the traditional health practitioner, now with the title "doctor," can apply and prescribe, in terms of the unwritten rights, any form of traditional "medicine" or concoctions to patients, inside or outside health establishments.[11]

The treatment of HIV/Aids and cancer is now, in terms of Section 49(g), also in the practice domain of the traditional health practitioners, notwithstanding their lack of training and their bad reputation when it comes to treating these diseases.[37,83,135]

2.9.8 Misguidance on the practice rights and privileges of traditional healers by the compilers of the Traditional Health Practitioners Act (22 of 2007)

The above outcomes are good examples of how the compilers of the Act misguided the practice rights of the traditional healer with faulty legal definitions that they derived from the different regulated health professions Acts. The legal guidelines and support fail to compensate for the traditional healer's lack of scientific training, health principles and ethics, as well as his inability to offer trustworthy health practices. Notwithstanding this failure, the traditional healer's practice is legalized by the Act, resulting not only in a contamination of future legal and written practice rights, but also of the unwritten future practice rights.[11]

The traditional health practitioner, in his effort to formulate a professional code of conduct and to gain a status as a respected health practitioner, failed,

basically because the legal definition traditional philosophy is his main directive and guideline for future practice rights and his scope of practice and services. Diagnosis and treatment centre on the supernatural, including witchcraft. It is not a biomedical science. Mental impairment is also a strong indicator during supernatural possession to practice as a traditional healer.[4,7] This negative mental indicator, coupled with future rights of practice, especially the unwritten rights, can have serious legal consequences for the healthcare sector and the personal and general healthcare safety of patients.

The present professional incarceration of the traditional health practitioner because of risky and dangerous practices services allocated to him by the Act, was anticipated by the eminent and far-sighted academic and psychiatrist/psychologist, Prof Jan Robbertze, when he warned South Africans nearly 40 years ago[138, p. 1]: "We are busy with a re-evaluation, I want, however, to warn that we do not lose perspective in the process. We are scientists and we must uphold our scientific traditions for the interest of our patients and the community. We cannot depend on hearsay information, anecdotes and pseudo-social and psychological speculations. In this respect we must especially guard that we do not give in to political pressure and throw our hands in the air and say: Let we give the mass for what they ask."

This is indeed what the ANC did with the Act in the effort to please the masses.

The new unwritten practice rights of the South African traditional health practitioner are hidden and very comprehensive. The impact of these rights can be much more devastating than the written rights professed and described by the legal definition *traditional philosophy* embedded in the Act. It empowers the traditional health practitioner with many new practice rights that can infringe on the practice domains of the pharmacist, the nurse, the medical doctor, psychiatrist, psychologist, chiropractor, homeopath, phytotherapist, naturopath and osteopath. It also has the potential for serious medical misconduct, even criminal behaviour, by the traditional health practitioner.

2.10 CONCLUSION

Sound legal formulations and definitions of the various types of healers are needed before the Act's definitions on the traditional health practitioner and its sub-types can be accepted as legal and as applicable to all traditional healers for

registration. At the moment the definition traditional health practitioner fails the test of passing as a uniform professional identity acceptable and useful for all the tribes or ethnic communities in South Africa.

Diagnosis and treatment in traditional health is regarded as unique to the traditional healer and as something that justifies his right to be a healthcare professional allowed to work in South Africa's health establishment and services in terms of the Act. This is certainly not based on any medical or scientific principle, knowledge or certification. A close examination of literature reveals that there is no uniform traditional diagnosis and treatment model. Specific dissimilarities exist among traditional healers in their approach to diagnosis and treatment. Furthermore, the traditional healer's diagnosis and treatment are founded in the supernatural and many times on witchcraft, stripped of any biomedical standing. Its written diagnosis and treatment manifest is carte blanche. As such, it endangers private and public health. South African traditional healers as a group have not yet passed the basic development phase of a medical science and a health profession.

The aim of the CTHP to use the final stage of development of the Act as a guideline for their planning and management of the training of traditional healers is too ambitious at present. They are not medical practitioners and are not trained in elementary medical sciences, but they offer harmful healthcare services. The Act's provision that traditional healers can treat clients with cancer or Aids with their spiritual knowledge and dangerous medical preparations, is nothing else than making manslaughter legitimate and unpunished. There is no form of training based on formal academic or professional health programmes and standards and attended by the learner healer. In addition, there is no evidence that the traditional health mentor (tutor) is formally trained in health sciences or practice. Traditional diagnosis and traditional treatment are exclusively directed by the supernatural and magic. It is possible that the diagnosis and treatment of the traditional healer is inclined towards witchcraft, even evil-doing, including murder.

The goal of a high level of training, especially full-time training at FET colleges, universities, etc. as proposed by the Act is just too ambitious to become a reality at this stage. Developing a year-long programme (starting with research, design, compilation and writing) can take one to three years, while the registration process with the different education authorities can take another one

to three years. In addition, the development and running costs of such an enterprise come into play: special programme designers must be employed to do research on the content of programmes, while the education authorities prescribe further fees for registration of qualifications on the NQF and SAQA. Finally, the institutions need infrastructure: staff, buildings, facilities (like libraries, computers, textbooks, appointment of salaried tutors, etc.). All this must uphold the prescribed standards of the education authorities.[36]

It is misleading and irresponsible to describe the present position of the traditional health practitioners in the South African healthcare sector in the following elevated terms[81, p. 60]: “Their role is that of physician, psychiatrist and priest, and people visit a traditional healer for problems ranging from social dilemmas to major medical illnesses. They therefore have a role to play in building the health system in South Africa.” Their scope of practice is undefined and murky. South Africans should be safeguarded against unregulated medical practices.[55] With their current poor state of education and training, substandard diagnosis and treatment model, lacking a scope of practice and services and the absence of healthcare ethics, the traditional healers do not deserve a place in the respected statutory healthcare establishment of South Africa. Neither does the Act deserve a place as a South African healthcare law. The Act puts South Africans back into the pre-1994 apartheid legislations of wrongdoings. [4,11,26,139]

A scientific traditional healthcare model to guide and teach the student of traditional medicine the skills of diagnosis and treatment of his clients, is absent in South Africa. At the moment knowledge and understanding of diagnosis and treatment of traditional healing are gained through various informal ways of learning, mostly verbally and practically, from “traditional healing masters or tutors.” In reality this means that the present-day traditional health advices, styles and approaches being offered, differ in standards from tutor to tutor. The lack of an established medical diagnosis and treatment learning model and a code of ethics regarding practice responsibility and client health safety for the South African traditional healers are matters that have to be addressed soon.

The ANC government has taken steps to dethrone the Western, modern-day medical doctor from his central healthcare position since 1990 with its “liberation” thinking, planning and behaviour to satisfy the irrational and aimless needs and demands of its dissimilar mass of supporters and voters. The traditional health practitioners backed Act is part of this down-grading of the

medical doctor and the healthcare sector. In light of the present official campaign to enact the Act, the traditional health practitioner will surely soon be fully active in terms of the new practice rights, written as well as unwritten, offering comprehensive practice services. This outcome spells disaster for the established healthcare practitioners, healthcare sector and especially the patients using public healthcare services. The evaluation of the resolutions, implementation and implications reflects clearly that the Act does not fit into South Africa's modern-day healthcare context, nor does the traditional healers fit into the established group of respected healthcare professionals.[12,31,128,129,132]

A recall of the Act seems impossible. The intent to oust everything that is Western, like Western healthcare, is stronger than ever. The Act and the traditional healers are excellent political- and cultural vehicles to sustain and promote the pre-modern needs, wishes and preferences of the masses. The post-1994 spirit of political correctness and subsequent fear to be harassed has silenced any criticism on the evils of traditional healing since 2007. The Act is a law of the country with clear legal standing. The traditional healers have become a juridical entity in terms of the Constitution of South Africa and this entity has human rights that must be respected at all times. In terms of the Act, the traditional health practitioner is a health professional, with certain rights and privileges to practice that can be enforced. Written or spoken criticism directed at traditional healers from objective researchers and writers can be seen as harassment and hate speech in terms of the new set of hate speech legislations that have already resulted in controversial convictions when it comes to racial, political and cultural issues. Critics will be very carefully to take aim at the holy grails of traditional healing in future, at least inside the borders of the new South Africa.

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PART THREE

CULTURAL-HISTORICAL LITERATURE REVIEWING OF THE EXISTENCE AND BELIEF-SYSTEM IN TRADITIONAL HEALING, QUACKERY, SUPERNATURAL, SORCERY, BAD MAGIC, WIZARDRY, WITCHCRAFT, WITCHES AND EVIL DEMONS IN MODERN-DAY SOUTH AFRICA

3.1 INTRODUCTION

Beliefs in the traditional healing, supernatural, superstition, bad magic, sorcery, wizardry, quackery, witchcraft, witches and evil demons are centuries old. Indeed, laws were worldwide promulgated to curb and fight the supernatural and its related witchcraft-outcomes. These phenomena were mostly phased out as citizens of countries started to develop scientifically as well as progressing governments took their people into the Modern Age by activating policies to combat supernatural, superstition, bad magic, witchcraft, witches and evil demons.[1-3]

Two prominent acts are promulgated in South Africa which stood direct in relation to the supernatural, superstition, bad magic, sorcery, quackery, witchcraft, witches and evil demons. The first was the Witchcraft Suppression Act (Act No 3, 1957), promulgated sixty years ago to combat the beliefs in the superstition, bad magic, sorcery, witchcraft, witches and evil demons and to phased-out the criminal behaviour which it creates. The second is the Traditional Health Practitioners Act No 22 (2007), a new comer on the scene and promulgated in the post-1994 period of Black rule in 2007. By its definitions it empowers the traditional healers with statutory recognition as official healthcare practitioners in the South African healthcare sector,

The main definition of Act No 22 (2007) clearly gives an indication of a mind-set, underwrite by certain segments of the population, supported by official thinking, that the supernatural is real and an important part of their daily life's. This belief system needs support in the form of diagnosis and treatment in which the traditional healer is the main service-giver. Especially prominent is the use of the supernatural, superstition, quackery, sorcery and wizardry in healing that can be associated with witchcraft and criminal related behaviour.

This belief system is also further described in the Act in terms of the pre-modern diagnosis, treatment and training of the traditional healer. There are thus no counter-arguments to say that the supernatural, superstition, sorcery, quackery, bad magic, witchcraft and evil demons do not form a foundation for many of the traditional healers' diagnoses, treatments and muthi. Besides the so-called 'normal' needs for the traditional healer and his muthi to treat 'traditional' ailments as a result of day life and afterlife fears by a certain population group, is there, opposite to it, the masked fear for the traditional healer as a person that has extraordinary powers that drives and strengthens this supernatural beliefs and fears of his customers by a sector of the South African society.[1,4-6]

Muthi-, ritual- and witchcraft-murders seem to be inherent lifestyles of a certain sector of the South African population. Various determinants are here role-players in the creation and upkeep of it. Beliefs in the supernatural are up kept by the strengthening of the evils which the witch or the bewitched person can do to his or her fellowmen. In this up keeping a system exists wherein stories about how the witch can target the individual as well as why the witch is assumed to do this kind of behaviour, is repeated over and over. Myths had become truths in the mind-sets of the economical, educational and social deprive persons. It seems specific to be persons in the poor rural areas who fall into this category and where the traditional healers are mostly active.[7-10]

The existence of muthi, ritual and witchcraft-related murders are confirmed by various researcher findings and court cases in South Africa. Court cases (especially after the 1994-dispensation), are sparse, but since the 1980s till now muthi-, ritual- and witchcraft-murders are still widely practised in South Africa. Role-players are traditional healers, priests, politicians, tribal leaders and even police officers; indeed, the scapegoat "witch" is far away to be the culprit. Evidences are reflecting that these murder-activities are increasing, especially in the Limpopo and Mpumalanga Provinces.[5,9,11-14,19-21]

The Witchcraft Suppression Act (3 of 1957) elicited much criticism by the traditional healing fraternity. Already enacted in 1957, it went fairly unnoticed until 1994, seemingly because it was enacted by the apartheid regime and fitted well in this previous regime's legal and governmental thinking and rulings up to the new political dispensation of 1994. Opposition was not possible or allowed. The Constitution of 1996 and the Bill of Rights brought the opportunity to

object freely to any supposed human rights violation. After 1996, opposition to the Act from individuals, human right activists, the neo-pagans and the traditional healers, became more prominent. Especially their agitation in terms of Section 5 of the Civil Union Act (17 of 2006), and support by outsiders like the Lawyers for Human Rights (LHR) put them on the foreground.[5,11,12,15,16]

On the other side it seems the Act was promulgated without thorough research on the role that the traditional healer can play in witchcraft activities. The aim of the Witchcraft Suppression Act (3 of 1957) has been ignored. This erring seems to have serious implications for the traditional healer's future ways of making diagnoses, treatment as well as training. The supernatural, witchcraft, wizardry, etc. seem to be part of the traditional healer's practice activities in terms of the Witchcraft Suppression Act (3 of 1957), which is illegal. It seems also in terms of the Witchcraft Suppression Act's (3 of 1957) regulations as if some of the definitions included in the Traditional Health Practitioners Act (22 of 2007) are illicit.

The traditional healer's position and role in the South African Society were idealised over the years without critical evaluations. Since 1994 his so called "importance" as a so called "medical healer" was stretch to the extreme by Act No 22 (2007). Even his unsubstantiated role as a caregiver - a simple pre-modern remnant of the old African Religion dogmas - was played down by propagandists and the politicians of the post-1994 political-social dispensation. Instead he is projected as a skilled health professional - always present there in the past, suppressed by the medical, European culture and the pre-1994 politics. It seems further the impact by political-religious groups in promoting the traditional healer went also unnoticed.[22]

Research alludes that the South African traditional healer origins from the old Traditional African Religious Culture as a traditional religious healer; a spiritual remnant from a previous, pre-modern time of living. Hereto had the New South Africa not only undergo dramatic religious, social, economic and political changes after 1994, but had already moved into new religious and cultural domains centuries ago, leaving many of its pre-modern religious and cultural beliefs, such as the traditional healer and his religious activities, totally behind. Present-day political and cultural moulding by politicians and cultural leaders with outdated thoughts and intentions, as the enforcing of Act No 22 (2007) and the re-starting of the traditional healer as a spiritual practitioner, are met more

and more with resistance, aggression and even disrespect. It is thus important to research and to determine changes in South Africans religious values and styles to can see if the traditional healer has a *religious distinctiveness* in modern-day South Africa as well as his position as a practitioner as guided and controlled by the Witchcraft Suppression Act (Act No 3, 1957). [2-4,6,11]

The Witchcraft Suppression Act No 3 (1957) intentions and inclinations to combat witchcraft and –related criminal activities, either committed by individuals or groups, are clearly described. The resolutions and implementations of the Traditional Health Practitioners Act (22 of 2007) on the practices and behaviour of South African traditional healers are, in terms of the Witchcraft Suppression Act No 3 (1957) and its counter-actions, at this stage limited described. It needs an in-depth research and guideline. Basically needs the driving force of witchcraft in traditional healing and its related behaviour further description.[23-26]

3.2 SOUTH AFRICANS STILL BELIEF IN THE SUPERNATURAL, SUPERSTITION, SORCERY, BAD MAGIC, WIZARDRY, WITCH-CRAFT, WITCHES AND EVIL DEMONS

3.2.1 An early history perspective

Notwithstanding South Africa's modern way of life, scientific and healthcare developments as well as more and more financial and democratic empowerment and higher lifestyle of its people, it seems that the belief in the supernatural, bad magic, witchcraft, witches and demons, is still resonating very strongly and powerful in the minds of some of its people. On the other side, the belief in the supernatural and its contributions is not unique to South Africa alone. It is a worldwide phenomenon, in the European, Western as well as the African and Eastern world, in the past and present. For instance, in Europe, after the Dark Ages and the start-up of centuries of dynamic intellectual experimentation – the Renaissance, the Reformation and even after the 17th century of the Age of Reason and the Age of Scientific Revolution – Europeans still believed in the supernatural.[1-3]

The Bible and its stories also strengthen the idea of the supernatural with its struggle between good and evil, between God and the devil. In early-Europe misfortune was not seen simply as accidents, but as either a divine punishment

or the ill-will of a human enemy. Priests, local wizards and wise men were found everywhere, passing on herbal or magical remedies for illnesses, finding thieves or lost property and the identification of the source of a spell or bewitchment.[1,3,4,6]

Witch-hunts and witch-finders were all over active in the early Europe. In Lancaster, UK, ten persons were hanged as witches in 1612, with the last hanging in 1722; thousands of persons accused of witchcraft were hanged between 1560 and 1670 in France, while also thousands of women were burnt in Germany on charges of witchcraft. The last witches to be legally burnt in Europe were as late as the 1780s. This belief-situation and the underwriting of witchcraft misdemeanours forced Louis IV in France to edict in 1682 a royal ordinance, treating witchcraft solely as a matter of fraud in imposture, nothing more. It was especially the French medical doctors of that time that help to phase out beliefs in the supernatural, witches, witchcraft and bad magic, explaining it as a mixture of ignorance, superstition, imposture and mental illness.[3,27,28]

In the Western world mass beliefs in supernatural and its attributes phased out mostly with time, but today it is still strong in India where the role of bad magic, built into the customs, beliefs and rituals of certain religion groups, still plays a role (The extent of superstition and the evil behaviour origin from it, has forced the Indian government more recently to resolute to anti-superstition legalisation to curb it). Even today the UK and the USA are sometimes still plagued by forms of witchcraft-practices. The "Satanic Panic" of the 1980's in America, when it was believed that thousands of cults were conducting satanic rituals that involved the sacrificial mutilation of animals and the sexual abuse of children, is a good example; also the so-called "recovered memory movement" in America in 1980 onwards, was nothing else than a Western parallel to medieval witchcraft. [3,29,30]

Also Africa, as a whole, is still caught up in the belief of bad magic, the supernatural, superstition witches, sorcerers, demons and witchcraft. South Africa is still today not free from witchcraft. It is alleged that more than 300 (or 2% of the total of murdered victims) persons are yearly murdered for muthi, while the murdering of persons, alleged to be witches, are also plentiful. These criminal cases were to such an extent that the various South African governments were forced to introduce legislation, namely the Witchcraft

Suppression Act (Act No 3, 1957), from 1957 to fight witchcraft. Today witchcraft and the ritual-related murders that go with it, are still active here, but well masked from the authorities.[7-10]

Here, in contrast to France in the 1800s, it seems that the wise diagnosis and advice of the 1800s French medical doctors on the supernatural per se as unscientific and pre-modern thinking, are ignored by the present-day government and, in contrary to Louis IV disarming actions of it, the present government actively promoting beliefs in bad magic, supernatural, witchcraft and witches with the Traditional Health Practitioners Act No 22 (2007) and the statutory recognition of the untrained traditional healer as a professional healthcare practitioners.[1,3-6,9,11,19,31-39]

3.2.2 The supernatural in New South Africa

The question is thus not if there is a strong belief in the supernatural among South Africans because there is clearly such a belief with some people, but the questions are:

1. The *frequency of beliefs i*n the supernatural?
2. Are beliefs in the supernatural *only Black-orientated* as the Traditional Health Practitioners Act No 22 (2007) seems to indicate, especially with its definition *Traditional Philosophy*.

To answer direct above question, is very difficult. Statistics show that Blacks consult traditional healers from 1.4% to 11.2% (out of 100%), but these data lack any indication if these consultations were driven by the need to be treated of fear for the supernatural and bad magic or not. Petersen[42] offers some indication to illustrate that 89.7% (out of 100%) of consultations can be for non-physical/cultural/religious needs (meaning that it can be primarily for the treatment of the supernatural). On the other side reflects data that Whites also consult non-medical facilities up to 1.5% (out of 100%), that may or may not include traditional healers and the treatment of fear for the supernatural.[40-43]

The best answer to above questions seems an Ipsos-poll, done in April 2014 on 2,129 registered voters (all races) in South Africa.[22]Two questions were put to the 2,129 participants, namely:

> (a) Some people say a lot of the problems and hardships people face in their communities are caused by bad magic and that witches and demons are responsible for bad luck, *against*

(b) Other people say there is no such thing as magic and poor service delivery and weak government are responsible for the problems people experience.

The following outcomes (in percentage), reflecting a belief in bad magic and that witches and demons exist and are responsible for bad luck, were obtained in terms of regional areas in South Africa[22, p. 14]:

A:	Average	21%	
B:	Provincial	34%	KwaZulu Natal
		32%	North-West
		24%	Limpopo
		20%	Gauteng
		19%	Northern Cape
		12%	Mpumalanga
		11%	Western Cape
		5%	Eastern Cape

It seems to be KwaZulu-Natal (34%), North-West (32%) and Limpopo (24%) which is above the average of 21%, with Mpumalanga (12%), Western Cape (11%) and Eastern Cape (5%) in the lower rankings. One fact is clear: the belief in bad magic exists in all provinces of South Africa.

With response to race, the following outcomes (in percentage), reflecting a belief in bad magic and that witches and demons are responsible for bad luck, were obtained[22, p. 14]:

A:	Average	15%	
B:	Ethnic	25%	Blacks
		19%	Indians
		10%	Whites
		5%	Coloureds

It seems from above to be the Blacks who believe the most in bad magic, witches and demons (25%), with Indians in the second place (19%). Hereto the Whites and the Coloureds were both under the average (15%).

3.2.3 A challenge for the Traditional Health Practitioners Act No 22 (2007) and its supernatural intentions

Above finding seems to put Act No 22 (2007) in a very challenging and favouring position with its subscription of the supernatural against its critics,

because it reflects the possibility that the traditional healer is a religious/cultural identity, one that is specific, intensively and exclusively needed by Blacks (specific those in KwaZulu-Natal, Northwest, and Limpopo) to treat their fears for devils, witches, witchcraft and bad magic exclusively.[22]

But the contrary is true. First, there is no indication by the Ipsos-poll of 2014 that the participants (specific Blacks) need any help in the form of the traditional healer to treat their fears for the supernatural. Second, all South African races show some fear for demons, the devil, witchcraft and witches (with an average of 15%).[22]

Third, traditional healers (specific the diviners and spiritualists) treat only between 1.0% and 1.3% of the total South African population and thus reflects not a demanding need for their services.[42-43]

Fourth, *indigenous* African Religions (including the old *traditional* African Religions in which the traditional healers had played a prominent role in the pre-1900s) only have a membership of more or less 0,35% of the total Black population. Hereto, nearly 92% of the South African Blacks belong to Christianity and Christian-African Religions.[45]

Five, if there is a need to exorcise the devil and demons, the preachers of the Christian churches can surely do it as good as the traditional healers to their church members, seeing that both are spiritualists. In this case the ratio (in terms of church and religion membership) of the Christian preachers versus the traditional healers will be 210:1.[45,46]

Six, references to concepts like afterlife, God versus Devil, Angels versus Demons, Science versus Witchcraft, that are alleged to be unique to the traditional healer, is in reality also part of the Christianity and Biblical doctrines of modern times. The Christian preacher, as said, also exorcises devils, demons and witches.[5,22,42,42,46-49]

3.2.4 The new South African socio-economic and political order with its own, unique supernatural beliefs

There is no evidence that the selected 2,129 participants of the Ipsos-poll are only from poor, undeveloped and underdeveloped areas. The belief in bad magic, witches and demons goes much further; it perpetrates and encircles, although a small sector only, also all modern South African people; people

living a modern lifestyle, with a good training and stand in life, but people who also believe in the supernatural and who are practicing it.[22]

Pumza Fihlani,[50] an employee of the BBC News Johannesburg, reports well on this belief in and practice of the supernatural (so-called ‘psychic traits” or *neo*) that spread into all the social, economic and academic levels of the South African population hierarchy, with her description of a traditional healer working in Johannesburg business district, a modern person, who dresses in smart tailored clothes, has manicured nails and long, sleek hair extensions.

Fihlani[50, par. 19] writes: “She lets out a piercing cry, her body starts shaking violently, her hands are clapping to the rhythm of large African drums – she is calling out to her ancestors. Thabiso Siswana is a traditional healer, known in South Africa as a sangoma. The 24-year-old is not your typical sangoma though – she is also a corporate administrator at Bidvest Bank, one of South Africa’s best-known and most prestigious institutions and has dreams of becoming a successful businesswoman”.

About these psychic traits of the traditional healer (or so-called traditional healer’s ‘calling’) Fihlani[50, p. 19] reports that Siswana has three ancestors inhabiting her: “My great-aunt, uncle and grandfather live in me. When they take over I lose all control of my body, I am aware of my surroundings but I have no control over what I say or do. They completely consume you and in that moment I am their messenger”.

Above alleged possession by the ancestral and spiritual powers of an individual and the calling to traditional healing that spreads into all classes of the socio-economically South African Society, is re-affirmed by an intern-journalist and traditional healer, working at a well-known Sunday newspaper, when she concludes[51, p. 6]: “Nothing is different about us. We are a modern family, made up of politicians, engineers, medical students and IT specialists. We are the ideal township family – people look up to us because we are all educated and self-supporting and not one of us is a thug – but we have the gift”.[1-2]

Above reflects strongly the possibility of the presence of mental impairment that not only can leads to the beliefs in the supernatural by individuals in the society, but also that call them to practice supernatural rituals, either as a believer or a traditional practitioner.[5,51-53]

These beliefs in the supernatural, demons, witches and bad magic are even reflected by ministers of the present Zuma-cabinet. In 2013 the well-educated and notable Minister, Mr. Fikile Mabalula, referred intensively to the role of witches and demons in the political life of South Africans[22,54]. More recently, a senior minister (in terms of a court ruling he cannot be named), in his divorce case, accused his ex-wife of trying to harm him with witchcraft and muthi. In one of his affidavits he writes[55, pp. 1-2]: “[She] wanted to cause [me] harm by endeavouring to cause unknown substances to be placed in my food and beverages. There were various instances where [she] practised witchcraft whereby she took my shirts to her sangoma and further she requested that the child minder sprinkle substances into my food; [She] has been practising witchcraft to my detriment”.

The president of the cabinet of the South African government, Mr. Jacob Zuma, himself seemingly claims the ability to know God’s Will - together with the ability to interpret it for the living - that he is in touch with his ancestors (afterlife) and can also understands and advocates their wishes to the common folk. He also prescribed muthi for problematic behaviour of boys. His supernatural traditional practice belief-system is shown well in the way it is infused into his private life and doing.[22]

Van Onselen reports[22, p. 19]: “Prior to the ANC’s 2007 Polokwane conference, Zuma went to Impendle in KwaZulu-Natal to be "cleansed". It was reported that a bull was slaughtered and its head thrown into the Inzinga River, after which some 50 virgins washed their hands in the bull’s blood. That is one of many such ceremonies in which he has taken part. Constantly, he seeks to appease the traditional forces that he believes exist on the other side of the mortal curtain”. This was followed in 2012 by the slaughter of 12 cows at Nkandla for his further cleansing.[56]

3.2.5 The Dark Ages part and parcel of modern-day South Africa

The fact that only 79% (against 21% of believers in the working of the supernatural) of South Africans do not believe in bad magic, witches and demons, is a point of concern. It seems that Europe’s Renaissance, Reformation, Age of Reason and Age of Scientific Revolution still did not reach 21% of South Africans and that they are cognitive tied-up still to the supernatural, the witches, demons and bad magic. The same catch-up exists for the South African

traditional healers who serve with their occults certain segments of society in the Dark Ages as well as today.[22]

It is clear that, to put a modern healthcare system and its models in place in South Africa, individual and group beliefs, customs, habits and needs, must be understood and in-depth researched before any decision can be made. After this education, cognitive, financial and social uplifting can be implemented. Only then persuasiveness can be started and can mind-set changes be thought of. What can be wanted and be lived by one group (small minority) like the rights bestowed by the Traditional Health Practitioners Act No 22 (2007), can be devastating for the personal and health life of the other group (79%) and can be fully in conflict to the Constitution and Witchcraft Suppression Act (Act No 3, 1957) on the seemingly legally allowed witchcraft-practices.[22]

These were considerations that politicians, activists and healthcare planners and developers did not take note of with the Traditional Health Practitioners Act No 22 (2007) or the officially recognition of the traditional healers as healthcare practitioners. Where taken note of it were misused to politicizing and culture superficially the role of the traditional healer. The fact that ministers, as well as the president of the present cabinet, underwrite the role and working of the supernatural, demons and muthis in daily life, show that the traditional healer, Traditional Health Practitioners Act No 22 (2007) and its *traditional philosophy* and *traditional medicine* are going to be a long time with South Africans. It is clear that the broad public's education on sound healthcare and abnormal thinking on illness were also left totally uncared since 1994.[22,51,54-56]

A general belief in the supernatural it is an interracial phenomenon in South Africa and not an exclusive part of Black thinking or culture. One the other side there is evidence of the use of the traditional healer's services by the Black population that can vary from 1.4% to 11,2% in certain areas. The fact that nearly 90% of these consultations seems not to be for medical assistance (buying of concoctions) but exclusively for cultural and religious needs that can indicate a supernatural under build, together with the Ipsos-Poll of 2014 that reflects that 25% of Blacks (10% higher than the average of the country) believe in supernatural, witchcraft, bad magic, witches and evil demons, can thus not be ignore. This does not exclusively indicate a need by the Black population in general for the traditional healer and his supernatural medicines or they do need the Traditional Health Practitioners Act No 22 (2007).[22,40,42,43]

These beliefs in the supernatural, superstition and witches, and thus a need for traditional healing assistance to treat the outcomes of wizardry, bewitching, etc., seem to be limited to certain segments of the Black population. This can surely include poor groups in rural areas, but on the other side it seems to include also small segments of well-educated, financial rich and political empowered individuals. It is also important to note that persons in high office are not afraid anymore to make known their beliefs in the supernatural in New South Africa.[50,51,55,56]

3.2.6 A South African inter-ecclesiastical problem in the fighting of the supernatural

It must be noted that the treatment of fear for the devil, demons, witches, witchcraft and bad magic is not exclusive to the practice of the traditional healer, but inclusive to all religious practitioners in modern-day South Africa. Especially role-players are the Christian preachers that have to serve and advice up to nearly 50,000,000 South Africans on this matter, although hopefully with a more scientific and logical approach and surely without the direct intervention and interference of a spirit or an ancestor through the preachers as contact-person. Their church-members locked into supernatural, angst and fear can vary from only 5% to so many as 25%, with an average of 15% of the total congregation. If this percentage of 15% is brought in calculation with the 50, 000,000 South African Christians, a 7, 5 million Christians needs the attention of their ministers to heal their supernatural fears.[22]

Hereto there are only 124,946 believers in indigenous African religion that can need the help of the alleged more or less 4,000 traditional healers. This outcome (124,946) reflects only 0.35% of the total Black population and reaffirms again the minimal role that the traditional healer plays in the treating the supernatural beliefs of the South African mass. Further it seems the ministers of the Christian Faith must be especially concerned about high beliefs in the supernatural of their church-members in the Provinces of KwaZulu Natal (34%) and the North-West (32%).[22,41,42,45,50,51,55,56]

3.3 MUTHI-, RITUAL-, AND WITCHCRAFT-MURDERS ARE HAPPENING IN MODERN-DAY SOUTH AFRICA

3.3.1 The prominence of witchcraft-related crimes in counties Venda (Limpopo) and Mpumalanga

Although muthi, ritual and witchcraft murders and related crimes are reflected all over South Africa, it seems to be that it occupies an over-whelming numbers in the regions Venda, Limpopo and Mpumalanga, South Africa. This finding are well-reflected by various research and reactions since 1996 alone. There was in 1996 a *Commission of Enquiry into Witchcraft Violence and Ritual Murders* (Ralushai Commission), in 1998 the *National Conference on Witchcraft Violence* (*The Thohoyandou Declaration on Ending Witchcraft Violence*) and in 2006 a workshop of the South African Council of Churches at Thohoyandou.[7-9,13,14,57-62]

Further was there the *Mpumalanga Witchcraft Suppression Bill of 2007* (this Bill was withdrawn in 2008 after opposition to it by the pagan-healers and traditional healers). Also three *Ritual Murder Summits* were held in the Limpopo province, namely in 2000, 2006 and 2014, to plan some action to stop ritual murders. Although it is the opinion that muthi- and ritual murders are rural phenomena, it is also observed, to a limited extent, in urban areas. In 2000 a commission of inquiry into witchcraft, violence and ritual murders was set up after a spate of murders in Soweto of young boys.[7-9,13,14,57-62]

3.3.2 Incomplete statistics

Reliable figures on muthi- and ritual murders are elusive because the South African Police Services (SAPS) do not register officially these types of murders separate of the other homicides. Further, South Africa's 47 murders per day make also the recognition of these types of murders difficult. Separate guidelines must be used to get a picture. In Limpopo for instance six muthi-related murders had been reported between April 2013 and June 2014. Fifty murders had been reported in Limpopo for the period 2010 to 2013. But these statistics are only the tip of the iceberg. Indeed, hardly a week passes in South Africa without a report related to muthi-murders. Dr Gerard Labuschagne of the SAPS's *Investigative Psychology Unit* estimates that muthi-murders total about 300 per year in South Africa (meaning just under one person per day or 2.12% of the total daily murders.[7-9,13,14,59,60,63]

About the trade in human parts, research by *Mozambique Human Rights League* and *Childline South Africa* reflect that one out of five people in rural

South Africa has had first-hand experience of human body parts harvesting of a family member after muthi-murdering, while more than 1,000 families countrywide reported in 2010 the harvesting of a family-member's body parts, either by grave-robbing or the stealing/buying from hospitals or mortuaries. Hereto were 350 cadavers in Limpopo and 210 cadavers in Mpumalanga been mutilated for parts.[7-9,13,14,57,59,61,62]

3.3.3 Human body parts are a lucrative commodity

With reference to these muthi murders two lecturers from the University of Venda (Univen], Prof. Vohani Netshandama and Dr Tsoaledi Thobejane, emphasised that the main aim is the harvesting of human body parts, believing to give supernatural powers. These parts are sold for between R50 000 to R100 000 (in 2006 it was reported that a female genitalia could fetch up to R30 000). The trade in human body parts has clearly become a lucrative commodity, with parts much higher on the pricelist than rhino-horns. It is scary to note that over 32 years the unit-price of a hand rises annually with R1,450, up from R500 in March 1983 to R50,000 in July 2014[5,58,64,65]

About the use of specific human parts in muthi to obtain specific outcomes, Radford writes[64, p. Magical belief par, 5]: "Just as different ingredients in a recipe are used for different purposes, certain body parts are used for particular goals. For example, eyes may be stolen and used in a magic ritual to help restore a client's failing eyesight, whereas severed hands are used to assure business success, and genitals are believed to attract luck".

Some of the old uses of body parts, emphasises Holland[11, p.14] are still in existence today, notwithstanding ten years of so-called socio-political progress and various governmental interventions since 1996 to combat muthi and ritual murders.

The two academics of Univen write about the use of body parts[64, p.5]:

- *Hands*: it is believed that burying a hand on the doorstep of a business can miraculously bring in customers in large numbers.
- *Eyes*: they hold supernatural powers to see where the money is.
- *Noses*: can smell where the money is.
- *Lips*: enable good communication with the ancestors for success.
- *Human fat*: can improve image, esteem and reputation if smeared on the body"

Elaborating on the above, Vincent[60] wrote that it is common for human skulls to be buried in the foundations of new buildings to ensure that business conducted there thrives, or for body parts to be buried on farms to ensure good harvests and for severed hand to be built into shop entrances to beckon to prospective clients. A human head is sometimes prescribed for a failing business.

3.3.4 The traditional healer a prominent role-player in human body parts harvesting

About the specific role of the traditional healer in this barbaric harvesting, Holland reports[11, p. 13]: "The herbalist co-ordinates the crime, identifying the body parts require as well as the type of victim whose flesh will yield the best results".

Above coordinating role or link of the traditional healer in muthi-murders and the obtaining of human body parts for the making of "strong" muthi is confirmed by Vincent[60]. He wrote that the traditional healer will place an "order" with a killer to harvest specific human parts. Vincent is of opinion that murder gangs specialise in muthi-murders, specific on the traditional healer's orders.

Vincent writes[11, p.43]: "Sangomas seldom do the killing themselves. The order will include not only the specifications as to which particular body part of parts are required – testicles for virility purposes, fat from the breast or abdomen for luck, tongues to smooth the path to a lover's heart – but the very specific manner in which they are to be collected".

Above wrongdoings by traditional healers in muthi murders in the Limpopo Province and the authorities' failure to stop it, was also acknowledged by the MEC of Limpopo, Mapula Mokaba-Phukwana in July 2014. It was again echoed in August 2014 at a police-gathering at the Thomo-settlement near Giyani in Limpopo by the previous Chief of the SAPS, General Riah Phiyega, when she voices her concern about the ongoing and rising in ritual and muthi murders in Limpopo specific.[7,12,13]

3.3.5 Role of the Witchcraft Suppression Act No 3 (1957) in preventing witchcraft-related murders

Above findings and indications show clearly the good and wise reasons why there is a law like the Witchcraft Suppression Act (No 3, 1957) since 1957 in South Africa to combat witchcraft-related crimes with its chief associated culprit in these crimes, the traditional healer. To trust guarantees by traditional healing umbrella-movements, like the SADC Unified Ancestors Traditional Practitioners' Association and the Traditional Healers Organization (THO), that their members are not involved in muthi-related crimes or that they combat these types of crimes, are not legally enforceable and means nothing. Other urgent, constructive legal interventions and interferences, like the Witchcraft Suppression Act (Act No 3, 1957), the South African Police Services (SAPS) and the National Prosecution Authority (NPA), are needed. To repeal the Witchcraft Suppression Act will be a mistake.[7,35-37,59,71]

The Witchcraft Suppression Act (No 3, 1957) in combating witchcraft and related practices, is not un-African as hinted, neither can at be allowed that the traditional healers and the traditional leaders, together with traditional courts, become the sole solver of African issues like witchcraft allegations in the community, under the auspice of "African justice". It means only one thing: "bush and street law". The issue of witchcraft allegations and crimes can only by dealt by proper legislations and courts, specific in terms of criminal laws like Witchcraft Suppression Act No 3 (1957).[23-26]

3.3.6 The Traditional Health Practitioners Act No 22 (2007)'s wrongdoings in the future can be plentiful

But the key to wrong-doing capabilities in the future of role-players, as some traditional healers and other criminal-orientated individuals, can not only be attributed to the Traditional Health Practitioners Act No 22 (2007)'s reckless bestowing of legal power to the traditional healer to practice unlimited a religious dogma as medicine: It is also locked-in and driven by the opportunity the Traditional Health Practitioners Act offers to the traditional healer to make unscrupulous money out of uneducated and supernatural-feared people by his new privileged position in terms of his official recognition as a healthcare professional.

Holland illustrated this very well[11, p. 227]: "Belief in witchcraft obviously relied on a parallel acceptance of traditional healers and magic. The victim of misfortune sought the aid of a diviner in formulating an accusation, and a self-

fulfilling prophecy ensued. It was in the diviner's interest to identify a suspect because he or she had a near-monopoly of witchcraft remedies, and made a living by dispensing them. Since the diviner's reputation relied on a diagnosis plausible to the victim, confirmation of the suspicions already present in the client's mind produced the best results".

3.3.7 South Africa's "Greed Culture" seated in murders

Vincent[60] is of the opinion that the traditional healer's intention to make at all-time money, can be seen in the present greed-culture of South Africans, starting in 1994. With the New Political Dispensation muthi murders became a prominent feature of the present period of capitalism, obtainable by various forms of money-making, ranging from pyramid schemes, cadre appointments, tenders and contracts – greed and money gospels that pledge to deliver immediate immersive wealth up to supernatural means, like strong muthi, to bring this prosperity.

The post-1994 anti-capitalism have been replaced by economic empowerment that sorely only brought richness and success for a very few: mass unemployment, poverty, poor health and educational care, homelessness and inequality, restart and strengthen the belief that bad magic and supernatural means can correct these shortcomings. As such, muthi murders and witchcraft-related crime became a phenomenon of the present South Africa; it is thus not a wayward throwback to a dark and savage past. Witchcraft and the supernatural offer hope to the unlucky and unsuccessful individual on the other side, as well as the opportunity for the traditional healer to make profit out of the uncertainty of the believer in the supernatural.[58,60,66]

Muthi-murdering goes deeper: it is not only limited to so-called community or acceptable murdering, or the individual side-lined by the post-1994 eco-political system where insecurity in daily life, revenge, jealousy, etc., are the prominent drivers, but it becomes a commercial way of life, stripped on the one side from any supernatural beliefs by the killer, but only driven by greed and to make money out of the murderous-system. This greed-intention in muthi-murders is confirmed by the study of Roelofse[58] that found that out of 138 cases, only *one* was driven by revenge; the other 137 (99.2%) cases were solely driven for *money-making* in a system wherein the life of the individual counts little and where victims are easily available (specific the poor, the elderly, the female, the

child). The fact that in South Africa the prosecution of serious crimes is very low, makes muthi-murdering a very attractive business-opportunity for the criminal, knowing he can mostly get scot-free.[58,60]

Two cooperation powers are thus active here: a group of people still believing that supernatural and witchcraft can bring prosperity for them and the willingness to buy muthi for this purpose, *versus* a group of cold-blooded criminals (without real belief in the supernatural and the working of muthi on successful life-outcomes) who use the system to fulfil the believers of supernatural needs to fulfil their own financial needs by muthi-killings and the trade in human body parts.

A strong role-player in the growth in muthi-murders seems to be the well-off. Vincent[60] found that many muthi-murders are ordered and paid by individual businessman, syndicates and political hopefuls, seeking their own individual success; all people who are still convinced of the efficacy of magical cults. The individuals, most male and from the older generation with strong "traditional" inclinations and beliefs in the supernatural, are already prosperous and powerful and often formerly educated, as Vincent reflects[60, p. 46]: "They straddle both realms of knowledge-educated enough to be economically successful and able to command or pay for labour including killing and knowledgeable enough in the sphere of witchcraft to deal in muthi".

The role of the traditional healer, either as a direct killer or the requestor of such a killing for human muthi parts or the indirect buyer of human parts, is obvious here, notwithstanding the Traditional Health Practitioners Act No 22 (2007) noble profile of the traditional healer as a person with "clean" hands.[11,60]

Vincent [60] and Holland[11] stated already very well the money-making intentions of the traditional healer in today's setup, supported by Traditional Health Practitioners Act No 22 (2007)'s impact. Vincent writes as follows about the traditional healer's business skills and intentions in the muthi trade[60, p. 52]: "Sangomas are business people: they buy and sell commodities and their trade is much facilitated by the use of the postal services, motor vehicles and cellphones. Their instrument of choice is the scalpel rather than the spear. Among their most prized clientele are themselves business people seeking advantage over competitors, success in new ventures or a widening of their customer base. Muti murders, in common with many other features of South Africa's occult economy, can thus be understood as an attempt to re-create a sense of

orderliness and predictability in an unruly post-apartheid, late capitalist world of rapidly changing markers of identity, failed political expectations, massive economic deprivation amidst the sudden and conspicuous enrichment of the few, rampant criminality".

How extreme high the incomes of traditional healers can be, is well-illustrated by the case of the "herbalist," Michael Andile Dlamini of KwaZulu-Natal. He claims to make between R15, 000 and R20, 000 per day from his concoctions (R450, 000 to R600, 000 per month). His randela outfit is pinned with R100 and R200 notes. He is so financial successful in his practice that he employs several bodyguards, a person to pin the money onto his clothes, six people to help with the products as well as entertainers.[67]

This incitement to make money goes much deeper; namely the superficial maintaining of a self-fulfilling reputation of evil-diagnosis and -treatment by the traditional healer, solely for the upkeep of more moneymaking. Thus, the role of the "good" traditional healer that the Traditional Health Practitioners Act No 22 (2007) tries so hard to profess, can very easily and very fast changes from a person who endorses morality and doing kind[11, p. 5]: "to a charismatic charlatan coercing other through clever manipulation of his esoteric knowledge granted inappropriate worth by a credulous and anxiety-ridden people".

This money-making intention – above morality and integrity – and the resorting to criminality, was well reflected recently by the actions of a group of traditional healers in Swaziland when a Christian church was burned down because it lured away their clients and thus income. Jabu Ndwandwe, a traditional healer, obfuscated this criminality of traditional healers as follows[68, p. 1]: "We were losing customers because the people are flocking to be cured with the miracle power of the prophetess instead of relying on our magical potions. Our magic is (founded) on the ancestors and is tried and true. But people always like new things. We had to destroy that church to save our practices".

On the foreground is here an established belief system in witchcraft and superstition, with specific the so-called causes of bewitching and remedies for alleged bewitching, indoctrinated as real from an early childhood on to a certain societal sector in South Africa. It reflects a pre-modern society-setup where there is still an absence of scientific education and social-economical uplifting against the presence of political misleading doctrines and unstable cultural and religious leadership. In this pre-modern thinking and living environment where

the traditional healer has a free pass as a priest to practice supernatural actions, customs and other witchcraft-related behaviours, the Traditional Health Practitioners Act No 22 (2007) is going to bring the healer and his doubtful medical doings inside the official healthcare. This is going to intensify the practice of witchcraft, sorcery, wizardry, quacking, witch-hunting, murders and the trade in human parts.

3.4. HOW AND WHY BEWITCHING AND WICKEDNESS ARE CREATED AND UP-KEPT WITHIN SMALL, SPECIFIC SEGMENTS OF THE SOUTH AFRICAN POPULATION

3.4.1 Established belief-system in witchcraft and superstition

To understand the phrase "credulous and anxiety-ridden people" in the upkeep of the traditional healer position and practice in the exploiting of superstition within a small but specific segment of the South African population, it is important to understand also *how* and *why* bewitching and wickedness are created and up-kept within this segment of the population (Holland, 2005).

Phrases like[11, p.6]: "the witch's most fearsome power in African minds", is her assumed "ability" to harm people: she is the opposite of good – the personification of evil or the evil of witchcraft attacks the living, causing people on earth to suffer and die, brings to the foreground an established belief-system in witchcraft and superstition – specific the so-called causes of bewitching and remedies to alleged bewitching – that was indoctrinated as real from an early childhood to a certain societal sector in South Africa. It reflects a pre-modern society-setup where there is still an absence of scientific education and social-economical uplifting, as well as the presence of political misleading doctrines. In this pre-modern thinking and living environment, mostly a poverty-stricken and underdeveloped one, there is a daily life-struggle to survive – and thus a direct threat of serious personal or community misfortunes, disasters and illnesses; beliefs to be either the result of the ire of angered or jealous ancestral spirits or the evil-doing of other persons to them, like the witch. It is specific the belief in the alleged doing of the latter that evokes and strengthen the use of the traditional healer to identify, to blame and to punish someone for these alleged deeds. This unlucky person is the *witch*.[5,6,11,42,43,60,69,70]

In witchcraft-accusation in the pre-modern society, the belief that everyone in the community is at all times expose to bewitching, forms the base of the reasoning that if unexplained and unexpected misfortunes occur which is believed not the result of ancestral spirits ire, then someone specific who must be a witch, is responsible for the disturbance of the complainant or community's harmony. Hereto, a witch must be identified and be punished, with actions up to murdering [5-7,11,60]

3.4.2 The right to equality

Reasons for the accusation of a person or persons to be a witch and to practice witchcraft, is sometimes very complex and contradicting in terms of the believers of witchcraft. Central to these reasons are the belief that each member of a community has an equal right to the community's prosperity (the same right that one community has to another community). When this right seems to be denied or is not experienced by a member in his daily life, especially over a long period, the accusations of witchcraft – and a person to be blamed for economical, personal and social misfortunes and dilemmas – step in.[5,11,60]

3.4.2.1 Origin of accusations

The origin of accusations can take various forms – it can be varying from simple neighbourhood-unfriendliness to personal arguments, bad business deals to jealousy about other's prosperity and richness, up to a community's displease of the moral behaviour of a specific person, like adultery and the alleged desire of someone's wife or husband or other non-community doings. It seems, especially, to be the person who prospers beyond the others of his community that falls prey to be named a witch, or to attract and be attacked by the so-called witch and his bewitching because of the witch jealousness of this person's prosperity. The base of reason here is that, to be richer, more prosperous than the rest of the community, this prosperous person must use witchcraft or is a witch with the power to can impoverish other.[5,6,11,61]

In other cases, to the contrary of the rich-victim-identification, it is the poorest in the community who is blame to be a witch because it is belief that this deprived person is jealous of and hated others of their better position, belongings, etc., and uses thus witchcraft to harm them. How imbalance these allegations of witchcraft are, is reflected by the fact that most complainants who

say they are bewitched by a witch, are older, less successful persons who had reached a life-stage where the ability to prosper is absent, or who, over a long period of continuous efforts, failed to obtain successes by own shortcomings. An accused is identified to be blamed for these life-dilemmas and inequalities.[5,6,11,60]

Personal conflict, tension and especially meanness in daily life, as said, play also a strong role in allegations of bewitching. Private scores are seeming to be settled this way, while selfish motives to cover-up own bad-doings, are many times the base for these fraudulent accusations and the blaming of dishonesty and meanness of other individuals. The community as a whole are also sometimes involved in the stirrup of accusations of witchcraft and the identifying of an individual to be blamed a witch in times of large community disasters, like long duration-droughts, death by epidemics, disaster death in earthquakes, etc. Even the re-enforcing and up keeping of moral customs, beliefs and habits of a community, are misused by communities, leaders and individuals, to accuse individuals, because their unsocial behaviour, it is belief, has invoked or going to invoke harm from the ancestral spirits.[5,6.11,60]

3.4.2.2 The handicapped as a victim

Further, it seems also often to be the emotional, cognitive and mentally handicapped individual, who is less capable to defend himself, that is picked as victim to be a witch by the "good" traditional healer: these unfortunate people are doctrine with time to belief not only that they "are witches", but even "belief that they did wrongdoings" that they not really are guilty of, as such a "identified witch" confesses[11, p.58]: "I do not remember doing it, but I believe I was the cause".

Physical torture, as part of this doctrine, to break them into their role as a witch and bewitching by the "good" traditional healer with the community's cooperation, is also evidence[11, p.58]:

"The child's family accused me. The village elders decided we should visit a famous witch-finder in Mozambique. The journey was long, five days, and the diviner immediately knew that I was the one. On the journey back they made me carry a large rock as punishment and they beat me with a stick the whole way. I fainted. They gave me water and made me carry on. They tried to make me ride

on the back of a dog. Then they filled my blanket with sand and made me carry it".

3.4.2.3 Witchcraft beliefs offer a catharsis to usage fear

In short, [Holland11, p.16]describes very well the dangerous aims and intentions of witchcraft beliefs and practices, in which the traditional healer plays a dominant role, when she concludes: "Witchcraft beliefs offer a kind of catharsis to assuage fear, the need for revenge feelings of jealousy in the face of disparity of circumstances, and the misery of inexplicable misfortune. They provided society with scapegoats".

3.4.3 The use of manipulation central to the traditional healer's fraudulent witchcraft

The diagnosis of assumed supernatural phenomena like witchcraft, is fraudulent and without any scientific basis to support it. It is clear that the traditional healers and the local culture of societies are responsible for the creation and the upkeep from generations to generations of the belief-system of bewitching and wickedness. Hereto stands the healer also central in his manipulation and management of the supernatural solely to his benefit. His witch-hunting and finding let to wrongdoing to other's lives, property, personal, social and economic rights; he brings immense hardship to many by his false and malevolent practice in his self-promotion for status and money.[26,35-37,62,71]

3.5 THE WITCHCRAFT SUPPRESSION ACT (NO 3 OF 1957) IS NOT A MEDIEVAL THROWBACK TO THE DARK AGES FOR SOUTH AFRICANS

3.5.1 History

The present-day Witchcraft Suppression Act No 3 (1957), as amended, is based on the Witchcraft Suppression Act of 1895 that was applicable to the British Colony of the Cape of Good Hope. This early Act, it seems, was again based on the archaic Witchcraft Act of 1753 of Great Britain (that was repealed in 1951 and replaced by Consumer Protection Regulations in the United Kingdom of Great Britain).[62,72]

Various other territorial laws in South Africa forego Act No 3 (1957), namely Act No 24 (1886): *The Black Territories' Penal Code* (Cape of Good Hope), Act No 2 (1895): *The Witchcraft Suppression Act* (Cape of Good Hope, Law No 19 (1891): *Natal Code of Black Law* (Natal), Ordinance No 26 (1904): *The Crimes Ordinance* (Transvaal) and Proclamation No 11 (1887): *Laws and Regulations for the Government of Zululand* (Zululand).[36,62,72]

The Witchcraft Suppression Act No 3 (1957) was enacted by the pre-1994 regime and came into force on 22 February 1957. It was amended in 1970 by the Witchcraft Suppression Amendment Act (No 50, 1970), which added one new offence (purporting to use supernatural powers to accuse another person of causing death, injury or damage) and which also converted fines, denominated in Pounds, into Rands. The maximum fines of the Act were fixed in 1991 by the Adjustment of Fines Act (No 101, 1991). In 1997 the Act's operation was also made uniform across the former homelands by the Justice Laws Rationalisation Act (No 18, 1996). The Act was again amended in 1997 by the Abolition of Corporal Punishment Act (No 33, 1997), which abolished the use of whipping to punish offenders. This amended Act of 1957 (1970, 1991, 1997) is currently in force.[36,37,62,72-75]

3.5.2 Perspectives on Act No 3 (1957)

Literature still shows some support for the upkeep of the Witchcraft Suppression Act. On the other side opposition to the Witchcraft Suppression Act No 3 (1957) seems to grow. In this perspective both sides' opinions, statements, beliefs, viewpoints and arguments were reflected, and compared and analysed to obtain insight in the moral dilemma around the issue of the supernatural, witchcraft, dissident-religions and the use of law to combat it.

3.5.2.1 Supporting standpoints for the continuation of the Witchcraft Suppression Act No 3 (1957)

It seems that there is still a group of people in the South African government, public professions and the law fraternity who see the Witchcraft Suppression Act as workable (notwithstanding its negative political and emotional inclinations at present). Change to the Act, or the repealing of it, can for these supporters only happen when a better alternative is put in place. This declares to some extent the upkeep of the Act so far, notwithstanding strong opposition

[See also subdivision **4.3: The Traditional Health Practitioners Act (22 of 2007) versus the Witchcraft Suppression Act (3 0f 1957) in modern-day South Africa** for a further description].

The opinion is held that the Witchcraft Suppression Act's main aims, namely to prevent witch-finding and the harming innocent people under the pretence that they are wizards, are noble, focussed and are successfully executed. These main aims are[36]:

1. to prevent any person or a community to identify a specific person (notwithstanding his position or doing, to justify such an identification) to be a “"wizard"” through witch-finding;
2. to prevent that this identified person ("wizard") is harmed (threatened, terrorised, victimised or even murdered) in anyway by the “witch-finder” or the community; and
3. to prevent a person to call himself a "wizard" by prohibiting such self-naming / declaration as a crime, with the sole aim to safeguard him against harm by his own wrongdoing of self-description, to be identified as a "wizard" by the “witch-finder” and the community.

Various outcomes were used to reflect that the Witchcraft Suppression Act is successfully realising its aims and therefore must be kept for the near future. Especially the statistics of the 2006-report of the South African Parliament are used in this context. Specific the rising in convictions from 1994 to 2004 is stated as evidence of the Act's effectiveness. The report reflected that in 1994 only 13 persons were convicted on the accusation of identified another person as a "wizard" and/or of actions to harm such an identified person as a "wizard". In 2004, 10 years later and with seemingly a stricter implementation of the Act, these convictions rose to 345 cases (a rise of 332 or 96,2% in cases) [Officially the SAPS does not keep statistics specific on muthi or ritual assaults and murders; this limited an in-depth study on the matter, stretching from 1957 to present. It forced the use of a few studies (like the 2006-report of the Parliament)].[9,38,60]

The rising in the total of cases investigated and prosecuted (meaning withdraws and acquittals) is also viewed as a re-affirming that the Act was in the past and is still today, effective in its aims to combat the illicit activities of “witch-finders” and to safeguard the innocent from harm in witch-hunting. In this concern the 2006-report shows that in 1994 only 10 cases of withdraws,

with nil acquittals, occurred; in 2004 there were so much as 567 cases of withdraws and 141 of acquittals. (In the withdrawn cases the rise was 557 or 98.2% and in the acquittal cases the rise was 141 or 100%).[9,38,60]

It is also argued that the dramatic rise in the total registration of witchcraft-related cases in a period of 10 years – from only 23 (10 withdraws, 14 convictions and zero acquittals) in 1994 to 1,053 (567 withdraws, 345 convictions and 141 acquittals) in 2004 – by law-enforcing agencies like the South African Police Services (SAPS) and the National Prosecution Authority (NPA), can be seen as a motion of confidence by SAPS and NPA that Act No 3 (1957) it is an effective and working piece of legislation. Also, it is argued that this statistics, together with the law-enforcing bodies involved, confirms that Act No 3 (1957) is at all-time active and in use.[9,36-38,60]

The opinion is further that the Witchcraft Suppression Act No 3 (1957) is not aimed to do any harm or injustice to the law-abiding citizen, even when he transgresses some of the regulations of the Act, knowingly and wilfully. *The Act is only focused and applied in terms of its main aims: to prosecute only the crime-intended individual who would normally be prosecuted under any of the other criminal codes for serious law-breaking.* In terms of Act No 3 (1957) the context of the focus is specific the person who names, identifies and sniffs out any other person as a wizard and who intends to do or is involved in doing such a person harm in one or other way.[7,9,37,38]

The opinion is that only certain sub-rules of the prescribed rule 1(a) to 1(f) are really implemented to prosecute: meaning that the Witchcraft Suppression Act No 3 (1957)'s regulations are thus *only partial executed to make prosecutions*. To determine the true impact of this assumed executing of Section 1(a) to 1(f), is very difficult, seeming that governmental agencies do not refer specific on witchcraft-related crime statistics or other research outcomes. The only guide to review the use of the Witchcraft Suppression Act No 3 (1957), is mainly the writings and appeals of the neo-pagans, individual-objectors and other interest-groups that are focussing their writings on the repeal of the Act, or whom are doing research on the Act's benefits, shortcomings, etc.[9,10,26,36-38]

Another approach is to compare the six main offences, as described by Section 1(a) to 1(f) of Act No 3 (1957) with the statistics on witchcraft-convictions of the 2006-report of the Parliament for the period 1994 to 2004.[9,36-38]

This comparison reflects that on three of the six types of offences (reflected by Section 1 as law-breaking), convictions occurred. This put to the foreground that not more than 50% of the prescribed offences are activated to prosecute and thus that the opinion that the Witchcraft Suppression Act No 3 (1957) is indeed only in part implemented, seems to be corrected.

These outcomes are vague and not fully informative about the alleged "in part prosecution approach" of the law-informing agencies. A more detailed analysis is needed. In this concern it must be noted that the six offences, reflected in Section 1, are compiled and described by the incorporating of different offence-descriptions, to obtain the six descriptions. These incorporated descriptions can lead to an over-simplifying interpretation about the partial or full executing approach of the Witchcraft Suppression Act No 3 (1957).[9,36,38]

To obtain a more precise profile of a specific offence relating to a specific conviction, above six offence descriptions were separated from each other where clearly unrelated to each other in terms of legal meaning. The offences were re-written to reflect specific (single) offences only. With this focus approach fourteen single offences, relating to the practice of witchcraft, were identified and described. These fourteen offences relating to witchcraft, were again compared with the witchcraft statistic of the 2006 Parliament report for the period 1994 to 2004.[9,24,26,36,37,38]

This comparison reveals only three offences with convictions out of the total of fourteen single offences; meaning so much as 78, 5% of the regulations were apparently not use in law-enforcement. This is in line with the opinion earlier obtained that alludes that the Witchcraft Suppression Act No 3 (1957) is only partially applied to make prosecutions and to obtain convictions.[9,38]

It seems from the outcomes of this subdivision that the Witchcraft Suppression Act No 3 (1957) benefits to society and the individual specific, overshadows its prejudice. The view that the Act is only in part applied and then only to bring true, serious criminality to book, supports the opinion that the constitutional rights of the individual are not transgressed. These outcomes seem to declare why the SALRC and the government itself are hesitating to repeal it, seeing that the Act fulfils its main aims to protect the individual.

3.5.2.2 General opposing views on the Witchcraft Suppression Act No 3 (1957)

There is also strong opposition in general to the future existing of the Witchcraft Suppression Act No 3 (1957) as a criminal law. Opinions, viewpoints, meanings, statements and arguments varying from that the Act is ineffective, undefined and un-African, to specific transgressing of the Constitution. Many see it as a medieval remnant of legislation.

- **The Witchcraft Suppression Act No 3 (1957) is an Undefined Act**

The opinion is argued that the Act's definitions of *whom* a "wizard" really is and *what* "witchcraft" really means are incomplete and poorly formulated. This, is argued, creates serious legal-interpretation problems for the SAPS to register a charge and the NPA to prosecute such a charge. Its exclusive focussing on "pretence" and "accusations" of "witchcrafts", led to the failure to acknowledge the existence of "real, true witchcraft" and thus to criminalize such assumed witchcraft-doings effectively. In this context the only description that is allocated to the "wizard" is that he/she is an unspecified misdemeanant, a person that does practices unspecified activities called "witchcrafts".[9,38]

■ The name "wizard", the identity under whom a person can be prosecuted in terms of the Witchcraft Suppression Act No 3 (1957), implicates also the names of "witchdoctor", "witch-finder", "occult-scientist", "fortune-teller" and "witch". It seems that the word "witch" is the most used name in South African literature and by the public is used alternative to "wizard".[36]

Legal uncertainties in the Act's definitions, is argued, can lead thereto that a person who thoughtlessly and ill-considered uses the name "wizard" or reflects actions/deeds in their doings that can be associated with "witchcraft" but who is not really guilty of practising witchcraft, can be seen as law-transgressing. As such he/she can, in terms of "pretence" and "accusation", be convicted and sentenced. This is well evidence for instance in the listed offences in Subsection 1(f) of the Act, as illustrated under and such a person becomes an offender with a stiff sentence for harmful practices or pretence thereof, namely[76]:

> "To gain, pretend, to exercise or use any supernatural power, witchcraft, sorcery, enchantment or conjugation, or knowledge of any occult science to discover where and in which manner anything supposed to have been stolen or lost may be found".

Above unrighteous criminalisation of innocent people, simply because Witchcraft Suppression Act No 3 (1957) fails to distinct successfully between true or false accusations, and thus to evaluate accusations in its true context,

made it easy for a false "victim" to successfully frame an innocent person as to be the practitioner of witchcraft and/or related practices; even to label that person as misdemeanant and to obtain a conviction against such an innocent person.[76]

The finding of ritual/muthi murders are escalating. For 2010 to 2012 there were 50 recorded murders in this context. This supports the opinion that the Act fails to safeguard the lives of the innocent against witch-sniffing and –hunting, and fails thus it aims.[9,36,38]

The opinion that the Witchcraft Suppression Act can falsely criminalise the innocent is strengthened by the dramatic rise in the cases of withdrawals and acquittals between 1994 and 2004. For instance, in 1994 only ten cases were withdrawn, but in 2004 this number increased to 567. This rising is not seen as a result of better policing, but a direct negative outcome of the opportunity that the Act offers for false "victims" to misuse it for their sole, own benefits. From 1994 to 2004 the acquittals also rouse from zero to 141. Again, as with the cases of withdrawals, the view is that it results because of the unrighteousness of the Act, with its inability to differ effectively in terms of the law between innocent persons and misdemeanants.[9,38]

The intense inability of the Act to mark out between right- and wrong-doings, is also argued to be seen in the ratio between the dismissing of cases and convictions. For instance, in 2004 567 cases were withdrawn and 141 acquitted against 345 convictions. This reflects the outcome-ratio of possible false/unsubstantiated accusations against convictions, of 2:1, meaning that for every two cases reported, so much as one was dismissed outright.[9,38]

The outright dismissal ratio is much worse when the total statistics for 1994 to 2004 are calculated: a total of 2 976 cases were withdrawn, 1 303 cases convicted and 946 cases were acquitted. When this withdrawals and acquitted cases are compared against the convictions, the ratio is high as 3:1 (3 992: 1 303), meaning that for every three cases charged by the SAPS, only one is convicted. Hereto it must be mentioned that there is an opposing opinion about this "two out of three victims who are falsely accused", namely that most of them are guilty but escape conviction because of incompetent investigations by the SAPS and poor NPA prosecutions.[9,38]

The view that the innocent is at risk to be identified or falsely accused as a witch and for witchcraft-related crime, because Act No 3 (1957)'s incomplete and insufficient formulated definitions, seems to hold some substance.

- **The Witchcraft Suppression Act No 3 (1957) is an ineffective Act**

It is argued that the 2006 report of the Parliament, as used by the backers of the Witchcraft Suppression Act No 3 (1957) as positive outcome on the Act, reflects just the opposite as alluded. The true fact is that witchcraft-related murders are still rampaging, as the online archive of the SAPRA confirms the murder of at least 50 innocent persons killed to be "witches" between 2010 and 2012 (This number excludes muthi or ritual murders). Research shows above numbers are a total underestimation and that the yearly number can be more than 300.[38,77,78,84,86]

The fact that various counter-interventions also had to be done between 1996 and 2014 to combat witchcraft-related crime, like the *Commission of Enquiry into Witchcraft Violence and Ritual Murders* (*Ralushai Commission* of 1996), *the Commission for Gender Equality's National Conference on Witchcraft Violence* (1998), the *Thohoyandou Declaration on Ending Witchcraft Violence* (1998) and the *Mpumalanga Witchcraft Suppression Bill* (2007), as well as three *Ritual Murder Summits* between 2000 and 2014, strengthen the opinion of the ineffectiveness and failure of Act No 3 (1957) to execute its main aims.[8-10,13,14]

Another point of difference is that of the so-called noble intention that the Witchcraft Suppression Act is only partially implemented to prosecute only hard-core crimes related to witchcraft. Here the question is asked that if only three of the offences as described by Section 1 of the Act are activated, why are the 11 so-called "dead law" regulations of the Act still been kept on the law books.

The view is that the Act is still left empowered to be implemented, indiscreet to prosecute on the 11 other offences and serves to misuse of the Act to do injustice and harm to the falsely accused and innocent victim. Specific the neo-pagan, whose practice rituals can inflow into the law-breaking of the 14 offences, is at risk[9,10,36,37]

- **Un-African inclinations of the Witchcraft Suppression Act No 3 (1957)**

A prominent viewpoint of the Witchcraft Suppression Act No 3 (1957) is that it is extremely hostile to and destructive for the indigenous African culture and

religion. The opinion is that the colonial and pre-1994 regimes were at aim to terminate all unique African habits, customs and lifestyle with the Act and that it, as one of the last remnants of Apartheid, must be repealed.[24-26]

The contrary to this viewpoint seems to be true. The African post-1994 government could already in 1994 repeal it, because they are the outright rulers in South Africa. They did not do it because it is not a political-orientated law, as is argued. It is a true African law, a successful legal instrument to prevent ritual, muthi and so-called "witch"-murders and crime, and to save the lives of innocent and vulnerable people who are often harmed or murdered for various reasons under the pretences of "witchcraft"- and "witch"-murders.[9,24]

The present activities by the South African Police Service (SAPS) to appointed 40 members specific to deal with so-called witchcraft, reaffirms the need for laws like Act No 3 (1957). This SAPS-intention to combat so-called masked supernatural-related crimes is also echoed by various governmental agencies, ministers from the cabinet, and even the South African Teachers Union (SADTU) for instance.[26,77]

Furthermore, it seems that arguments of a unique African culture and religion in which the traditional healer as a witch-finder and witchcraft-related criminality can play a role, do not hold any value in the modern South Africa. For instance, *indigenous* and/or *traditional* African religions represent only 0.35% of the total Black population. This evidence contradicts the alleged exclusive existence of an African "religion culture.[45]

To address abhorrent behaviour, like witchcraft-crimes reflected by the underdeveloped section of society effectively with the Witchcraft Suppression Act No 3 (1957), is not un-African. It is needed to safeguard the community against malevolent individuals.[4,23,45,78-83]

The viewpoint that witchcraft-crimes must be handled by tribal leaders because the community is "African", is inapplicable and insignificant to combat witchcraft-crime. The South African legal system is more than competent enough to handle witchcraft-related crimes. The Constitution does not allow any transferring of its legal powers to quasi-courts to make criminal convictions. South Africa's experience of street- and bundu-law and the barbaric-kangaroo courts of townships in the 1960s is more than enough evidence that tribal or community courts do not have a place in the legal system. It cannot replace the Witchcraft Suppression Act No 3 (1957) at all, as alluded.[23,24,74]

- **Individual rights viewpoint**

Individual-objections are based on the viewpoint that every South African citizen should be totally free in terms of the Constitution and its Bill of Rights and Sections 5(1) and 5(2) of the Civil Union Act No 17 of 2006 to believe, to choose and to practice his culture and religion unobstructed.[85]The view is that the State does not have the right to discriminate against or to criminalise an imbedded cultural and religious belief and practice system, as it is argued that Section 1 of the Witchcraft Suppression Act No 3 of 1957 does that specific. The opinion is that Section 1 invokes automatically on the individual the interference of criminality, which can affect his ethnic status, his cultural grouping and limited his right to equality, freedom of association, choice of occupation or profession, and as already mentioned, his freedom to choose and to practice a religion or culture not part of the everyday setup.[36]

This discrimination in terms of the Witchcraft Suppression Act No 3 (1957) is been alluded in more than 11 clauses of Chapter 2 of the Constitution and its Bill of Rights (as well as Section 5 of the Civil Union Act of 2006). The opinion is that the Witchcraft Suppression Act No 3 (1957) means in this context a negative classification because of official stereotyping and stigmatising. This means an innocent person can be projected as malevolent in the eyes of the public, purely on ground of his religion, culture or lifestyle.[26,61,72,84]

With reference to religious inheritance, the opinion is argued that Section 1 goes direct into the heart of the individual Hindu-believer's, traditional healer's and neo-pagan's practice of divinations, charms and fortune-telling.[26]

The above belief in the supernatural and superstition (as defined by Section 1 of the Witchcraft Suppression Act No 3 of 1957 as a legal transgression), is clearly also fully applicable on the other traditional South African religions, Christians (main South African religious group), Muslim and Jewish groups. This truth is well-confirmed by the following comment[24, p , response 5]:

"If you can believe in an invisible man in the sky that will burn you if you do bad things, then I say you can believe in witchcraft. I find witchcraft no more ludicrous than Christian, Jewish or Muslim beliefs and if you outlaw the one, you may as well outlaw the lot".

Therefore, to identify a single culprit practising the supernatural or to prosecute only the "witch", the neo-pagan or the religious dissident, as the Witchcraft Suppression Act No 3 (1957) initially undoubtedly intended in 1957

to do, will be an injustice. If the neo-pagan and the "witch" are prosecuted, the same must be done with the Christian, the Muslim, the Jew (for all of them the universal base is the afterlife and its corollaries with the living). The fixed opinion determined is that it is impossible to outlaw meaningfully the supernatural and superstition. This seems to be confirmed by the unofficial inclination of the South African criminal justice system and law-enforcing agencies to uphold only in part the Witchcraft Suppression Act No 3 (1957) regulations to fight witchcraft and related crimes (and other masked crimes reflected as witchcraft) like murder.[24]

In studying Section 1 of the Witchcraft Suppression Act's interpretations and description on the supernatural, the impression is left of it as real (concrete) behaviour that can be scientific tested (the same for instance, the occult science). The SAPS's own admittance that they belief there is something "real" as supernatural – or as they describe it as[77, p.2]: "handlings and activities of a spiritual nature – things outside the physical sphere" (*bedrywighede of aktiwiteite van spirituele aard – dinge buite die fisieke sfeer)*, brings only further confusion for the individual.

It forces to the foreground possible discrimination of his civil rights to belief in a specific culture or religion and to practice it, notwithstanding that he is a neo-pagan, Christian, Muslim or Jewish. In this context of conflict and confusion, the opinion is that the individual is more than enough justified to doubt the legality of Section 1 of Act the Witchcraft Suppression No 3 of 1957 in terms of the Constitution.[9,36,74,77,84,85]

In contrast to the belief by individuals of their total-freedom of behaviour that they demand in terms of the Constitution (as can be reflected by the above), it is hereto important to note that the Constitution is designed and enacted to safeguard also the individual rights of other citizens, not only that of the alleged deprived individual, a neo-pagan, a traditional healer, a Hindu-believer, a Christian or a Muslim. The Constitution clauses all over safeguard that it is not misused by individuals or groups to serve selfish and sometimes masked dangerous needs and aims.[9,24]

In terms of the Constitution only rights will be bestowed on an individual when his new-asked or old-deprived rights do not infringe on the rights of other individuals (and of cause the State per se). This is the reason why the Constitution was not activated and not used to interfere for instance between

1994 and 2004 with the Witchcraft Suppression Act No 3 (1957)'s actions when more than 1 300 cases of witch-sniffing and -hunting were successfully prosecuted (and, surely many witch-murders prevented). It allowed that 2 976 cases were initial registered for criminal activities but dismissed and a further 946 cases were acquitted for the period 1994 to 2004, confirms the trust in the Witchcraft Suppression Act No 3 (1957) and that it is not unconstitutional as certain sectors in the society alleged.[9,24]

With reference to the legal status of the Witchcraft Suppression Act No 3 (1957) as a law, the opinion cannot be ignored that although no one can doubt that South Africa has one of the most progressive Constitutions in the world and possesses a complex democratic machinery to manage its legal system, it still has three levels of social development: a developed, a developing and an underdeveloped sectors of civil society. It is especially the underdeveloped level that still believes in witchcraft and is guided in daily life and decision-making by it. In this tier of underdevelopment there still exists a kind of primitive savagery reminiscent of medieval times; a setup where culture and religion is misused to mask needs (but also as an excuse) and to express and live-out abhorrent behaviour, like ritual and muthi murders and personal revenges.[1-3,9]

South Africans are at the moment still just too unequal for the Constitution to fit and to fix the rights of everyone; other legislations, like the Witchcraft Suppression Act No 3, are needed to safeguard and to execute these rights with the Constitution.[86-89]

The Witchcraft Suppression Act No 3 (1957) can surely be described as a medieval throwback to the Dark Ages, but at present it serves excellently the innocent individual (victim) against the criminal behaviour of the witch-sniffer and witch-hunter, as well against the evil-intended community of whom he is a member. The SALRC's various refusals since 1994 to have Act No 3 of 1957 repealed, confirms the opinion of the benefits of the Act on the one side.[7,9,36,37]

On the other side it also reflects the Constitution's guarantee that law-abiding behaviour must be kept up by the prosecuting of any wrongdoer. Both the pre-1994 Apartheid's and the post-1994 anti-Apartheid's regimes have kept the Witchcraft Suppression Act No 3 (1957) undisturbed now for a period of six decades because it serves the Constitution and the country's citizens excellently.[7,9,36,37]

The finding in principle by the SALRC more recently, after years of constant appeals by the traditional healers and other objectors that certain sections of the Act can be unconstitutional, does not mean that it is going to be repealed or be changed immediately.[90]The Parliament and its lawmakers must first consider the matter.[91]

3.6 NEO-PAGANS ARE ACCOMPLICES AND SUPPORTERS OF TRADITIONAL HEALERS IN TRANSGRESSING THE REGULATIONS OF THE WITCHCRAFT SUPPRESSION ACT (NO 3, 1957)

3.6.1 Historical background

A prominent group of appellants in South Africa, trying to have the Witchcraft Suppression Act No 3 (1957) reviewed and repealed, is the so-called *neo-pagans*, also referred to themselves as *pagan-witches* and *self-identified witches*. This group enters the scene after the promulgation of the Constitution in 1996. Three splinter groups of neo-pagans can be identified, namely the Pagan Federation of South Africa (PFSA) that was formed in 1996, the South African Pagan Rights Alliance (SAPRA) formed in 2004 and the Pagan Council of South Africa (PCSA/SAPC) formed in 2006. These three mouthpieces – PFSA, PCSA (SAPC) and SAPRA – make the public very well aware of their assumed rights and status in terms of Section 5 of the Civil Union Act (No 17, 2006). Specific prominent is their demand to have the Witchcraft Suppression Act No 3 (1957) repealed because they argue that it transgresses not less than 11 clauses of Chapter 2 of the Constitutional Act and the Bill of Rights. Their main opinion is that the Witchcraft Suppression Act No 3 (1957) penalises them as a religious group in their daily life and has the implication to criminalise them.[26,36,37,61,72,84]

It seems that the so-called neo-pagans, besides their actions through the PFSA, PCSA (SAPC) and SAPRA, in an aggressive effort to strengthen their legal appeal with the South African Law Review Commission (SALRC), also motivated their so-called members to agitate as individuals to have the Act repealed. The PCSA (SAPC) and SAPRA, with the help of support organisations like the Lawyers for Human Rights (LHR), tried in vain since

2000 to have Act No 3 (1957) repealed or reviewed with various applications to the SALRC.[24,26,36,37,72,84,92]

The Neo-pagans impact, with the South African traditional healers, in committing witchcraft-related crimes, can not be under-estimated and needs to be discussed also in Part Three. Their aimed efforts to get the Act repeal can only open the door for traditional healers to further their witchcraft practices

3.6.2 The self-promotion drive and incitation of the neo-pagans

It seems that the neo-pagans are making well-used of modern telecommunication aids in the form of websites, newsletters and journals and various other public efforts to promote and to mark themselves exclusively as an aggrieved party inside the South African religious and cultural community.[24,26,61,62,84,92,93]

Various exclusive claims, statements, assumptions and allegations are made by the neo-pagans. They lay claim that they, as the *true witches*, hold the sole right to the *ownership* of the names “witch” and “witchcraft”, together with the right of interpretation of the meaning/description of these names; that they can and may describe themselves as “witches”, ignoring outright the legal regulations of the Witchcraft Suppression Act No 3 (1957) forbidding it; that they claim to have the right to practise processes that are forbidden in terms of Section 1 of the Act (but failed on the other side to describe fully which of the rules they are claiming to transgress their rights or which they feel are discriminated against them); they claim that they did not, will not and shall not agree to accept the regulations of Section 1 of the Witchcraft Suppression Act No 3; they allege that their practices contravening Section 1 of the Act were *always* part of their *religion* and *culture;* they claim also that they are a *bona fide religion* and an *indigenous / traditional African religion / culture.*[25,54,61,72,92]

3.6.3 A literature perspective

3.6.3.1 Leadership anomaly

In light of above claims, statements, opinions and allegations and the neo-pagans’ efforts to do away with Act No 3 (1957), it was found necessary to evaluate the general South African literature on neo-paganism as well as the self-described literature of the neo-pagan fraternity in-depth.

These literature shows throughout contradictions of *who* they really as a group are, *what* their true mission, vision and aims are, their specific and real role in the South African religious and cultural setup, and thus primarily their right to appeal to the SALRC to have the Witchcraft Suppression Act No 3 (1957) repealed.

Regarding literature, it seems by the own references of the neo-pagans that the persons claiming to be the rightful appointed leaders, conveyers, spokes-persons and decision-makers for the neo-pagans in South Africa, that these so called representative executive power is centred in the hand of a few non-selective and self-appointed representatives of the three separate, and sometimes opposing, bodies active inside paganism in South Africa. This shows a small segment of individuals acting on behalf of the so called neo-pagans, reflecting their own views, aims and intentions. What is immediate clear is that these splinter bodies and their insignificant leaderships failed totally to offer a trustworthy membership-listing or -numbering of neo-pagans in South Africa. This outcome puts immediately not only the existence of true paganism in South Africa in doubt, but also puts the existence of a true and powerful leadership, representing a significant group of individuals with constitutional rights, in doubt. The impression of a very small group of activists meddling in trivial matter or an aimless few law-obstructionists, falsely reflected themselves as a significant religious and cultural group fighting specific for religious freedom, is put to the foreground.[26,72,84,92]

3.6.3.2 Indigenous African religion and culture affiliation

The neo-pagans of South Africa are undoubtedly not at all an *indigenous* African religious or African cultural group as they profess. There is no linking evidence of Black supporters to make the so called South African neo-pagans a movement that is African-founded or driven. Indeed, an evaluation shows that most of their so-called spokespersons and leaders are from *European* and other *non-African* descent. Further, in linking to their claim of an African root, it is important to note that “witches” and “witchcraft” do have negative connotations in the traditional African context. It is not terms generally used by traditional African religions to identify themselves.[26,72,84,92]

3.6.3.3 English/European affiliation

The South African neo-pagans claim to have also roots in the European- or English-witch-family or brotherhood is also unfounded. It can at most been said that paganism is the indigenous pre-Christian body of religion of Old Europe, which had included branches such as Druidism and Wicca. A review of the history of the South African pagan-bodies, like the PFSA, reflects that although they pride themselves to have a constitution [assumed based on the United Kingdom Pagan Federations (UKPF)'s one], they do not enjoy international standing or affiliation with either UKPF or the Pagan Federation International (PFI). They seem to be outer eggs in the modern-day European pagan-family, isolated and limited in pagan-empowerment.[24,84,92]

3.6.3.4 Knowledge and understanding of religion-philosophies

From their literature studied, the opinion is left that the so called South African neo-pagans experience a lack of knowledge and understanding of religion-philosophies, occultism, devil-worshipping, atheism or symbolism, reality and reasoning. The opinion is also that they reflect an inability to do self-introspection or to understand their own psyche, cognitive and emotional functioning inside the bigger South African Social System. This lacking seems to confuse them and is limiting their understanding of the true meaning of spiritualism, shamanism, atheism, witchcraft, occultism and even paganism that they underwrite.[24,84,92]

3.6.3.5 Future life-style and -planning

The opinion that the neo-pagans are confused on their own future, lifestyle, life-planning, etc. seems to be confirmed by their unspecified reasons why they want the Witchcraft Suppression the Witchcraft Suppression Act No 3 (1957) to be repealed. Research-evidence shows that their lifestyle, -planning and-future are not endangered or discriminated against, nor are they in line for prosecution.[24,84,92]

This policy of non-discrimination is well-confirmed by the fact that they were never prosecuted over the years for their provocative use of the name "witch" and the fact that the law-enforcing agencies seemingly allowed them to practice unrestricted certain activities that are prohibited by the Witchcraft Suppression Act No 3 (1957). It seems specific to be subsections 1(f) and (d) that reads "like to pretends to exercise or use supernatural power, witchcraft, sorcery, charms,

enchantment or conjuration and fortune-telling and knowledge of occult science", which are apparently contravened by them and are the reasons why they fight to repeal the Act. Linking to the opinion of confusion, as been reflected above, seems their apparent ignorance and the lack of understanding how the regulations of the Witchcraft Suppression Act No 3 (1957) are partial applied by the South African Police Services (SAPS) and the National Prosecution Authority (NPA) in their prosecutions and conviction approaches of offences in terms of the Act.[26,36,61,72]

3.6.4 Exposure to prosecution

The neo-pagans' only possible exposure to prosecution by the regulations of the Witchcraft Suppression Act No 3 (1957) is the transgression of specific sub-regulations, namely 1(a), 1(c) and 1(e). On the other side it must be noted that this specific transgressing is not only applicable on the neo-pagans, but on *all South African citizens* transgressing it, because it is an essential part of the country's criminal code to safeguard the individual's rights and life.[13,14,26,77,84,93]

The partial sanction by the SAPS and NPA of certain neo-pagans' behaviour that can strictly be interpreted as criminal, seeing that it stands on the law books as offences, is not a failure of the Act, nor negligence by the SAPS and NPA to execute their duties or orders. It is basically an outcome of the fact that it becomes well-known over the years that neo-pagans are not generally involved in crime-related behaviour, as general literature and public talk try to profess. The SAPS and NAP understand, it seems, very well that the neo-pagans have suffered prejudice and misunderstanding, and that they have been mistakenly classed with the much feared *satanic worshipping*.[13,14,24,77,84,93]

3.6.5 The 1957 scape-goating of the "South African witch"

The negative classification of the witch as a criminal-intended and a dangerous person is a direct and a wrong outcome of the medieval scape-goating of the witch as a person who makes a conscious pact with the devil. This religious-narrative incorporated mythologies of the witch-graze of medieval times, but are still stigmatised and stereotyping up today by naming the witch as a harmful person and a danger to the community. In real life this scape-goating started officially in 1957 in South Africa with the Witchcraft Suppression Act No 3 (1957)], distracts successfully the attention from the true culprits in witch-

related crimes: the traditional healer, insangoma, inyanga and the Christian and other religion priests and spiritualists doing criminal wrong. This one-sided scape-goating gives the delinquent traditional healer and various others a free pass to practice unhindered and unofficial since 1957 while the witch became criminal-blacklisted. In their prosecution approach, witchcraft, in its true context, is seemingly not solely seen by the SAPS as a unique supernatural-crime, executed specific by the "wizard" as described by the Witchcraft Suppression Act No 3 (1957), but only as an inclusive name use to "umbrella" a series of other criminal activities committed by various other culprits as the "witch". This view of the SAPS is well-reflected by their "X-files" approach to prosecute only certain witchcraft criminal-related behaviour.[13,14,24,26,72,77,84,93]

3.6.6 Philosophy of Paganism

The philosophy of paganism seems to be based on pre-modern, even childish, inclinations (that is possible also the guidelines that the SAPS and NPA follow in their lenient treatments of the neo-pagans in South Africa), as the under mentioned description expresses it[84, par.4]: "Pagan belief is based on the notion of life as an endless circle, with the promise of rebirth, renewal and recycling as embodied in the 'wheel of the year', a calendar of events following the solar and lunar cycles. Rituals are performed, in sacred places, on occasions linked to cyclic events such as the full moon, the summer solstice, the spring equinox and the autumn equinox. Pagans emphasise healing, the use of magic, and journeys to the 'other world' through meditation, drumming, dance, divination, and the use of an assortment of sacred tools including crystals, candles, drums, and feathers. Paganism is associated with a strong reverence for the Earth, and for human life, and places women in a special position in religious worship".

It is clear that the South African paganism is not a religion as the neo-pagans here try to profess in terms of Section 5(1) and (2) of the Civil Union Act (Act No 17, 2006), but at most a kind of lifestyle of a small number of mainly White South Africans. It is only when this lifestyle becomes criminal-intended, that prosecution is enacted. On the other side the neo-pagans as a so-called "religious group" is so small that law-breaking and –obstruction, to can be identified as a class-action for claims and demands in terms of the Constitution, is minimal .[84,85]

The South African neo-pagans fail in general to offer a written and proven religion-doctrine, although the PFSA claims to have a constitution and the fact that pagans call on writers like a Professor Philip Harrison and a Dr Dale Wallace to offer some authority and foundation to their belief-system. They fail further to show some constructive forms of religion-affiliation, religious opinions, standpoints, views and relation-references. They fail also to offer research-outcomes and -findings to support their beliefs and legal arguments, but save emotional and unsubstantial rhetoric on their so-called rights as a "religion". Descriptions of the roles of the member, priest, healer and "practitioner of witchcraft" of neo-paganism, are also missing in their "religious writings" and websites, journals and newsletter manifestos. Their literature it seems is only aimed to promote and to mark themselves superficially, acknowledging unknowingly and unguarded their own limited definitions, understandings and the meanings of the concepts and connotations of "witch", "witchcraft", "pagan-witch" or "neo-pagan". The opinion is left that the neo-pagan ideology is incomplete, superficial and without an academic- or religion-integrity in present-day South Africa. It is thus not without reason that there are references to the neo-pagans as "amateurs" .[26,61,62,84,93]

3.6.7 Membership-numbers of neo-pagans in South Africa

The official membership of an organization is very important to can decided if a group can be a role player claiming rights per se for the group in terms of the Constitution and if claims are limited to the individual's rights. Hereto even the South African neo-pagans' unofficial membership-numbers seems to be unknown. Literature reflects an unorganised group of seemingly bohemian and uncommitted supporters. In 2003 as president of the PFSA, Norman Geldenhuys, reported 50 000 pagans in South Africa, while a later president, Donna Vos, reported in 2008 between 10 000 and 50 000 followers (a deviation of 40 000!). SAPRA itself, which seems to be the leader in the neo-paganism-marketing and-promotion, had reflected in 2007 only 3 000 to 5 000 neo-pagans in South Africa. The neo-pagans' leadership's above own admittance of an "unknown" about the true neo-pagans numbers in South Africa, reaffirms the reason why the South African Census 2011-forms did not made any provisions for questions on neo-paganism: basically because their numbers are too low to

be significant. Memberships seems even to be below the 3 000 minimum numbers as estimated by SAPRA.[24,62,84]

The neo-pagans' claim that they are a significant *indigenous* African or South African group, can further be tested by comparing their numbers with the South African Census (2012) statistics of 2001 on religion groups and their numbers. From these statistics it is reflected that only 124 946 Black South Africans (out of a total of 35,416,616 Blacks) were adherents of the *indigenous* African religions (this represent only 0.35%). Memberships to these indigenous African religions do clearly not include neo-pagans. When non-Blacks who can belong to the so-called "non-traditional" African religions, which can possible include neo-pagans, are calculated, the number are only 955 persons. This number is much less than the 3 000 to 5 000 neo-pagans as alleged by SAPRA.[26,45,61,62,93]

A more objective view about the true numbers of neo-pagans is obtained by the using of Pretorius (1999) calculation-approach that she had used to deviate between bogus and bona fide traditional healers (Her finding is that there is as much as 90% bogus healers versus a 10% bona fide healers). With this calculation-guideline (that she used effectively to offer some bona fide reliability on the alleged and unsubstantiated number of 200 000 traditional healers in South Africa), it seems that the bona fide neo-pagans are at most between 300 and 500 (using the SAPRA-count of 3 000 to 5 000) "uncommitted members" in South Africa, a finding in line (although lower) with that of the South African Census (2012) number of 955. This declares also why there was no provision made on the South African Census 2011-form to include an explicit count of neo-pagans.[84,94]

Above outcome alone contradicts outright their claim to be a committed and identifiable group, either religious, cultural, politically or ethnic, that must be recognised in terms of the Constitution, and thus have rights to may call on Chapter 2 of the Constitution.[36,37,61,62,72]

3.6.8 Mental dysfunction and politico-religious-cultural dissidence

A point of concern that went unnoticed with unique cultural, religious and lifestyle groups worldwide and also in South Africa, is the role that mental impairment in the thinking, doings and motivations of religious and cultural dissidents play or can play. This dysfunction is specific common in politico-religion groups: it is common fact that religious and cultural dissidents are

attracted by non-common ideologies and lifestyles in which mental impairment play a strong role. This is applicable on followers as well as leaders: Mental dysfunction can go unnoticed on for years before it is clearly manifested, with unsocial and illicit behaviour. The neo-pagans lack of aims, a vision, a mission, a meaningful doctrine, together with their obsession to be known as "witches" and to have the Witchcraft Suppression Act No 3 (1957) repealed without any convincing reason why, seems more and more a point of concern,[1,50,52,95-100]

3.6.9 The misuse of the South African Constitution

The misuse of the South African Constitution by groups and individuals including the present doings of the neo-pagans, have limits. The other citizens also have rights, privileges and freedom, equal to that of the neo-pagans, which must at all times be protected as Sections 12(2) and 32(1)(b) of Act No 108 (1992), a pre-1994 version of the Constitution, already was in 1992 clear and loud about (SA, 1992).There is also a great difference between private rights and public rights, with the last mentioned as the favoured (a fact that the individual-orientated leaders of the so called neo-pagans in South Africa must take note of). Differences between South Africans, as the neo-pagans try to profess about themselves and the rest of the population cannot be addressed or solved by misuses of the Constitution or other laws as the neo-pagans try to do (Titus, 2014). It is nothing less than religious, cultural and ethnic discrimination by the neo-pagans against the rest of the population.

It is clear that there exists a misunderstanding of the working of the South African Constitution, as well as a misused and disrespect for it by some South Africans since 1994 who think the Constitution gives them rights without limitations. The neo-pagans seem such a newcomer on the scene.[55,101]

In retrospect is it clear that the South African neo-pagans are neither a religious nor a cultural group of social standing. They failed thus the legal test of the Constitution to be classified as a group who is been discriminated and criminalised by the Act. The neo-pagans of South Africa can at most be described as a social lifestyle-group of individuals that chose a way of life that is not special or unique, but can be deviated to a certain extend from the rest of the bigger society. Neo-paganism is at all thus not a religion, nor a culture, as the neo-pagans try to profess.[24,61,62,93]

The Witchcraft Suppression Act No 3 of 1957 fulfils fully to the neo-pagans present constitutional needs and rights to can and may practice a specific life-style as a South African group, as well as an individual neo-pagan. There is no evidence that the Act discriminates with criminalising the law-abiding neo-pagan who declares himself a witch in public. The only action against him is when he contravenes a focussed criminal law or threatens or endanger the life of other people in terms of subsection 1(a), 1(c) and 1(e) of the Act.[36,61,62]

In studying the general literature on neo-paganism as well as their own writings, their arguments and objections, the opinion is left that the South African neo-pagans seem to be public nuisances and attention-seekers, persons apparently without any real aims or intention to better the community. Their continuous feeble efforts to be recognised, specific as a religious or a cultural group, are viewed by some critics as an obscure effort by SAPRA, which sees itself as a "faith-based human rights organisation", simply to uphold the Constitution's intentions to promote so-called guaranteed liberties and freedom.[24,84]

These efforts are seen by other critics as dark and masked motives of the neo-pagans, as a commentator clearly pinpointed the issue out to the neo-pagans; not only by asking them for self-clearance about their intentions but also sending a clear warning about their true social, religious and legal position when he said straight and honestly[24, p. 28]: "You need to very carefully examine your motives because in fact, nobody really gives a hairy goat's knee about a bunch of wannabees running around at full moon and purporting to be witches, etc.".

Their continuous appeals over many years to the SALRC to have Act No 3 (1957) repealed must be regarded by the SALRC as obstructive, unnecessary time-consuming and a cost for the taxpayer. It is time that "stop law" is executed on them, because they are a few quarrelsome grousers, looking for controversy to position only self-interest. Their foolish and aimless behaviour to be "witches" and to be recognised as role-players in the South African dissident-religion and -culture societies, is excellent reflected by the following remark[24, response] 16: "The only real witches in the 21st century is a bunch of tree-hugging pagans and they don't harm anybody. It's time these superstitions were put into perspective and revealed for exalting what they are – superstitious nonsense. Kill the nonsense".

The finding in principle by the SALRC more recently that certain sections of the Act can be unconstitutional, is not an approval at this stage that the Witchcraft Suppression Act (No 3, 1957) is a failure or is going to be repealed or changed immediately. The matter must first be considered by the law-makers and the Parliament. It will be wise for the SALRC in future to consider the neo-pagans' appeals and actions still with great caution.[90,91]

If the SALRC and Parliament yield to their request to repeal the Witchcraft Suppression Act No 3 (1957), a miscarriage of justice will be done, not only to the Constitution and the Bill of Rights, but to every law-abiding citizen. Act No 3 (1957) must be kept for the present to control and restrain possible dangerous, criminal-minded and mental impaired quasi-religious believers and other problem-makers.[36]

3.7 WITCHCRAFT, WIZARDRY, SORCERY, BLACK MAGIC, QUACKERY AND CRIMINALITY ARE INCLUSIVE PARTS OF THE TRADITIONAL HEALER'S PRACTICE IN SOUTH AFRICA

3.7.1 The true role of traditional healers in modern-day South Africa

To understand the possible impact of the officially sanctioning by the Traditional Health Practitioners Act No 22 (2007) of deviated behaviour, witchcraft, wizardry, sorcery, black magic, quackery and criminality on future healthcare and the traditional healer's practice – and the devastating effect on community and health life that it can have – is it important to reflect shortly the true role of the traditional healer in modern-day South Africa.

Research shows that the traditional healer specific as a so-called doctor-healer, is been used at most between 0, 2% and 0, 3% in South Africa. As a so-called spiritualist or priest-healer the use is at most between 1% and 1, 3%, by the total population. Further, it is clear that only between 0.35% and 0, 42% of the total South African population are followers today of the African Religion dogmas that still, to a certain extent, underwrites the position and use of the traditional healer. Thus, the traditional healer, either as a medical- or a religion-healer, is indistinctive in South Africa.[42, 43,45]

In light of above outcome one prominent question still remains to be asked: Why is the traditional healer so high rated at present by the government in South Africa that a law could be bestowed, unchallenged, on him to give him a free

hand to practice in a modern health setup? Is it thus correct to assume that he does not have medical and religious distinctiveness?

The answer to above question lays in the twinning since 1994 of so-called outdated African politics with outdated African cultures to form a new political dispensation and powerbase, basically to suit the selfish personal needs and plans of certain politicians and cultural leaders in South Africa.[5,11,48,102,103,204,105,106,107]

In this regard is it important to note that religious movements often attract attention and support outside their own ministries when they start to interweave their interests, doctrines and followers into political organizations that support and need them. Very fast religious and political beliefs became one, with masked political and cultural agendas, moving into the association and upkeep of redemptory nationalism.[5,11]

The danger and devastation effect of this type of politico-religious movements and their leaders, are more than plentiful worldwide, in the past and today. Good examples of such movements are the Boko Haram, Isis, Al-Sjabaab, the Taliban, Al-Qaeda and the Klu-Klax-Klan. In Uganda, Africa, the politico-religious leader of such a group led in 2000 to the suicide of 470 believers. The controversial Nigerian TV ‘prophet’ TB Joshua and his *Synagogue Church of All Nations* is another present-day example of such a quasi-religious doctrine that has seriously influencing and penetrating the civil and political society. In 1837 South Africa the politico-religious manipulation by the traditional healer Mhalakaze and his niece Nongqawuse led to the *National Suicide of the Xhosas*, which decimated the Xhosa-tribe in a single year from 105,000 to only 38,000. It is important to note that the leaders of these types of movements seem sometimes to be driven by psychiatric, mental and neurological dysfunctions. With the South African traditional healer as a spiritual healer as well as a traditional leader, above type of devastating outcomes are not impossible or far-fetched in the future, seeing that Act No 22 (2007) put the traditional healer not only into a medical, but also in a cultural and religious leader’s position.[5,11,50,51,70,86,96-99,108-116]

In the case of traditional healing, the ANC made it a priority to put “old” African cultures into a legal entity as part of modern South Africa, notwithstanding the fact that the homo Africanus had become a homo Modernist, a person with modern and advanced healthcare needs and scientific

worldviews. This priority-aim was simply because traditional healing seems to can supply the ANC with another power-engine to rule with. The twinning attitude of the neo-Africa politico-religions against colonialism, European remnants of health and ruling institutions, as well as South African Apartheid remnants, promotes this old Africa culture revival.[5,11,48,58,60,106]

Above African politico-religious cohesion is also well-illustrated over the years by the underwritings of Awolalu, Gumede, Mbiti and Zuma of outdated, unwanted African ideology as ideal and as the only corrected one for African people.[5,6,11,48]

At this stage it must be accepted that the Traditional Health Practitioners Act No 22 (2007) is a fact accompli and that the traditional healer, with his legal free pass to practice at will in terms of the definitions *traditional philosophy, traditional medicine* and *traditional health practice,* is unstoppable by the present health ethical or legal codes (like Act No 3 of 1957), contrary to what Section 49(1)(e) tries to profess.

3.7.2 "Good" practice face of the traditional health practitioner

It is in these controversial contents that the meaning "good" practice of the *traditional health practitioner* must be evaluated, and projected against the "bad" traditional healer whom is classified as the witch, wizard, sorcerer, quack, criminal and murderer whom the "good" traditional healer's bad behaviour and intentions must terminate. Especially, because the arbitration between what is "good" and what is "bad" in this case is clearly not legally defined or formally described by the Traditional Health Practitioners Act No 22 (2007), neither by activists and propagandists of traditional healing in their glorifying of the traditional healer. A division can thus clearly not be obtained by the Traditional Health Practitioners Act No 22 (2007) in any way. It seems to be an arbitrary division created by researchers, writers, propagandists of traditional healers and the Act No 3 of 1957 which reflected (unofficial) wrongly the traditional healer as "good" versus the "wizard" or "witch" as "bad".[5,6,11,19,53,61,118,119]

3.7.3 Belief system of "traditional" African Religions

To position "good" traditional healing against bad magic, witchcraft, wizardry, murder and criminality behaviours, is it first important to understand the basic beliefs of *traditional* African Religions (in which the traditional healer

is still functioning to a certain extent) versus Christian beliefs, like God, hell, angels, ancestral spirits, sin, etc., that forms today 80% of Africans belief in South Africa. In the African Religions the concept God is a spirit force responsible for all life on earth, including the ancestors (spirits) and the present living of their families. He is invisible and too remote to hear direct the prayers of ordinary living people; the dead ancestors, now spirits, are the only ones assumed to can hear God as well as the living, and are also the only ones assume to can communicate with God. As such, they are the ones empowered to mediate between God and the living. These ancestral spirits are believed to continue to exists (and to exude power) near their earthly descendants, appearing on various ways to the living, like dreams, visitations and mishaps.[5,6,11]

Extreme goodness and kindness are believed to be handed by these "good" ancestral spirits of deceased relatives to deserving living "good" individuals in the clan. These selected individuals are alleged to be the *traditional healers*. These favoured individuals, believed to be able to communicate on various ways, direct and indirect, with the ancestors [as Act No 22 (2007) also clearly tries to profess] – and as such to interpret indirect God's Will via the ancestral spirits – is thus the earthly representative of the ancestral spirits as well as of God; a half-god/half-human being. The traditional healer is thus assumed to be the person to identify (diagnosis) reasons for personal misfortune, community calamities, to "see" witchcraft, to "identify" the witch and other wrong-doers, to prescribe steps to rectify disharmony in the community's or the individual's life. He is thus there to "fight" witchcraft and other "bad" behaviour, activated by hostile ancestor spirits, the community themselves or by individuals against other individuals or the community. This is openly professed and done, notwithstanding that the Witchcraft Suppression Act No 3 (1957), specific the *Witchcraft Suppression Act No 3 of 1957, as amended,* forbidding these actions as illicit and punishable.[5,6,11,61,62]

3.7.3.1 Abilities and duties of the "good" healer to sniff out and labelling a witch

About the abilities and duties of the so-called 'good' traditional healer to sniff out and labelling a person as a witch, such an identified which describes her own experience[11, p. 56]: "I began to walk in the night while I was sleeping and

some people began to whisper that I was a witch. Then, with my eyes closed, fast asleep, I walked through a closed door. Then everyone knew I was a witch. Since that time I have been confirmed as a witch by many healers who specialise in sniffing and witches".

To can perform above diagnosis and treatment it is assumed that the traditional healer receives, through his hereditary selection as a traditional healer, supernatural powers to benefit the community. As such, the traditional healer is believed to be a sacred servant of the community; that, in terms of esoteric knowledge he possesses, mediates with the spirits about the wills and wishes of the living. He performs his magical powers through rituals, ceremonies that can include the use of material substances (muthi) made from herbs and animals, verbal spells, which is believed to can invoke divine intervention, as well as the use of esoteric enquiring methods and interpretations.[5,6,11]

The one-sided so-called "good doing" only of the traditional healer in his termination of the witch, is very well echoed by Professor E. E. Evans-Pritchard when he said[11, p. 4]: "[Traditional healers] can only be understood when considered together with beliefs in witchcraft, as policemen can only be understood in relation to crime. Just as every policeman is a professional indicator of crime, so is every [traditional healer] a professional indicator of witchcraft".

3.7.4 The Good versus Bad "absolute-thinking" in traditional healing

In terms of literature offered by propagandists and activists of traditional healing, the alleged witch, wizard, sorcerer and the bewitched individual stands thus direct against the good traditional healer: two clear opposing categories of humans with alleged abilities, with the traditional healer highlighted as half-god/half-human who is bestowed supernatural powers by the ancestral spirits and God and the witch-group as evil: The good versus the bad.[5,11]

Above division of good versus bad has a much deeper origin as most researchers seem to understand: the concept is seated in the belief system of people, specific around the daily outcomes and experiences of life. In this life-set-up the role of violence, witchcraft and ancestral spirits are believed to be the three major causes for in the pre-modern society. Death in old age is accepted as normal, but sudden death of a young person in the prime of his life, is

unacceptable and unnatural. The cause can be either (a) through witchcraft or (b) by the doing of ancestral spirits who have been provoked beyond too far by the living descendants (through death, these spirits indicate their displeasure by taking away one member of the community as a supreme sacrifice and punishment).[5,6,11]

Also, unforeseen and unexpected disasters (calamities or catastrophes like earthquakes, cloudbursts, epidemics), are seen as visitations of ancestral spirits upon not only the community, but the tribe as a whole. It becomes thus a priority to rectify the enraged ancestral spirit(s) by sacrificial offerings or on the other side to counteract doings of the witch. The ancestors' disapproval can be also shown through visitation to their offspring that take the form of ill-health, misfortune, ill-luck, etc. This is not wanton malevolent behaviour thus by a wanton or evil spirit, but corrective and good measures by the family ancestral spirits to keep off-springs of the clan on correct path. Certain illnesses on the other side are regarded as *natural* illnesses where a speedy recovery is expected which need no consulting or intervention by a traditional healer.[5,6,11]

3.7.5 The traditional healer as a diagnostician to identify reasons for unnatural illness and happenings

The traditional healer plays a central role as a diagnostician with his so-called supernatural powers to identify the reason for the unnatural illness or unnatural happenings: he must ascertain *who* (and not *what*) cause the misfortunes – either by ancestral spirits or witches. It is specific in unnatural happenings, where the traditional healer can not find a natural reason or an ancestral intervention that brings the activities of the alleged witch, wizard, sorcerer, murderer and the criminal to the foreground. It is specific here that the said role of the "good" traditional healer kicks in.[5,6,11,61]

3.7.6 Christianity versus the African belief-system

In terms of the Christian thinking the witch and other evil-doers are in the category of Satan, the Devil. But in the African setup the Devil/hell is of very little importance; hell is not seen as a place for the spirits of evil persons after their deaths or heaven for the good person after death. Hell, per se, is seen as demonic behaviour on earth, "created" by other living persons, like the witch. Various views are reflected in the literature on the African-setup about *who* the

witch and other evil-doers are and their origin. Holland[11] sees the witch us a living individual who is hereditary-selected and bestowed with evil powers by the spirits of family ancestors. These trouble-making ancestral spirits had during their earth life malevolent intentions and created havoc. In the view of Holland[11] view the witch is born into witchcraft, the same as Professor Michael Gelfand reflects with the confession of a so-called "African witch"[11, p. 56]: "I inherited the power of the witch from my great-grandmother, who was also a witch. I cannot help it. When her spirit possesses me, I make people ill".

Very often is above kind of confession and confusion similar to the utterances of a mental impaired person, a characteristic sometimes clearly reflected by the traditional healer himself. Also the under-mentioned utterance by above traditional healer-cum-witch, strengthen the view around the irrational thinking of and doing by the traditional healer, when she said[11, p.56]: "When the spirit possesses me I go naked at night on my hyena and harm people without knowing about it".

Gumede[5]**,** hereto, sees the witch as a person who taught himself the secrets of the supernatural and not a person bestowed by powers direct from ancestral spirits. On the other side, it seems that Gumede nevertheless makes provision that a witch can be born into witchcraft, when he said[5, p. 25]: "Triplets were all killed as they would only be wizards or witches. Anything else above two births at a time, triplets, quads, quinsy, etc. was nothing else but *generic vipers* to be exterminated after birth".

Mbiti[6] also refers to a dual role of individuals obtaining learned powers and ancestral spirits that bestowing witch powers to individuals. About the direct role of the spirits on earthly wrong-doing, Gumede[5] sees this as the work of *wanton spirits*; "not family ancestral spirits, but spiteful, destructive, mischievous and malevolent spirits who act direct on earth (with an intermediate, like a traditional healer) with unpredictable caprice in a wanton manner with neither rhyme nor reason, but behave in an unreasonable manner" (p. 46). These wanton spirits seem to be the spirits of persons who died with a grudge against the enemy and who seek vengeance for wrongs done to them in life. They are seen as *spooks* or *ghosts* (*izipoki*) and not as witches.[5,6]

3.7.7 The role of witch-classification and -description in witch-finding

Regarding witch-classification, it is believed that the witch is living in a society and intent to harm mostly those with whom he lives and works daily, mostly neighbours, friends and relatives[5,6,11]

Gumede describes the witch as follows[5, p.44]: "They delve into black magic. They use their skills for anti-social purposes. From the vast reservoir of knowledge at their disposal they tap and siphon off whatever they need to wield bodily harm and spiritual trauma to mankind. This means at their disposal range from supernatural to the mundane. They even harness beasts and birds as familiars to aid them in their nefarious practices. Among these familiars are snakes, owls, wolves, baboons, rats, cats, tokoloshes, imikhovu (dwarfs), virtually anything the wizards wish to make use of. Wizards and witches are haters of society. They are persona non grata and African society prescribes a very revolting punishment for them".

From above descriptions an impression is thus left between a sacred person, the traditional healer, who is bestowed with supernatural powers to do only the "good", versus the quack, witch, criminal and sometimes murderer that do only "bad", a scape-goating which goes back to 1957 with the promulgation of the Witchcraft Suppression Act No 3 of 1957. This clear division is also professing to be the aim of the Traditional Health Practitioners Act No 22 (2007), namely that only the "good" traditional healer, assumed to be 200,000 and more, would be allowed to register and to practice.[61,62,71]

3.7.8 The false throe of "good" versus "bad" in traditional healing

But is this division by propagandists and activists of traditional healers true? Gumede[5, p. 142] himself breaks this false throe of "good" versus "bad" when he discredited the all over "good" traditional healer when he acknowledged the "*practice of witchcraft by some sections of traditional healers*".

Also Holland[11] stumbles on the overall and everlasting "good" traditional healer's definition and description that the so-called "good" traditional healer can be "bad", when she admits "with some exceptions" in under-mentioned quotation[11, p.13]: "Traditional healers loathe the term witchdoctor; still used by conservative whites because it has been mocked by settlers for centuries and implies that the healer is a witch. While he does diagnose and "treat" witchcraft, like a doctor, the traditional healer is primarily engaged in curative magic – *with some exceptions"*.

Above dual practice of "good" and "bad" by the traditional healer is also confirmed by a traditional healer-cum-witch when she confesses about her own good/bad-doings[11, p.57]: "Sometimes the people in the village would ask me to come and heal a sick person and I could make that one better, but soon after there would follow an accusation of bad magic".

Mbiti[6] reflects the same view in general about the doubtful ethics and doings of the traditional healer, notwithstanding he is "good" or "bad".

The fallible of a "good" standing only of the traditional healer, is well-illustrated with the further unmasking of him in devastating behaviour by Holland[11, p.13]: "Sometimes traditional healers (particularly herbalists) engage in *medicine murders*, the grisly crimes committed when human body parts are required for particularly powerful magic. Such healers, thought by some to be *possessed by evil spirits* and by others to be charlatans, are indistinguishable from witches".

On what grounds Holland[11] bases her division of a "good" traditional healer against a charlatan or evil-spirit-healer is unknown. But her under-mentioned admittance brings to the foreground the barbaric muthi hunting of human parts in the practice of the "good" traditional healer in the coldblooded murder of innocent people that is nothing else than witchcraft practice[11, p.14]: "Medicine murders occur because many Africans believe success in business, politics or scholastic endeavour is achieved through the supernatural and not the individual's own efforts. Human hands, ears, noses, lips and eyes – especially from young, virile and preferably living victims – are thought to provide personal success by securing advantages from the spirit world. A hand may be built into the foundations of a new shop to ensure good trading; a brew of human parts buried in a field to guarantee a good harvest. Eyes symbolize clarity of judgment; blood enhances vitality. The supernatural power sought in a medicine murder is believed to be awakened by the victim's screams".

Above barbaric and merciless inclinations are further enlightened by a commentator when he wrote[7, par.7]: "the victims die a painful and horrific death, with body parts cut out while they are still alive, as this is believed to make the muti more powerful".

The wrong-doings of the "good" traditional healer are multi-fold and is well-reflected further by Holland's utterance[11, p.10]: "Another form of witchcraft occurs when someone with a grievance visits a traditional healer or herbalist to

obtain substances for the purposes of, say, summoning the lightning bird to strike a person or property. The person buying the magical substances as well as the supplier may then be accused of dealing in witchcraft. This is where the distinction between traditional healers and witches becomes blurred".

It is clear that "blurred" means nothing less than "overlapping" or "interwoven", as already reflects in the previous paragraph. Wrong-doing becomes "approved" for the "good" traditional healer – internationalized in his moral thinking as "correct". Even the doing of serious harm to other persons is acceptable if he thinks it is a "just act", as Holland concludes[11, p.14]: "This is the traditional healer through whose spirit justice is restored. If someone in the community wrongs another – for example, by stealing valuables, refusing to pay a debt or committing adultery – and the victim is unable to obtain redress through legal channels, he can seek a medium with the power to punish the guilty party by inflicting madness, illness or death on successive family members. The vengeful attacks persist until their cause is recognised and blame accepted by the offending family".

3.7.9 Internalising of wrong as "good" and "justified" behaviour

This internationalization of the wrong as "good" and justified, even in murdering, is in line with the finding of Roelofse[58, p.9] of "culturally acceptable" ritual murders by some Venda-tribes connected to the inauguration or death of a chief or king, the so-called 'Kosi a vhia' (*the chiefs kill*). Here the immoral thinking and doing of the traditional healer extents to the tribe and vice versa, and becomes a class-thinking and doing.

Above also re-affirms the negative view of Hofstatter[52,18] of the wrong-doings of the so-called "good" traditional healer, like the involvement of murder with his muthi-treatment, when he writes: "Gris-gris also salves your conscience. When you kill someone, the ghost of the person will not disturb you – the gris-gris will chase it away".

Gumede also elaborates well about the "bad" traditional healer when he said that there is no end to the evil that these traditional healers, or "witches" as he named them to escape scape-goating of the traditional healer, can do[5, p.54]: "They travel by night, accompanied by their familiars. They visit the homesteads of their intended victims. They use magic to spray *bulala* (killing medicines). They use *ukuchinsa*, *ukukhafula* to spray dangerous *muthi* (medicine) into the air.

They first chew the deadly poison into a pulp and then *chinsa* it in the direction of the victim. They call the victim by name and use the sharp horn of the antelope to make stabbing acts towards the victim's hut. The antelope's horn acts as a doctor's bag in normal times, but when there is need for *thakatha* action *uphhondo lwe nkonkoni* (antelope's horn) is used as a dangerous weapon to cast a spell. This action may go on for days every night. This is to ensure that the patient gets sicker every morning before he gets up, and gets worse by the day" (p.52) and "They are steeped in Black magic which they tap at will. They cause ill-health and death. They peddle all sorts of social problems. They are feared because they are known to kill without compunction. They occasion lightning at will. They know all dangerous poisonous plant, *Imikhando* (minerals), animal poisons, etc. They can be hired to kill by anyone who has the required fee. They are hired in the same way as an assassin who kills for money or a lawyer who will defend a case for a fee which is stipulated by law".

3.7.9.1 Muthi- as well as culturally-accepted and culturally-unaccepted murders

The specific role of the traditional healer in the massacre of miners in 2012 at Marikana, Northwest Province, reflects further his instigation to large scale social unrest and to unlawfulness. The same can be said of the well-evidence muthi murders, like the "culturally accepted" and "culturally unaccepted" ritual murders in the Limpopo Province.[8,13,57,58,69,70]

With reference to the description *muthi murders*, it must be noted the names *medicine murders* and *ritual murders (including witchcraft murders)* are also used. Ritual murders are seen by some as "ceremonial" murders or *culturally acceptable murders*, in terms of a community's lifestyle: here a person is sacrifice with the knowledge and acceptance of the community – and is also hidden by the community from the authorities. The victim is mostly part of the community and selected by them, like the Vha-Venda's custom in North-east Limpopo. Hereto muthi or medicine-murders are committed for the selfish needs of an individual or a syndicate aiming at the human parts trade, and is also described as *culturally unacceptable murders*. These divisions seem very superficial. All five classes are murder and all murders must be treated as such. There is not such a thing as "acceptable" murder in the modern global society.

For this research the five names will be used as similar to describe all muthi-related murders.[58,60]

It is not only murders for muthi that play here a central role, but also gruesome summary death of persons (not really muthi-related murders) after being smelt out to be bewitched by so-called "good" traditional healers (many times because complainants do have personal matters or jealousy to settle with the innocent victim, or because of interest in the human body parts trade, and thus use witchcraft as a mask.[5-7,20,21,120]

Above findings are confirmed by various other researchers and court cases in South Africa of the traditional healer's murderous deeds or accomplishment to murders, and his danger to healthcare, without making a deviance by journalists of a "good" versus "bad" traditional healer. To say it is not the "good" traditional healer, but the deviated "witch" that does these murderous and criminal-related things, is false and unsubstantiated.[5,6,9,11-19,21,36,37,58-60]

3.8 CONCLUSION

Some South Africans still belief in the supernatural, bad magic, witchcraft, witches and evil demons. That is a fact. How much we want to argue around it or against it, the unscientific definition *Traditional Philosophy* of Traditional Health Practitioners Act No 22 (2007) seems to be underwritten as a fact by a small segment of the population, does not matter if they are the traditional healer's followers or even Christians This confirms undoubtedly the existence of beliefs in the supernatural, witchcraft, witches, evil demons and bad magic as true for that certain small segment of the South African population, notwithstanding its unscientific and possible psycho-pathological under-built. Undoubtedly a certain sector of South Africa has never parted from his Dark Ages; it seems as if for this certain sector of the population the insatiable barbaric bond to murder is unbreakable between their present and their past. This country is emotionally, socially, politically, economically and culturally much more complex than the eye can and wants to see. Muthi-, ritual- and witchcraft murders can only be understood in this context.

The diagnosis of assumed supernatural phenomena as witchcraft, is fraudulent and without any scientific basis to support it. It is clear that the traditional healer, even in his "good doing", involves himself in wrong-doing to other's

lives, property, personal, social and economic rights. He brings immense hardship to many by his false and malevolent practice.

The division between the "good" and "bad" traditional healer is vague described in the literature, although Act No 3 of 1957 is more clear (as the Bill of 2007 also had tried to do) and serves to a certain extent as a guideline for differentiation (See also: *The Witchcraft Suppression Act No 3 of 1957, as amended*). The absence of a "good" versus a "bad" traditional healer's classification or definition (meaning any traditional healer can be good or bad at all times), is well reflected by journalists in their reporting of the actions of traditional healers in daily life. Indeed, there is no division by them between the traditional healer and the "witch doctor": the traditional healer is reflected by them in a prominent position, also as a witchdoctor, a person who is doing harm. The twining and melting in one of the traditional healer and the pagan healer (self-identified "witches") in South Africa and possible comrades in joint wrong-doing, is also well-illustrated by their cooperation and combined effort in 2008 to have the Mpumalanga Witchcraft Suppression Bill (2007) suspended as well as their efforts over seven years to have the Act No 3 (1957) repealed.[26,35,36,37,65,71]

Notwithstanding above doomed facts, a Portfolio Committee (2000) of the South African Parliament hints of a "good" traditional healer against an "evil" witch. Even the proponents of Indigenous Knowledge Systems (IKS) try to make outdated traditional healing acceptable under the definition "African Science". It is indeed time to stop this type of romanticising the evils and the wrong-doings of the traditional healer: only this way society, the law, religion, politics, culture and health will be free from the tyranny of superstition, witchcraft, religious dogmas, occultism and paganism that are so an inherent part of the traditional healer's practice. (Ashforth, 2005).[121]

Under the auspice of Act No 22 (2007) and the scape-goating of the witch as the only doer of ritual, occult and muthi murders by Act No 3 (1957), parliamentarian sympathy and the guardianship of the so called "African Science", the door was forced open in 2007 for South Africa's so-called "good" and "legal-unchecked" traditional healer to can commit improper and criminal conduct and to ensure an income: a true Dr Jekyll and a Mr Hyde. The door must be closed in South Africa for the traditional healer to misuse the insecure and undereducated[26,36,37,71,121]

The opinion that the Witchcraft Suppression Act No 3 (1957) is only partly implemented to fight witchcraft-related crimes, seem to be corrected. The aims of the Act, as indicated, are not blindly prosecution, but only the prevention of well-identified, specific dangerous witchcraft-crimes and actions. The Act is thus not a medieval throwback of South Africans into the Dark Middle Ages. Notwithstanding the opinion against it, there is no evidence that the Act discriminates with criminalising the law-abiding citizen who declared himself a "witch", even after making such a foolish confession in public. Neither did it interferes with the lifestyles of supernatural practices of the individual, as long as he does not contravene a focussed criminal law and/or endanger or threaten the life of other people in terms of subsection 1(a), (c) and 1(e).

The Witchcraft Suppression Act (No3, 1957) is not doing any injustice to the so called neo-pagans. The South African neo-pagans are unrestricted in their daily and night life; they are free to call themselves witches and to practice dances and rituals when the moon is full or the sun is shining. The golden rule that they must remember and respect at all times is that they are subordinate as every other South African to the country's laws: not more, not less.

His new-found powers and status give the traditional healer a free pass as a priest to practice supernatural transgressed not only the Constitution and Act No 3 (1957), but also disregard the health rights of patients and other regulated health practitioners. It also restarts officially the practice of witchcraft, sorcery, magic, wizardry and quacking and opens the door to legalized criminality, even murders, especially the lucrative trade in human body parts. It put the professional integrity of the ANC government in doubt when they said ritual murders must be fight while at the same time they as a government promote witchcraft and muthi murders with Act No 22 (2007) and their half-hearted use of the criminal codes and systems to combat it.

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PART FOUR

THE STATUTORY AND PROFESSIONAL RECOGNITION AND ACCEPTANCE OF TRADITIONAL HEALERS IN THE PRESENT-DAY AND FUTURE SOUTH AFRICAN HEALTHCARE SECTOR

4.1 INTRODUCTION

The promulgation of the Traditional Health Practitioners Act (No 3) was welcomed in 2007 as the ultimate solution to the traditional healers' insecure and undefined position as healthcare practitioners in the South African formal healthcare sector. Through the implementation of the various resolutions of the Act, it was believed that the newly created health professional, namely the *traditional health practitioner*, would obtain the necessary recognition to take on various independent roles within the country's healthcare.

There seem to be public and political beliefs by some sectors that the traditional healer is a unique, extraordinary and distinctive type of health practitioner; a special person with secret health training and treatment know-how that he or she inherits or receives from ancestors, spirits and gods. It is professed that his/her input is of high medical value to the healthcare of the country, especially in the poor areas. This was one of the strong arguments to get the traditional healers statutorily recognized as healthcare professionals, and the Act was promulgated to steer this medical recognition affectivity.

This view of the traditional healers' medical abilities is well reflected by the definition of *traditional philosophy* of the Act, as well as the Act's described intentions to proclaim traditional healing as a total and unique healthcare fraternity within the established South African healthcare sector.

These abilities and skills of the traditional health practitioners would seem to have made them capable to take on positions and to play specific roles as independent health professionals in the present and future formal healthcare sector.

The Act was shaped by two strategy manifestos of the ANC, namely the Manifesto of the National Democratic Revolution (NDR) of 1969 and the National Health Plan (NHP) of 1994. Never has the ANC deviated an inch from these master plans in the execution of political and cultural preferences over the years, notwithstanding sound logical, legal and financial arguments against it.

This fixed viewpoint has distorted thinking around the true rights of individuals and groups, democracy and the correct interpretation of the various clauses of the Constitution. The statutory recognition and official promoting of Traditional healing and the traditional healers in post -1994 South Africa were such distorted outcomes.[1]

South Africa's development and growth in healthcare since the 1900s was phenomenal. High quality healthcare and able health practitioners were obtain by excellent health laws that regulate its healthcare practitioners' training, practices and ethics. It assures that the country's health practices and practitioners are world class, and that the future development of the healthcare establishment and its services will at all times benefit South Africans. The Traditional Health Practitioners Act (22 of 2007) could jeopardize this progress. The Act, with the sole aim of recognizing the traditional healer as a statutory health professional within the healthcare establishment, appears to reflect negative various manifestations that could do healthcare serious damage.

The Act elicited controversy when it was first promulgated in 2003 because it was seen as pre-modern health legislation for a modern society. Furthermore, it was not well research with respect to the need for traditional health, the negative effect that it could have on general healthcare or established health professions and other long-term consequences. Neither was its level and standards of training ever properly debated. Political influences played a large part in the promulgation of the Act in 2007. In 2017 it is still not fully operational and the indication is that it will take years for the traditional health practitioner to become a full member of the health sector, if ever.

Literature on the South African traditional healer, including the Act and its definitions of traditional medicine, traditional philosophy and traditional practice, include many references to the traditional healer's *medical identity*. These references intimate that the traditional healer is a kind of medical entity and an essential part of the healthcare of Black South Africans, especially for those in the poorer rural areas. This alleged medical identity was clearly one of the main reasons for the promulgation of the Act. The concept of the belief in the supernatural that is specifically built into the Act is seen as an exclusive part of the traditional healer's health practice. This erring seems to have serious implications for the traditional healer's future ways of making diagnoses, treatment as well as training. The supernatural, witchcraft, wizardry, etc. seem

to be part of the traditional healer's practice activities in terms of the Witchcraft Suppression Act (3 of 1957), which is illegal. It seems also in terms of the Witchcraft Suppression Act's (3 of 1957) regulations as if some of the definitions included in the Traditional Health Practitioners Act (22 of 2007) are illicit.

In the new healthcare dispensation of post-1994 stand the traditional healers specific as opponents to the highly trained and skilled South African medical doctors. The South African medical doctor has been well established over the years as the keeper of the holy medical grails. Entrance for newcomers to the medical domain has not been and is still not easy. Certain prerequisites for entrance were set and jealously guarded by the medical fraternity. The entering of the Traditional Health Practitioners Act (Act No 22, 2007) and the traditional healers into the official healthcare sector are such immediate challenges and threat which are basically impossible to oppose, especially because they are backed by a strong government and political force.

The South African official and established healthcare sector is very insusceptible about the traditional healer as a healthcare professional and as a colleague, especially in the official institutions of the healthcare sector. It is clear that the Traditional Health Practitioners Act No 22 (2007) will put enormous pressure on especially the medical doctor, as the main healthcare and most empowered health practitioner, to relinquish some of his healthcare empowerment and to see and to accept the traditional health practitioner as a new, respectable health co-practitioner and colleague. Facts hereto reveal that there are in terms of training, health ethics, practice approaches, attitudes and views, basically not a single point of similarity or agreement between the medical doctor and the traditional health practitioner whatsoever. Notwithstanding these enormous differences, the existence and legally in forcing of the traditional healer and the Traditional Health Practitioners Act No 22 (2007) into his professional domains are facts that the medical doctor can not erase easily from the South African law books.

The aim of Part 4 is to evaluate in-depth the possible impact on the domain of the medical doctor by the traditional healer as well as the acceptance of the traditional healer and the Act by the medical doctor in the present-day and future South African healthcare sector. This will be done in the following six subdivisions.

4.2 DOES THE TRADITIONAL HEALER HAVE A MODERN MEDICAL IDENTITY IN SOUTH AFRICA?

Literature intimates that the traditional healer is a kind of medical entity and an essential part of the healthcare of Black South Africans, especially for those in the poorer rural areas. This alleged medical identity was clearly one of the main reasons for the promulgation of the Act. The concept of the belief in the supernatural that is specifically built into the Act, is seen as an exclusive part of the traditional healer's health practice.[1-2]

Hereto many other researchers are very sceptical about the abilities, skills and diagnostic approaches and training of the traditional healer as an acceptable healthcare professional practitioner especially in the medical sector. This view needs further evaluation.[3,4]

4.2.1 Traditional Healers' Lack in Medical Education and Training

The education and training of traditional healers in South Africa was and is still done in an informal manner. There are no education standards, formal learning programmes, established institutions, etc. There is no academic culture equal to that of the medical doctor. The traditional healers' skills, competence and abilities are of a much lower standard than those of the medical doctor in South Africa. It is not possible to be registered in terms of the Health Professions Act (56 of 1974) as a kind of health practitioner with the HPCSA without adequate training. This medical culture is absent among the South African traditional healers. There is no evidence of an educational foundation on which to establish medical training programmes or to learn practical biomedical skills, including diagnosis and treatment in the near future.[5-11]

4.2.2 Erroneous names "medical" or "health" associated with the traditional healer in South Africa

The assumption that the South African traditional healer is a true medically trained healthcare professional, someone with a unique medical distinctiveness similar to that of the medical doctor, seems to be untrue.[9-13]

The question is therefore: why is the traditional healer referred to in literature and even in the Act as a kind of medical doctor, traditional health practitioner, medicine man, traditional doctor, etc., if this is not the case? A certain part of

the public and some of the authorities seem to share this view of traditional healers. The reason is simply that these names, especially the name "traditional healer" (with the connotation of "medical" or "health"), is an erroneous name, introduced many years ago by the early colonists and missionaries of South Africa and accepted and offered in research as such since then. The South African "traditional healer" as we see and understand the term and the true role, abilities, training and position of the healer, has never been properly researched and defined. The name traditional healer has wrongly been included in the Act to refer to a kind of medical practitioner. This deception was driven and established further by the traditional healing fraternity and their propagandists.[9-11,14]

An in-depth look into the writings of various independent African writers with deep African roots, like Mbiti,[15] Boon,[16] Gumede[14] and Essien,[17] clearly explain this mix-up and the misleading use of the name traditional healer in South Africa as a kind of medical practitioner instead of as a religious practitioner, like a priest or spiritualist. It is clear from their descriptions that the identity of the traditional healer is solely that of a religious practitioner.

Essien[17] clearly classifies the traditional healer as a crucial component of *traditional* (old) African religions. Essien[17] sees the act of healing by the traditional healer as divine and not medical as the Act tries to profess. Essien[17] reflects that the traditional healer's healing acts are aimed at aiding human health by adjusting to superstition, magic and religious actions. The cures offered for diseases and illnesses, or any other kind of human health danger, are purely religious and supernatural treatments. It includes the use of "medicine" that Essien[17] identifies as amulets, charms, herbs, sorcery, witchcraft and muti. The aim of this "medicine" is specifically to block out or to help avoid misfortune, mishaps and sicknesses or to counteract sorcery and to put a stop to the evil spells of witches. Nowhere does Essien[17] refer to modern or real scientific medicine, diagnoses and treatment.

Gumede[14] also sees the traditional healer and the healing process as an integral part of religion. The healer is described as a "gifted man of God" and a parallel to the minister and evangelist. About the traditional healer's prominent religious role during his home consultations, Gumede[14, p.144] writes: "He opens proceedings with a prayer. The head of the family is requested to offer a goat – which is at the ready. The goat is killed by cutting the throat so that it bleats.

This rings a bell to summon all the clans. All the spirits of the departed ancestors are alerted to remain at attention. The head of the family then sings the praises of the old ancestral spirits or the chiefs departed. The traditional healer is performing his duties as the emissary of *Umvelingqangi* for he is both healer and priest."

Gumede[14] sees the approach of the traditional healer as social, political, economic, moral, religious, recreational and related to a change of environment. A true medicinal approach based on modern medical science for diagnosis and treatment is absent.

Boon[16] defines the work role of the *sangoma* in particular and sees the traditional doctor, traditional healer or diviner as the term is used in the Act, as a priest-healer (meaning to heal or restore through spiritual actions) and not a medical healer who treating patients biomedical. This classification of the traditional healer as a priest, spiritualist, a seer and religious leader and not at all as a medical healer, is supported by the descriptions and definitions of many other researchers.[18-23]

Mbiti[15], whose research and writing played a dominant part in defining the African traditional healer, indeed calls the traditional healer a "medicine man," but, he adds that this person is active in a total of eight religious roles in the African society, especially in the role of the priest. Mbiti[15, p.153] writes: "Religion has deep roots in people's lives. Therefore, to make it function properly in society, there are often men and women who have religious knowledge, and who know how to lead others in religious activities, and who serve as the link between their fellow human beings on the one hand, and God, spirits, and invisible things, on the other. We find many such leaders in all African societies. Their knowledge of religious matters varies considerably. Some of them are professionals, and therefore well trained and skilled. Others only take the lead when the need arises, otherwise living and working like ordinary people. Some are rulers and national leaders, and it is their positions which embody religious beliefs and emotions. In many ways, religious leaders are the embodiment of what is best in a given religion. They embody the presence of God among people, and the faith or beliefs of the people, as well as their moral values. Without them, African Religion would disintegrate into chaos and confusion. The religious leaders are the keepers of religious traditions and religious knowledge. They are wise, intelligent, and talented people, often with

outstanding abilities and personalities. They include medicine men, diviners, mediums, seers, priests, ritual elders, rain-makers, and rulers."

Both Mbiti[15] and Essien[17] emphasize that all major diseases, illnesses and life troubles in the African society are usually regarded, treated and explained as religious experiences and not as biological/medical illnesses and diseases as modern medicine would understand it. For Mbiti[15] and Essien[17], contrary to modern medicine's diagnosis and treatment, the muti of the traditional healer is essentially a religious act and a "ritual" needed to assure that life's troubles, in the form of magic, sorcery, witchcraft, broken taboos and the work of spirits, are laid to rest.

Mbiti,[15] Boon,[16] and Essien's[17] own misunderstanding of the true meaning of words like "medicine," "medical," "healer," and their subsequent wrong use of these names for a religious priest or practitioner, is reflected by Mbiti's[15] inappropriate description of the "African science of medicine." In this description, he portrays the religious, pre-modern and supernatural training of the "medicine man" as based on a real medical foundation, similar to that of the modern medical doctor. The same misconception is also reflected by Mbiti's[15] definition and understanding of the concept "protective" or "preventive" medicine, namely the use of muti for protection against misfortune (a term that in modern medicine would means to inoculate with safe, effective and tested medicine to prevent an illness like poliomyelitis).

Mbiti's[15,p.156] unclearness and lack of knowledge about what real modern medicine is, is also revealed by his naive remark that "medicine in African societies has a wider meaning." He also tries to divert attention from the fact that "medicine in African societies" does not mean the same and is not connected to modern medicine and modern healthcare whatsoever in his definition:[15,pp.170-1] "For African people, the word medicine has a lot of meaning. It is unfortunate that in the English language it has a limited usage." The truth is that Mbiti's[15] "medicine" is solely spiritual and his "medicine man" is a spiritual healer.

It is clear that traditional healers and the pre-modern medical products that they prepare and use as part of their treatment are far removed from modern biomedicine. They are not health practitioners or medical doctors. However, the name "traditional healer" in reference to the pre-modern African milieu does not have any other meaning in modern society.[24,26]

The medical meaning ascribed to the term traditional healer was faulty endorsed from 1652 onwards in South Africa by a portion of the public, researchers and later on the lawmakers of the Act. Be that as it may, it is a misconception that has become a deception in our daily life.

It is clear that the role of the traditional healer, specifically as a skilled kind of medical practitioner in the present-day official South Africa healthcare, is minimal. Their rituals, customs, practices and muti can primarily be associated with the supernatural, witchcraft, demons, bad magic, witches and other negative or problematic behaviours, instead of scientific medical actions and healing.[26-29]

The South African traditional healer is at most a priest or spiritualist: no medical role and identity can be allocated to him. However, their role is limited to rural areas and usage by a very small segment of the poor population.[2,30]

Act seems to be politically motivated. Traditional healers with all their supernatural doings are pre-modern spiritual phenomena with an ambiguous status.[31-38]

4.3 THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007) VERSUS THE WITCHCRAFT SUPPRESSION ACT (3 OF 1957)

4.3.1 The Traditional Healer

Of all the role players that object in some way against the Witchcraft Suppression Act (3 of 1957), traditional healers seem to be the main role players. This may be due to the conflict between the Traditional Health Practitioners Act (22 of 2007) and the Witchcraft Suppression Act (3 of 1957) and the possible interactions between these two acts when regulating the traditional healer's diagnosis, treatment and training.

In the following discussion, the intentions of the Witchcraft Suppression Act (3 of 1957) are compared with that of the Traditional Health Practitioners Act (22 of 2007). The diagnosis, treatment and training practices of the traditional healer as described and condoned by the Traditional Health Practitioners Act (22 of 2007) are evaluated against the rulings of the Witchcraft Suppression Act (3 of 1957) to see if it is legally acceptable.

4.3.2 The traditional healers denying of their witch status

The traditional health fraternity, especially those members of the THO, try very hard to distance themselves from wizardry and argues that witches and witchcraft should be punished with the full severity of the law. They want the Witchcraft Suppression Act (3 of 1957) to be replaced by a new stricter law to punish those found guilty of practising witchcraft.[39]

The hostile and snobbish attitude and dissociation from the "witch" and "witchcraft" (including neo-paganism) by the traditional health fraternity has a long history. As already indicated, it resulted from the very same Witchcraft Suppression Act (3 of 1957) with its specific scape-goating of the witch ("wizard") as the only criminal entity that commits witchcraft-related crimes, like muthi-, ritual-, religious-, cultural- and other crimes (including murder), and therefore the one who can and must be prosecuted by a court of law. The viewpoint was sensationalized and driven over the years by the media, opportunistic religious and governmental groups and internalized in the minds of the public, regardless of whether these assumptions were true or false. Through the Witchcraft Suppression Act's (3 of 1957) rule of law, the "bad witch" was totally isolated as a stand-alone social, health, religious and cultural figure and a criminally orientated practitioner that only intends to harm the innocent.[40]

The 1957 scape-goating declared the traditional healer unofficially as "good" against the "bad" of the "witch," distracting the attention away from the traditional healer that was often accompanied by its own negative connotations. The differentiation between the other regulated health practitioners as "good" and the "witch" on the other hand as "bad", was grabbed and promoted by the opportunistic traditional healers; especially after the promulgation of the Traditional Health Practitioners Act (22 of 2007).[40-43]

4.3.3 Witchcraft Suppression Act (3 of 1957) is partially applied in prosecution

The present legal setup of the traditional healer sanctioned and certified as able by the Traditional Health Practitioners Act (22 of 2007) as a statutory healthcare practitioner, notwithstanding the intentions of the Witchcraft Suppression Act (3 of 1957) to prosecute any practices of witchcraft, sorcery, superstition and quackery as can be practice by traditional healer, the rules of

the Witchcraft Suppression Act (3 of 1957) can be made applicable on the activities of the traditional healer to see if there are similarities or contradictions between the two acts.

Such a comparing the two acts to determine if the Witchcraft Suppression Act (3 of 1957) has negative effects on the activities of the traditional healer was already in-depth done in subdivision **3.5.2.1: Supporting standpoints for the continuation of the Witchcraft Suppression Act No 3 (1957)**. For this aim the witchcraft statistics of 1994 to 2004 of the 2006 Report of the South African Parliament were compared with the six combined descriptions and the fourteen single descriptions of witchcraft offences in terms of the Witchcraft Suppression Act (3 of 1957). Specific opinions exist on the intentions of the Witchcraft Suppression Act (3 of 1957) to prosecute outright all transgressing of its regulations and needs first to be overviewed. The statistics of the 2006 report of the South African Parliament are of importance here as described already in subdivision **3.5.2.**

4.3.4 Opinions on the prosecution intentions of the Witchcraft Suppression Act (3 of 1957)

The opinion is that the Witchcraft Suppression Act (3 of 1957) is not intended to do any harm or injustice to the law-abiding citizen, even if the person transgresses some of the regulations of the Act, knowingly and wilfully. The Act is only focused and applied in terms of its main aims: to prosecute only the crime-intended individual who would normally be prosecuted under any of the other criminal codes for serious law-breaking. In terms of the Witchcraft Suppression Act (3 of 1957), the context of the focus is "the person who names, identifies and sniffs out any other person as a wizard and who intends to do or is involved in doing such person harm in one or other way."[39,43,46-48]

The opinion is also that only certain sub-rules of the prescribed rule 1(a) to 1(f) are really implemented with the aim of prosecuting, meaning that the Witchcraft Suppression Act's (3 of 1957) regulations are only partially executed. Determining the true impact of this assumed execution of Section 1(a) to 1(f) is very difficult, seeing that governmental agencies do not refer specifically to witchcraft-related crime statistics or other research outcomes. The only guide to review the use of the Witchcraft Suppression Act (3 of 1957) is the writings and appeals of the neo-pagans, individual objectors and other

interest groups that focus their writings on the repealing of the Act, or those who are doing research on the Act's benefits and shortcomings.[39,43-48]

4.3.5 The six combined and fourteen single descriptions of witchcraft offences of the Witchcraft Suppression Act (3 of 1957)

Research data reflects that convictions only occurred with respect to three of the six combined offences (reflected by Section 1 as infringements of the law). This means that no more than 50 per cent of the prescribed offences have been utilized for prosecution.[39, 43-48]

Research data reflects further only three convictions out of fourteen single offences, meaning that as much as 78.5 per cent of the regulations of the Witchcraft Suppression Act were apparently not used in law enforcement. This is in line with the opinion obtained that the Witchcraft Suppression Act (3 of 1957) is only partially applied to make prosecutions and to obtain convictions. It confirms that the Witchcraft Suppression Act (3 of 1957) does not in general discriminate against the traditional healer for wrongdoing as possible activated by the Traditional Health Practitioners Act (22 of 2007). Per se is the Traditional Health Practitioners Act (22 of 2007) basically in conflict with the regulations of the Witchcraft Suppression Act (3 of 1957). The opinion that the Witchcraft Suppression Act (3 of 1957) is indeed only partially implemented is corrected.[39,43-48]

It seems from the outcomes of this subdivision that the Witchcraft Suppression Act (3 of 1957) benefits to society and the individual overshadow its prejudice. The view that the Act is only in part applied and then only to bring true criminality to book, supports the opinion that the constitutional rights of the individual or even the group are not transgressed. The traditional healers can surely not object that the Witchcraft Suppression Act (3 of 1957) is discriminative. It can be concluded that the traditional healer's practice is undisturbed by the Act.

These outcomes seem to explain why the SALRC and the government itself are hesitant to repeal it, seeing that the Act fulfils its main aims to protect the individual.

4.3.6 The Traditional Health Practitioners Act (22 of 2007) and its intentions in perspective

With reference to the rules of the Traditional Health Practitioners Act (22 of 2007), the practice of the traditional healer is determined in terms of two definitions, namely the definitions *traditional health practice* and *traditional philosophy* in Chapter 1 of the Act. Traditional health practice means the following: "The performance of a function, activity, process or service based on a traditional philosophy that includes the utilisation of traditional medicine or traditional practice", while traditional philosophy incorporates the following sub-definitions:

- indigenous African techniques;
- indigenous African principles;
- indigenous African theories;
- indigenous African ideologies;
- indigenous African beliefs;
- indigenous African opinions;
- indigenous African customs; and
- the uses of traditional medicine communicated from ancestors to descendants; or
- from generations to generations, with or without written documentation, whether supported by science or not.

It is clear, although it is not described as such, that the supernatural plays a dominant role in the *traditional health practice* as the reference "communicated from ancestors to descendants" in the definition clearly indicates a *traditional philosophy*. This mentioned role of the supernatural in the practice of the traditional healer is specifically supported by the definitions *indigenous African theories, ideologies, beliefs, principles, opinions and customs* as described in the *traditional philosophy*. The reference to "the existence of traditional medicine without written documentation, whether supported by science or not", brings the presence of occult science in the *traditional practice* of the traditional healer to the foreground.

4.3.7 The healer's activities in perspective

the Traditional Health Practitioners Act's (22 of 2007) definitions of traditional health practice and traditional philosophy fail to offer formal,

thorough descriptions on the diagnosis and treatment processes of the traditional healer and therefore any doings that can be in conflict with the Witchcraft Suppression Act (3 of 1957). To overcome this lack in information and to reflect on the diagnosis and treatment processes of the traditional healer, the descriptions offered by thirteen independent researchers and experts on the traditional healer's practice in South Africa are compiled below. This made it possible to profile the true diagnosis and treatment of the traditional healer and to use it as a guideline to evaluate the possibility of the transgression of the regulations of the Witchcraft Suppression Act (3 of 1957).

To obtain a decision if the traditional healer's diagnoses, treatment and training practices contravene the fourteen single offence rules of Section 1 of the Witchcraft Suppression Act (3 of 1957), these fourteen single offences are reflected against the specific descriptions by the thirteen researchers.[13-15,49-57]The researchers' refer to processes that correlate with the actions of the traditional healer.[13-15,17,49-57]

Researches show that in only four out of fourteen (28.5%) offences were the traditional healers not implicated, namely on the offence to indicate another person as a "wizard" (nr 2), employs or solicits a witch, witch-finder, etc., to name or to indicate another person as a "wizard" (nr 6), advises another person to bewitch, injure or damage another person (nr 8), and the use of advice by a witchdoctor, witch-finder, etc. to injure or to damage any other person (nr 10).

Regarding the correlations between the offences and the descriptions of researchers as much as 71.4 per cent of the descriptions indicate that there can be transgressions of the fourteen single offences in terms of the regulations of the Witchcraft Suppression Act (3 of 1957). The thirteen indicators by the researchers reflect overlapping between the practicing processes of the traditional healer and the fourteen single offences as described in Section 1 of the Witchcraft Suppression Act (3 of 1957).

From above it is again clear that it is not the Witchcraft Suppression Act (3 of 1957) which is in conflict with the Traditional Health Practitioners Act (22 of 2007), but that is the opposite. This outcome confirms the improperness of the Traditional Health Practitioners Act (22 of 2007) as a modern-day healthcare act.

4.3.9 Traditional healers' self-image as good"

The traditional healer's image of himself as only "good" against the witch as only "bad," erroneously created by the Witchcraft Suppression Act (3 of 1957), is wrong and opportunistic. The evidence is overwhelming that their practice processes are based on the supernatural that they profess and indicate that they use supernatural powers, that they do fortune-telling, occult science, supply clients with means of witchcraft and that they intend to harm, injure and even kill other people. The 1957 identification of the witch as a sole entity and as a reality is therefore incorrect. There is no guarantee whatsoever that the traditional healer is not involved in witchcraft-related crimes, like ritual-, muti-, religious-, cultural – and revenge-murders. The researchers who point out that the traditional healer have involvement with in the police, politics, religion, as the real culprits to commit witchcraft-crimes, is therefore not far-fetched.[27,41,43]

It is clear that the Traditional Health Practitioners Act (22 of 2007) was promulgated without a thorough understanding of the offences listed in Act No 3 (1957). Basically the Witchcraft Suppression Act (3 of 1957), as confirmed by various researchers, renders the Traditional Health Practitioners Act's (22 of 2007) null and void.[27,41,43] It is time that the lawmakers revisit the Traditional Health Practitioners Act's (22 of 2007) to look at its legitimacy as a law.

The Witchcraft Suppression Act (3 of 1957) is of cardinal importance to counteract the dangers of the traditional healer's practices. It is an important criminal law; it is constitution-friendly and therefore cannot be repealed. Indeed, it can be made more comprehensive to combat the crime-intention of the traditional healer. The Traditional Health Practitioners Act's (22 of 2007) in comparison is an improper Act that offers opportunities for criminal behaviour and it must be repealed because it is in conflict with the Witchcraft Suppression Act (3 of 1957).

It is clear that the Traditional Health Practitioners Act's (22 of 2007) was meant for an established healthcare profession, one with clearly defined, legal-corrected practice processes. The traditional healers failed all the standard rules that a statutory healthcare profession should adhere to. It interferes with the privileges and rights of the already registered health professions. The Act also confirms that the traditional healer's entrance into the established health sector of the country to practice a health service he is not trained for or capable to execute, was a mistake.

The Witchcraft Suppression Act (3 of 1957) reflects further shortcomings of the Traditional Health Practitioners Act's (22 of 2007) and the doubtful status of the traditional healer as a "good" health practitioner. It indeed confirms that some of the beliefs and activities of the traditional healer are based on the supernatural, future-telling and even occult science, etc., all outcomes that are illicit in terms of the Witchcraft Suppression Act (3 of 1957).

4.4 THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007): A SOUTH AFRICAN CONSTITUTIONAL MISTAKE?

4.4.1 The Act is still statutory untested today

The formulation of the Act is a good example of the general thought on the traditional healer's competence since 1960 and the political influence on this matter. There was never an in-depth study to determine the true need for and applicability of the Act. The problem was side-stepped with two superficial enquiries, supported by various insignificant road shows between 1997 and 1998.[58-61,63]

The final decision to formulate the Act was based on the outcome of five basic questions that were put to the public randomly.[32,58,,60-63,65,66]

They are:

- The desirability of a statutory council for traditional healers;
- The recognition of medical certificates issued by traditional healers;
- The recognition of the claims of traditional healers by medical schemes;
- The formal legal recognition of traditional healers as a medical source;
- The establishment of an Interim Council for the regulation of traditional healers as a health profession.

Negative indicators about the traditional health practitioner's future statutory recognition in terms of the Act and the future regulation of traditional healing as a formal healthcare sector, were not thoroughly considered in the proposal of the Act. Several problems were ignored, such as the lack of a need for traditional healers, various non-described types of traditional healers in practice, a lack of formal training programmes, training standards and a functioning system, the risks that the traditional treatments and concoctions hold for the public and the health sector, the negative effect of the traditional healer on the practices of the already statutorily recognized health practitioners, especially medical doctors, as

well as a lack of proper research on the possible negative role to play in healthcare. There was no consideration of how to incorporate the traditional healer into the established allied professions, like homoeopathy, naturopathy, phytotherapy and ethno-medicine, and to avoid duplication in training and health practitioner types, as well limiting the immense development costs around the separate recognition of the traditional healer.[20,58-62,67-81,92]

This legalization of traditional healing and its inclusion in the established health sector was pursued under the banner of Section 31(1) of the Constitution of South Africa. This regulation declares that no person who belongs to a cultural community may be denied the right to enjoy their culture with the other members of that community. Proponents of traditional healing interpret this clause as bestowing unchallengeable constitutional rights on the traditional healer to practice his trade. The logical next step of the argument is that the community of the healer has to right to demand his services as a traditional healer.[29,64,82,83]

The above belief confirmed and supported by the *Patients Charter 2002* of the DOH. This Charter emphasizes the right of patients to be free to choose a particular type of healthcare practitioner for services, notwithstanding the risk that the practitioner may pose to the individual or to healthcare in general. It seems in this context as if the Charter itself was a constitutional failure.[62,64,84-89]

4.4.2 Transgression of the law by offering official work and training appointments to traditional healers

The above opportunistic and scornful attitudes about the alleged rights and status of the traditional healer as reflected inside and outside the traditional healthcare setup, led to a situation where various governmental, semi-governmental and other agencies and bodies even signed legal agreements with traditional healers to work in an official health team or to formally train traditional healers. Examples of these agreements include a well-known university and two prominent municipalities. One of these municipalities appointed traditional medicine managers to integrate traditional healing and allopathic medicine in its health system and to promote two-way referrals and collaboration between the municipality's clinics and traditional healers. The university is alleged to have a traditional healer on its staff, working in its counselling and wellness programme. These actions are alarming and

irresponsible; they are risky and must be evaluated against the Constitution's Human Rights Manifesto.[13,20,32,64,82-90]

In retrospect, it must be noted that although the Act has been promulgated, it has not been fully enacted at this stage (2017). There is still no functioning register for traditional healers. It is therefore still illegal, in terms of the various health acts, for the registered healthcare practitioners to work with the unregistered traditional healer. Anybody, whether a municipality, university or individual doing so is putting the health and life of their patients at risk and will not have any indemnity in lawsuits for malpractice with this behaviour.[36,37,52,69,82,91]

4.4.3 Subtle abuses of legal definitions in self-promotion

The law is furthermore transgressed indirectly in the abuses of certain clauses of the Constitution, the Civil Union Act (17 of 2007), as well as the Traditional Health Practitioners Act (22 of 2007) when individuals in the traditional fraternity present themselves to the public as skilled and therefore acceptable as part of the statutory healthcare.

The actions of certain traditional healers' organizations reflect these abuses of the Constitution very well in their public ethics declarations and practice rights communications. Specific are those clauses hauled in under the traditional healing umbrella of "exclusive rights to practice," with the misleading prefix in the Constitution that stipulates that "everyone has a right to equality, human dignity, free association, privacy, religion, beliefs and opinions, trade preferences, occupations and professions, preference life-styles, fair labour practices and access to preferred healthcare", notwithstanding that they know very well that these clauses are not fully applicable to the traditional healers' unscientific and risky practices. [32,58,60,61,82,83,92]

These legal abuses are very subtly reflected in traditional health fraternity communications. They try to pass off the Act's description of the representative of the HPCSA on the THPCSA as formal recognition of traditional healing by the medical and pharmaceutical fraternities. The impression is created that the HPCSA and SAPC recognize the traditional healers as independent health practitioners. In actual fact, traditional healers know very well that these representatives who sit on the THPCSA are required by Section 7 of the Act to

oversee the processes so that the THPCSA and its practitioners do not violate the legal rights and privileges of the recognized health practitioners.[36,37,82]

4.4.4 Constitutional abuses have limits, even for the traditional healer in the new South Africa

Constitutional abuses have limits; traditional healers cannot simply practice as they feel. First, they are still unregulated practitioners who are clearly violating many of the country's health laws and as such must be controlled. Second, other citizens of South Africa also have rights, privileges and freedoms equal to that of the traditional healer that must be protected. Sections 12(2) and 32(1) (b) of Act No 108 of 1992, a pre-1994 version of the Constitution, are clear and loud about this.[88]

There is great difference between private and public rights, with the last-mentioned being favoured. The differences and uniqueness of individuals in terms of culture, person, finance and lifestyles cannot be addressed or solved by abuses of the Constitution, as the government blindly did with the promulgation of the Act and the official recognition of the traditional healer. Not even the Constitution can bring equality, as the academic and activist, Dr Danny Titus, clearly points out when he states that South Africans cannot argue away their true differences with the argument that everyone *is equal before the law*: South Africans are just too unequal and need another address for individual rights.[91]

The Nobel laureate Milton Freedman warned long ago that a society that considers equality higher than the individual's freedom [in this case safe medicines versus medical concoctions], will end without any one of the two.[92]

It seems as if there is confusion in the minds of the post-1994 government about equality for every South African and cases where care should be taken when conferring such a right. It is ill-considered to give unlimited rights to a specific individual, in this case the traditional healer, knowing well that the person can be a danger to the health of others.[68,93-98]

Constitution experts, Prof. Marinus Wiechers and Prof. Koos Malan, identified this situation where the law-abiding, good and sound person's rights and claims are sacrificed to serve a pretended ideal state of equality. Malan pinpoints this pretended equal state not as a correction-action-state, but as a consuming-governmental-state. The intention is the disregard of all the rights

and claims of the good as well as the problematic individual. This devastator, it seems, is now inside formal healthcare in terms of the Act.[96-98]

4.4.5 The Traditional Health Practitioners Act (22 of 2007) is political oriented, not culturally

Proponents of traditional healing argue that traditional healing is an essential cultural demand by South African society, free of politics. The NDR (1969) contradicts this free of political meddling argument. This political document, which gave birth to the Act and was formulated in the Apartheid regime's most notorious time of the suppression of the South African majority, clearly had as an aim and a vision the establishment of pro-African healthcare services and institutes, one that includes traditional healing.[24,32,58-61,67,68,71-76,87,99-103]

The whole 1969-thinking was executed by a small, exiled political leadership, who thought themselves able to think on behalf of the voiceless and vote-less majority at home; an autocratic decision-making, possibly acceptable for the majority in that time of suffering and uncertainty. But the demise of apartheid in 1994 and the end of barriers on political, economic, educational and healthcare brought political rights in decision-making directly to the majority. These changes also brought mind shifts away from the 1969 autocratic leadership's thinking, especially on the outdated healthcare, cultural and political thinking of 1969. South Africans, now free to think as they choose, have become modern, also in their healthcare use. Traditional healing, together with other pre-modern remnants of healings and religions, disappeared from their mind-sets.[98,104-111]

The 1969-leadership, now elders but with some still in political power, have failed to change and to hang on to outdated and warped thinking on the supernatural, witches and traditional healing; not only because they believe in it, but primary because they see it as something that they can use to stay in power and to serve their own interests. The Act is such a political behaviour, notwithstanding that these leaders knowingly transgress Article 16 of the Constitution and the Code of Ethics for Members of the Executive, as prescribed by the Ethics Act (82 of 1990).[15,16,36,87,89,112-122]

4.4.6 Is the Traditional Health Practitioners Act (22 of 2007) a failure in terms of the Constitution?

The Act was a well-planned legal and promotion exercise that aimed to bring the pre-modern traditional healer into the formal health sector as an equal to the modern-day health practitioner. This forcing down of the traditional healer onto the masses also shows the official disregard for the poor, uneducated individual, who is not only deprived by the government of medical and life aids, but is now also left with the unscrupulous traditional healer and dangerous concoctions.[16,36,87,89,112-123]

Only the post-1994 government's immediate personal and political interests are served with the recognition of the traditional healer: its recognition as a specific healer is not equal to the upliftment of the poor or uneducated individual. *Uplifting, equality* and *non-discrimination* are three separate concepts. When viewed as one construct, upliftment and non-discrimination are pre-requisites for equality, and it should not be the ill-considered equality of the government. Stretching certain clauses of the Constitution, the Act and other legal rules to promote and to establish traditional healing, is dangerous.[87,93,96-98,123-125]

The present constitutional mistake in terms of the South African political-legal system cuts to the heart of a society still under construction. This mistake forced emeritus judge Bernard Ngoepe to react on how the Constitution is misunderstood, misused and disrespected by saying that some South Africans think that the Constitution gives them rights without limitations, an excuse through which they can get everything for nothing. It is clear for Ngoepe that some South Africans, the public as well as politicians, have a problem in the way they understand and apply the Constitution. The Act and traditional healing is surely such an example.[126,127]

4.4.7 Past opposition to the Traditional Health Practitioners Act (22 of 2007)

Opposition to the Act has thus far been minimal, notwithstanding the serious consequences it holds for the established health practitioners, especially medical doctors. This poor reaction to the Act can be ascribed to various obstructions:

First, criticism on the government is either choked or ignored and executive decisions are taken one-sidedly, basically by the overpowering majority of the ANC in the Parliament.[53,62,87,124]

Second, criticism from especially journalists and academics is strong, but with very little positive effect. In this regard there is always the fear of victimization. At the moment the objections are just not strong enough to bring a turn-around. More organized actions are needed, but the question is what really can be done to nullify the Act.[128-131]

4.4.8 Possible future actions against the Traditional Health Practitioners Act (22 of 2007)

4.4.8.1 Submissions to parliament

It is doubtful if any sympathy would be found in Parliament and its lawmakers for the repealing of the Act, seeing that they put the present Act through Parliament in 2003 and did nothing to oppose it. The present ANC-led government's disrespect for the Constitution and basic rights on health safety, as the traditional healer demonstrates, together with rejections of appeals to rectify one-sided decisions, will surely make any direct appeal by the medical fraternity to Parliament on the Act useless. This concern is confirmed by the action of Parliament to ignore the legal presence of the Witchcraft Suppression Act (3 of 1957) when promulgating the Act. They also gave no consideration to the rights of other medical practitioners.[113,131-142]

The fact that the present ANC-government is going to stay in power for at least another 20 years, confirms that the Parliament is not an ideal avenue.[95,143-147]

The fact that some of the top members of the government themselves believe in the supernatural and in interference by the ancestors, in itself rules out any anti-action in Parliament against the Act.[114,148]

It must further be remembered that the public has lost faith in the Parliament to solve their problems. This is confirmed by two research polls, namely the 2014 IPSOS-Poll and 2014 Media 24-Poll. These studies show that between 53 per cent and 89 per cent of the population distrust the Parliament and government. Taken action and taking on the Parliament on the Act seems to be worthless.[148-152]

4.4.8.2 Court actions

Another option to take on the Act and the present-day government is direct court action. So far the Act went unchallenged in court, although it violates the rights and practices of the statutory health professions. In this regard is important to note that South African Courts are not very willing to give judgments on controversial political and cultural issues. Here, the medical fraternity's own sad experience with the DFL's legal action in 2003 with the Traditional Health Practitioners Bill, is still too fresh in their minds to readily re-engage in court actions.[95,119]

Similar to the above-mentioned negative experience of the DFL, it must be noted that a 2014 Media 24-Poll found that as much as 78 per cent of the population does not trust South African Courts fully. This negative inclination surely also affects the medical fraternity to rethink before they decide to take on the Act in a legal battle. As learned from the DFL-case, the outcome can be negative for them.[69]

The hesitation of the medical fraternity to take legal actions must also be seen from the point that the Act is still in limbo and can therefore not effectively be taken to court. The implementation of certain sections of the Act was only done on 1 May 2014 and was limited to the establishment of the Interim Traditional Health Practitioners Council and the provision of a regulatory framework to ensure the efficacy and quality of traditional core services. This limits legal reaction. Recourse to courts of law by the medical fraternity is therefore difficult at this stage, seeing that there is no real legal and physical threat. As soon as the traditional healer enters the health services and establishment and makes him/her guilty of improper behaviour, organized court actions from the medical profession can be expected.[36,37,63]

4.4.8.3 Informal ways to address the Act

Thus far healthcare practitioners have not been doing well with addressing their own professional dilemmas, it is doubtful that there could be an internal solution. It is clear that ways must be found outside the formal avenues to address the Act. Not only individual, but also class actions are needed. This will involve public and private media and in-depth research on the Act, traditional health and its impact on the healthcare sector. Strikes and walkouts, common

and effective in South Africa, seems a very appropriate and effective alternative for the allopathic practitioners to be followed.

4.4.9 Government failure against transgressing of healthcare laws

It is the sole duty of the South African government to ensure that a specific healthcare or spiritual practitioner, in this case the traditional healer who is at most a spiritual caregiver, does not transgress any established laws in his practice, either against the individual or a group as patients or as professional healthcare practitioners. Care should always be taken that a specific health practitioner does not endanger the health or the life of the patient or client. In the case of the Act, these prerequisites are not in place. Never in South Africa's history was statutory healer status awarded to priests, nor have religious groups ever been regulated.

The Act is one of the many inapplicable, inappropriate and unworkable acts that were put through parliament since 1994. Prof Piet Naude, director of the University Stellenbosch Business School (USB) remarks that our politicians do not always have respect for Parliament and that they make Acts that do not pass the test and that have to be revised again and again. The fact that the Act is still not fully functional, although promulgated in 2007, confirms that it had not passed the test of good legislation even today.[152,153]

4.5 THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007): A GODSEND OR A CURSE FOR SOUTH AFRICA'S HEALTHCARE?

4.5.1 One-sided, superficial and unspecific research on traditional healing

There are, as already evidenced, few fields within the healthcare worldwide that elicits such controversy as traditional healthcare. South Africa's traditional healthcare, the Act and the traditional health practitioner issues are therefore exceptions.

Much of the South African literature on traditional healthcare stretches over more than 50 years and offers various opinions, views, postulations, generalizations and myths about the good nature, excellent healing abilities, distinctiveness and indispensability of the traditional healer. Literature for instance states that between 60 to 95 per cent of all South Africans regularly

consult traditional healers before consulting modern doctors and that there are 200 000 traditional healers in practice compared to 30 000 medical doctors. Traditional healers are cited as an important national health resource and the literature claims that there is at present a dramatic evolution in "traditional medicine." It is further cited that patients prefer the holistic treatment approach of the traditional healer above an allopathic one. It is stated that 60 per cent of South African babies are delivered by traditional attendants. The literature argues that the European/Western previous governments of South Africa have discriminated against indigenous healthcare, limiting its capacity. According to this argument, apartheid and White supremacy led specifically to the underdevelopment of traditional healing in South Africa.[1,23,32,57-62,70-72,76,79,80,87,90,154-165,168,170,171,177]

An in-depth review of official and popular literature on South African traditional healing shows a very one-sided, superficial and unscientific research approach and reporting: one that is often based on repeated quotations of old, and not always trustworthy, information. Explicit descriptions and analyses, based on sound and in-depth research of historical events and facts, reliable and well-reported statistics and other supportive evidence to enlighten the role of the traditional healer, are completely missing from most literature.[58-61,155]

The unfounded claims of traditional healers that they act as a medium with the ancestral spirits; that they are able to interpret messages from the ancestors; that they can bring luck, fidelity, or make rain; that through their distribution of muti around and about the kraal, they can ward off lightening or cause the witch discomfort in her bad endeavours; that they can with muti destroy the powers in other people and can have people contract fatal diseases; are seemingly all accepted by the propagandists and many reporting researchers (mostly well-trained Europeans and Westerners) as true and good personal and practitioner's talents.[12,53,55,63,87,162]

This point of view is maintained, notwithstanding the fact that it is false and in conflict with modern health therapy and treatment. It is also contrary to the Witchcraft Suppression Act (3 of 1957) as amended by Acts No 50 of 1970 and No 33 of 1997 of South Africa to combat the evil behaviour of the traditional healer. Mental impairment (especially the schizophrenic and the antisocial personality disorders), seemingly a major characteristic of the traditional healer, are accepted as normal. They are defined as essential parts of indigenous

people's culture. This view stretches an "African Culture" of South Africa as real and correct to excuse abhorrent behaviour. Even the Act defines the term *traditional philosophy* with the words "uses of traditional medicines communicated from ancestors to descendants" as a normal part of life and mental phenomenon to be accepted unquestioningly by all South Africans because it is a formal part of the Act.[13,14,174-178]

4.5.2 Well-structured introduction plan for traditional health since 1969

The introduction and presentation of the traditional healer to the general public of South Africa as a health practitioner has been well structured and planned, especially since 1994. Political and emotional rhetoric about the traditional healer and his "unique medicine" as a victim of colonial powers, the apartheid regime and the Western/European health fraternity, became standard remarks in speeches, articles and other publications.[1,12,53,55,63]

Even the good name of various South African medical research bodies have been clouded by the South African traditional healers and their misleading statements about their alleged distinctive role in the manufacturing and sales of "traditional medicines", or more specifically pre-modern medical products. General information, based on worldwide references, is falsified and used excessively and out of context for the South African scenario.[55]

Compiling a trustworthy profile of the South African traditional healer and his medical products outside political and emotional rhetoric and other superficial literature like the above, is impossible. It is not possible to ascertain the number of members, levels of expertise, school and professional training, ethics, public needs and consultation ratios, or the ratio between Western healers and traditional healers. If the above descriptions and superficial literature are used, we will only arrive at falsities, like many South African studies on traditional healing already reflect. To put traditional healing in perspective, the Act must first be analysed and interpreted thoroughly as the starting point of research and discussion. Only after that can the assumptions, generalizations, deceptions and myths around it, be taken into account.[36]

The post-1994 South African government, together with activists and propagandists of traditional healing, seem to have ensured that a multifaceted, multicultural and multi-cosmological context for health and mental healthcare delivery has come to pass; one that includes traditional healers, no matter the

costs, risks and uncertainty that this entails. All legitimate objections against the traditional healer and the status of traditional healing as an official health service were ignored and trashed with a well-planned strategy, starting as early as the 1960s. The plan or strategy is clear, namely, to use the new democracy of South Africa as a vehicle to change remnants of the pre-1994 political, economic and social scenario, which included the establishment of a Western and European healthcare sector and the regulated health professions.[4,31,58-61,84,87,100,102,103,180-185]

This perspective seems to reflect the fast-tracked process to recognize the traditional practitioners statutorily with the Act. There were precautions taken to avoid pitfalls. In connection with the above, it must be remembered that the hay-day of the political emancipation, that started in 1969 with the NDR of the ANC, was aimed at establishing a considerable degree of self-determination by indigenous South Africans, whether applicable or not. The postulation then was that health services should be based on a mixed socialist-capitalist economy and a socialized or nationalized form of healthcare services, open for service delivery to all. Internal inputs to the new health plan were led by the National Health Committee of the ANC, the United Democratic Front (UDF) and its affiliate, the National Alternative Medical and Dental Association (NAMDA), National Education Health and Allied Workers Union (NEHAWU), the Inkatha Freedom Party (IFP), the National Progressive Primary Health Care Network (NPPHCN) and DFL International. Very little has changed since then on this 1969 revolution master plan, nor has there been any consideration of its possible negative consequences.[53,58-62,87,101,160,185,186]

The ANC stated again in 1994 in its health plan, without offering any sound argumentation or facts, that indigenous cultural preferences, like traditional healing, would become an integral and recognized part of healthcare in South Africa. The basic view is that the consumer must have the right to choose a health practitioner, notwithstanding whether that health practitioner is the best for him or her or society as a whole in terms of training, risk, safety and know-how. To reach this objective, the ANC aimed to change health legislation to facilitate the controlled use of the traditional healer, but at the same time to take total charge of the entire healthcare and its regulated practitioners in South Africa.[32,58-61,185]

Foreign role players in the promotion of traditional healers in South Africa were the African Union (AU), which, with its declaration in 2001 of the *Decade*

of African Traditional Medicine, acknowledged the role played by traditional "medicine" and the need to integrate it into NHSs of African countries. The same is valid for the WHO, with its *1978 Alma-Ata Declaration of Primary Health Care,* when it recognized and endorsed traditional "medicine." This was followed by its *Traditional Medicine Strategy 2002 to 2005* and various other WHO guidelines, which all emphasized the integration of traditional health into national healthcare in Africa.[7,32,67,70,72,76,78,79,81,180]

A massive infiltration into South Africa's governmental law-making and executive agencies by traditional healers and their co-agents, is also evident.[72]37 A good example of this in-depth infiltration was the remark in 2013 by the then Deputy Minister of Health when she stated that it is the government's goal to integrate Traditional Health Medicine into the NHS as soon as possible. She also made known that many primary healthcare facilities and hospitals are already working with traditional health practitioners with governmental approval to contain childhood diseases like diarrhoea and vomiting, HIV/Aids and TB, mental illness and many others, as well that many traditional health practitioners sit on clinic committees, hospital boards, district health committees and provincial and national advisory structures.[37]

Objection and resistance to the Act were minimal and unimpressive. The fact that the Traditional Practitioners Bill of 2003 passed through Parliament in 2003 without a single objection or formal protest from a parliamentarian (either by the ANC as the ruler and the DA as the opposition), reflects the extreme and comprehensive emotional, political and cultural domination and drive to promulgate the Act at that time. The lack of objection was notwithstanding the fact that all the parliamentarians should have had knowledge of the future high costs to implement the Act, its lack of sound training, its negative effect on the health sector and the regulated health professionals, as well as the fact that it would take years to organize the traditional healers' unorganized and undisciplined system.[36,188]

4.5.3 Sensitive "African" beliefs and customs

The main issue for the post-1994 government has been the balancing act between sensitive "African" beliefs and customs, which were widespread among its loyal voters and supporters (however illogical, outdated and unscientific in comparison to modern scientific thinking, practice and facts it may have been)

and a more westernized approach. The support from the more traditional citizens led to the enactment of laws, not always successfully, to manage “African tradition” by way of the legal system and to cope specifically with the problem of diversity among its people, including both the developed and undeveloped sectors. The Act is such a legal outcome.[29]

This also reflects, inside this “African tradition”, the beginning of a new, post-1994 policy of political correctness, notwithstanding its hypocrisy and detriment to the individual’s constitutional rights. This new policy replaced the old, pre-1994 suppressing policy of the apartheid regime very successfully. This means the continuation of a policy of no tolerance of any criticism by the democratic, post-1994 government on their decisions, legislations, opinions and doings. This lack of opposition includes all the governmental, semi-governmental agencies and non-governmental organizations. It seems to be only the Treatment Action Campaign (TAC) that has not warmed up to traditional healing as a formal medicine partner in the health sector. The DFL (although an initial role player in the establishment of the Traditional Health Practitioner’s Act), did resist it in a court case, but they focused more on legal protocol.[12,53,87,180,184]

Up to this point the general view has been that the official opposition in Parliament seems only to be focused on the impact that the Witchcraft Suppression Act (3 of 1957) can have on the constitutional rights of pagans, their religious and cultural beliefs, and the illegal identification of persons as witches and witch-hunting crimes, instead of focussing on the primary negative impact of the Act on public health and discipline.[185]

The new crippling, dominating and devouring influences of the post-1994 cultural-political setup of South Africa on its existing modern establishments, like healthcare (which the neo-1994 political activists allege purely developed out of colonial and Apartheid regimes and which they see as still sustained by the post-1994 political setup), led thereto that many people in public life are remaining quiet about the traditional healer as a new regulated health service partner. This includes people in healthcare, in academia and journalism, not only because they want to be politically correct, but also to stay out of conflict with or victimization by the present regime. They refrain completely from any criticism or even an opinion on health, religious, cultural, indigenous and

political phenomena. A curtain of "silence" has been drawn and the rights of the minority became subdued to that of the majority.[3,33,36,103,106,110,128,131,135,185,189-193]

It is therefore no surprise that the Act has become a very a dominating pivot, encircled by opportunistic, emotional and political agendas, false cultural distinctiveness and pseudo neo-African (but many times aged and outdated African) intentions. It is projected as the *saviour* of the traditional healer and his indigenous culture and the *solver* of the health problems of South Africa's poor people.[36]

Seeing that the Act occupied over 11 years of formal parliamentarian plodding to reach promulgation, but is still not fully operational in 2017, it is doubtful that it has a solid enough legal foundation, empowerment and focus to obtain true statutory status for the traditional health practitioner in future. It is also doubtful if the traditional healer is equipped (in terms of education, training and skills) to be made a successful full member of the health sector.

This doubt is confirmed by the Regulation No 1052 (2015) that aims to give some guidelines as to how the Act can get a seat in the healthcare sector. The wariness since 1994 by the government not to repeal the Witchcraft Suppression Act (3 of 1957, as amended), seems a further indication of doubt regarding the desirability of the traditional healer as a professional health practitioner and possible fear that the traditional healer's practice can get out of control inside the established healthcare sector and its services.[46,153]

From this subdivision it is justified to conclude that the Act spells doom for South African healthcare.

4.6 THE PRESENT AND FUTURE ROLES OF TRADITIONAL HEALTH PRACTITIONERS WITHIN THE FORMAL HEALTHCARE SECTOR OF SOUTH AFRICA, AS GUIDED BY THE TRADITIONAL HEALTH PRACTITIONERS ACT (22 OF 2007)

4.6.1 Over-opportunism on South African traditional healing

The Act, a legal process to raise the professional identity and status of traditional healers in the South African society, clearly overshadowed the traditional healing leadership thinking on what the traditional healers can and may do versus what they cannot or may not do in practice, in terms of their specific abilities and skills, as well as their public's needs. This one-sided

leadership thinking and belief, together with the traditional healers' much acclaimed uniqueness to be equipped to take on many and various roles in the formal healthcare sector, left them unprepared for the fact that they had to compete with other healthcare professionals, already established in the formal healthcare sector. To continue old roles and to take on new roles through the implementation of the resolutions of the Act required a new, in-depth understanding of the formal healthcare environment, its various role players and pre-requisites prescribed in terms of training and practitioners' rights, etc. The political influence and driving of the traditional healers as a group since the 1960s, especially from 1997 onward in the post-apartheid dispensation advancing Black Empowerment, made them further opportunistic about future roles in terms of promises on their new political and cultural rights in the new South Africa.[14,58-62,79,87,194]

The traditional health practitioners had specific roles that they thought they could and would be able to execute with their statutory recognition in 2007. However, these roles were clearly limited, and even blocked for them, as a result of their poor health training and the standards on the one hand which the Act failed to generate. On the other hand, awaiting them were two dominant health groups as strong competitors, well-established in the formal healthcare sector, namely the allied (alternative) and the allopathic fraternities.[13,36,63,83,196]

Various researchers[20,197], confirm that the compilers of the Act and the traditional healers themselves never studied in detail the present-day existence of the allied and the allopathic healthcare fraternities of South Africa, before the Act was initiated in 2003. The allied health group's in-depth foundation and position in traditional healing in South Africa, established over many years, as an opposition to the new traditional health practitioners created by the Act, was especially bluntly and blindly ignored.[52,58,59,61,62,82,87,194]

It is clear that with the acceptance of the Act four years later in 2007, as a legal institution and safe-house for the traditional health practitioners, the government failed completely to acknowledge particularly the unique identities and roles in South African traditional healing of the various established allied health practitioners, such as the homeopaths, naturopaths, phytotherapists and ethno-therapists as similar but opposing healthcare providers to the traditional health practitioners. This ignoring of the traditional healers was also evident in the already established practice education and training-cultures of the allied

traditional healthcare and medicine, as specifically represented by the regulated ethno-therapists, phytotherapists, homeopaths and naturopaths. This negative outcome is also unmistakable in the South African post-1994 government's and some of its leaders' dislikes for European/Western and pre-1994 health models and systems, as well as their open dissatisfaction and revenge, because the allied health professions had since the 1970s firmly closed their doors for the pre-modern South African traditional healers to be registered with them, even as ethno-medicine practitioners. This door was already closed by the allopathic group on the South African traditional healers in the 1960s.[52,58,59,61,6282,87,194,198]

4.6.2 The allopathic dominance of South African healthcare since 1652

It is increasingly clear that the education tripartite unity that is an absolute pre-requisite before professional status can be awarded to a healthcare group to be allocated roles or responsibilities, is totally absent from traditional healing in South Africa. Not even the Act and its struggling governing body, the Traditional Health Practitioners Council (THPCSA), could rectify the situation since 2007. This means that a process of empowerment through education and learning, diagnosis and treatment, ending in a scope of practice to take on roles in the formal healthcare sector, has never occurred in South African traditional healthcare.[9,11,199,200]

The medical fraternity, with specific reference to medical doctors and dentists, established itself successfully over the years out of the European traditional medicines and practices, as established in 1652 at the Cape of Good Hope. An initial competitor was certainly indigenous traditional practices and medicines. However, given that this was scattered across the country and practiced in a limited manner by certain tribes, and was spiritually orientated, it failed to develop scientifically and to become a role player in the mainstream of healthcare development. That threat has been erased. Therefore, the medical and dental practitioners became the holders and bearers of the holy medical grails in South Africa over the years. World War II gave a new dimension and empowerment to medical development and skills. This well-established fraternity was soon enlarged with various new, well-trained allopathic healers such as physiotherapists and psychologists, as well as the allied healers who took over all the possible traditional healthcare manifestations. This important outcome, which missed the attention of many South African researchers who

investigated traditional healing, closed the door forever on the traditional healers for a partnership in present-day formal healthcare; something which the Act has been trying since 2007 to revive at all costs.[36,87,197,201]

4.6.3 The allied traditional health fraternity's current statutory recognition in South Africa

The well-established allied traditional health professions of South Africa were ignored by the compilers of the Act. In the 1970s these professions began, with the exception of the traditional healers who had remained passive and undeveloped since 1652, to position themselves strongly in the formal South African healthcare sector in terms of training and education against serious opposition by the apartheid regime and the medical fraternity of that time. In 1982 they obtained ultimate statutory status with the Allied Health Practitioners Act (63 of 1982). Today the allied group consists of 13 disciplines, namely Ayurveda, Chinese medicine, acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, therapeutic aromatherapy, therapeutic massage therapy, therapeutic reflexology and Unani-Tibb. Chiropractic and Homeopathic training are offered by full-time Masters degrees at the University of Johannesburg (UJ), and the Durban University of Technology (DUT), while Naturopathy and Phytotherapy are offered by the University of the Western Cape (UWC) with three years of training in basic medical sciences and a further two years of specialization in the applicable discipline.[78,79,197,202-204]

4.6.4 Chaotic planning of present and future traditional healthcare

Heretofore the traditional healers had stayed out of any health development since 1652 in South Africa, and when invited, withdrew from participation with the other allied professions in obtaining regulation or to better themselves. They failed, to a certain extent, by their own actions and background, to develop a health science, a learning culture and a professional practice and ethics, as the allied health professions had successfully done. Instead, the traditional healers lingered on with a spiritual and doubtful practice; one without any real medical or healthcare training or scientific principles and methods.[58-61,79-81,202-206]

They have remained in disarray since 1652 with the establishment of the Cape of Good Hope Settlement in a pre-modern health training and practice setup. This is well illustrated by the following self-description of a South African

traditional healer[195, par.1]: "Many traditional medical practitioners are people without education, who have rather received knowledge of medical plants and their effects upon the human body from their forebears."

The result clearly indicates why the traditional healers of South Africa were totally ousted in the 1980s as a partner from the allied health fraternity, basically because of their pre-modern inclinations to medical products, training, diagnosis and treatment, therefore their under par position of not being able to register as allied health practitioners. Despite how much South African politicians and propagandists of traditional healing opposed and discarded this outcome, the fact is that the traditional healers' positions, roles, training and identification as health practitioners were overtaken in time in South Africa by the allied traditional healers, specifically the homeopaths, naturopaths and phytotherapists. This gradual incorporation became official and final in terms of the Allied Health Professions Act (63 of 1982).[195,201]

This phasing out of traditional healing, a remnant of the old tribal culture of South Africa is a reality which propagandists and believers of traditional healing do not fully understand or want to admit today. Here in South Africa the thinking and belief on healthcare models for indigenous people of these propagandists and believers, strongly supported by opportunistic politicians, are still naively anchored in the anthropology and philanthropic thinking on African cultural lifestyles of the past. The need for their service is also distorted in the process as essential. Through this pathway these propagandists and believers are trying to recreate a domain for the traditional healers in the formal healthcare sector of South Africa, notwithstanding the strong opposing healthcare inclinations and intentions of the Act to their outdated thinking as well as the assimilation of traditional healing into the professions of homeopathy, naturopathy and phytotherapy, as activated by the Allied Health Professions Act (63 of 1982).[1,12,-14,20,36,55,57-63,79,83,87,185,194-197]

The chaotic planning on traditional healthcare in South Africa is undoubtedly further aggravated by the outdated opinions, viewpoints and influences of outsiders who are not only unfamiliar with the South African healthcare scenario, but are opposing formal healthcare education, training and standards for the traditional healers, seemingly in an exclusive effort to revive colonial thinking on "good" healthcare delivery and services upon behalf of indigenous people. This stereotypical and subjective thinking blindly ignores the

modernization and upliftment of the living standards, accompanied by enormous changes in personal, economic, social and especially healthcare needs and preferences of the greater South African population since the 1990s, which has in practice nullified the need for pre-modern traditional healing.[1,12,-14,20,36,55,57-63,79,83,87,185,194-197]

The present-day chaos in planning of the South African traditional healing must be addressed urgently. There are first level remedies available.

4.6.5 There may still be time to place some traditional healers within the established statutory health professions

The traditional healer's position as an independent health practitioner in terms of the Act seems to increasingly be unacceptable in terms of various healthcare criteria, nor viable or sustainable in South Africa as an independent healthcare profession. On the other hand, there is at present still a possible place for some of the traditional healers such as the herbalists group within the allied health group, as well as for some of the other traditional healers such as diviners and birth attendants in the other health groups. As a result of their diversity in training, education, practice styles and healthcare beliefs it is impossible to categorize them into a single, uniform group to be considered for assimilation into the established healthcare groups. Selection can clearly only be carried out on the principle that individuals may be incorporated into these established health groups. This, on the other hand, can only happen if the traditional healers fulfil a minimum level of formal education and training, to enable them to be trained on a tertiary and professional level within these various groups' professional requirements and to reflect the skills and abilities for patient safety services.

Traditional healers as individual must be redirected immediately. As a point of departure it must be considered to repeal the Act and to phase out the Interim Traditional Health Practitioners Council as a governing body. The fact that both, although introduced in 2007 to professionalize and progress traditional healing, are today still in a passive gear of performance and the formal registration of the traditional health practitioners is still under par, makes such an intervention at this stage both possible and easy. The failure of the traditional health practitioners, notwithstanding the Act legal driving of the process and the direct political support from government bodies, to move successfully since 2007 into

the formal healthcare sector of South Africa, to take on specific roles independently from the other healthcare professions, to mobilize an expected group of clients to be viable and sustainable as a specific healthcare practitioner and to create a formal learning and training culture, puts the continuation of the traditional health practitioners as a present and future role player in the healthcare sector in jeopardy.[20,53,72,87,174,197,201,204,207-210]

With reference to the unregulated alleged 200 000 and more traditional healers as a group, most of them must be left unregulated as in the past. In this respect it must be noted that from strict criteria used, it seems that not more than 4 400 of these traditional healers qualified in some way to be become registered in terms of the Act. This means that if a strict selection is being made between charlatans, bogus, *bona fide* and "real" traditional healers in South Africa, very few of the alleged 200 000 traditional healers will reach the end-mark to be registered in terms of Act. It is these potential candidates that must be considered for possible registration with the already established healthcare councils.[20,53,72,87,174,197,201,204,207-210]

Individuals from this selective group of traditional healers such as herbalists can be moved into the homeopathy, ethno-medicine, naturopathy or phytotherapy disciplines of the Allied Health Practitioners Council. Individuals from the diviners can be moved into three possible areas, namely as psycho-counsellors to the Health Professions Council, as social counsellors to the Council for Social Welfare Sciences and some can be homed with old African church groups as priests or spiritual caregivers. Individuals from the grouping of birth attendants can be moved into the Nursing Council as assistant midwives. It seems that only the traditional surgeon may be problematic to accommodate into the established healthcare councils, basically due to their history of risks to healthcare.

With the above approach, the Act, the Traditional Health Practitioners Council (THPCSA) as well as the traditional health practitioners will automatically lose their central position and disappear from the South African formal healthcare scene if the Act is not swiftly repealed.

4.6.6 Traditional healers lost long ago their prescriptive right as healthcare professionals

The traditional healers were at some point in the past part of the allied fraternity, but lost their healthcare standing in the greater South African healthcare context due to their pre-modern and unprofessional training and practices. Their passivity to develop was also a negative determinant. Real traditional healing and traditional medicine, such as ethno-medicine and phyto-medicine, are now fully part of the regulated homeopaths, naturopaths and phytotherapists' practices and medicine.[8,21]

The South African traditional health practitioners, with their African cultural uniqueness, enforced by the Act, have clearly been driven by its political intentions under a cultural mask since 2007. Their idolization as a unique healthcare practitioner was a further driver. They are uninvited partners in the modern-day healthcare sector of South Africa. They find themselves for good reason in a health care "no-man's land," as a direct result of the inapplicability of the Act upon the healthcare environment. In addition, the phasing out of the traditional healers' entity and identity as healthcare practitioners, by their own actions as well as external influences over many years, further exacerbated the situation. At present they are not only overstepping the practice rights of the current existing regulated health practitioners of real traditional medicine, but are, as health practitioners, within the established healthcare sector, not professional or financially viable or sustainable in this present identity. Furthermore, there are life risks for the public with their pre-modern products and treatment.

4.7 THE TRADITIONAL HEALERS' ACCEPTANCE AS HEALTH PROFESSIONALS AND COLLEAGUES BY THE MEDICAL DOCTORS IN SOUTH AFRICA

4.7.1 The South African medical doctor is the sole keeper of the holy medical grails

The modern medical fraternity of South Africa, with specific reference to the dominant role and position of the medical practitioner, was established over the years out of the European traditional medicines and practice. It started specifically in 1652 at the Cape. An initial competitor was surely indigenous traditional medicine. However, seeing as the last-mentioned was spiritually orientated and failed to develop scientifically and to become a role player in the

main stream of health delivery over time, this threat was erased early on. It must be noted that the early training of the European medical practitioner from which modern South African medical training originates, was initially also a haphazard and unregulated affair. However, from as early as 1802, curricula and formal examinations were offered at medical training schools like the Universities of Glasgow and Edinburgh, and transferred through its graduates to the Cape. In the 1920s South Africa already opened its first medical school. Hereto the South African traditional healing fraternity has remained passive and lacks any formal training even to this day.[87,197,199,200,211]

World War II gave further new direction to scientific and medical developments and the skills of the modern allopathic doctor. This period awarded the medical practitioner with a supervisory position in the health management of the country. It is clear that the medical doctor became the holder and bearer of all the holy medical grails over the years.[87,197,199,200]

The South African medical doctor has been well established over the years as the keeper of the holy medical grails. Entrance for newcomers to the medical domain has not been and is still not easy. The hostility towards the allied professions in the 1950s and later in the 1980s provides evidence of this. Certain prerequisites for entrance were set and jealously guarded by the medical fraternity. The traditional health practitioner, steered by Traditional Health Practitioners Act (22 of 2007) is another such a challenge. They are backed bys South African governmental and political forces to get the *traditional health practitioner* (previously known as the traditional healer) statutorily recognized.[149,202,212-215]

It is clear that the Traditional Health Practitioners Act No 22 (2007) will put enormous pressure on the medical doctor, not only to relinquish some of his healthcare empowerment, but also to see and to accept the traditional health practitioner as a new, respectable health co-practitioner and colleague. Thus in forcing is taking place, notwithstanding that there are in terms of training, health ethics, practice approaches, attitudes and views, basically not a single point of similarity or agreement between the medical doctor and the traditional health practitioner whatsoever.[36,149,201,202,207,212-215]

4.7.2 Contact between the medical doctor and the traditional healer in South Africa in formal practice

Formal contact by the traditional fraternity started in 1947 when the Dingakas Traditional Healers Association (DTHA) applied to the South African Medical and Dental Council (SAMDC) to register traditional healers as health practitioners. The application was declined, seemingly due to the failure of the DTHA to offer any evidence on the traditional healer's training and to present a medicine protocol. Their general lack of understanding of the medical sciences and practices also played a role in the decline of the application.[14]

With the intent since 1994 being to regulate and professionalize traditional healing, contact resurfaced, with MASA publishing a guideline for future possible cooperation between the medical practitioner and the traditional healer in 1995.[24,32]

The medical fraternity's seriousness regarding long-term cooperation with the traditional healers is doubtful when considering how aggressively they fought to keep the allied/alternative professions from statutory registration in 1953. At that time, MASA declared the allied fraternity unscientific and illegal and provisions were put in place in their medical code to prohibit cooperation between the allopathic and allied professions (an inclination that is still upheld in academic circles today). This public hostile attitude against the allied groups persisted until the 1980s.[87,197]

MASA has indeed never been very fond of the traditional health fraternity and fought tooth and nail in the 1990s to block any efforts by the traditional healers to obtain statutory recognition. Their present efforts to cooperate with the traditional healers seem to be nothing more than public window-dressing in the new political environment and an effort to be in line with the spirit of political correctness for their own sake.[162]

The traditional healer and his know-how and practice system do not hold any benefit for the medical fraternity. Any auxiliary service that the medical doctor needs can be obtained from the other healthcare practitioners already registered with the HPCSA.[162]

The medical fraternity's hostile attitude towards traditional healing was also reflected by Doctors for Life (DFL) when they tried to stop the Traditional Health Practitioners Act of 2004 (No 35) in 2005 on the grounds that traditional healing is not a medical practice based on the allopathic system and that traditional healing can be potentially harmful to the public and economically detrimental.[32,216]

The claim that a certain South African medical school has appointed a traditional healer on its staff, cannot be interpreted as overall approval by the South African medical doctors of the traditional healer as a competent medical counterpart.[20,32,84]

Cooperation between the two groups was clearly minimal in the past and it seems as if the medical fraternity is not really of the intention to establish a long-term agreement. The South African medical doctor's passive reaction is understandable in light of the bad healthcare history of traditional healing in the country.[87,174]

4.7.3 The views of the medical fraternity on the traditional healer's education, professional training, status and doings

A point of concern for the medical doctor is the implications of Section 49 of the Traditional Health Practitioners Act No 22 (2007). This section allows a traditional health practitioner in practice to use and prescribe any form of his pre-modern traditional products to patients, wherever he is practicing. Also, the treatment of HIV/AIDS and cancer will also fall within the domain of the traditional health practitioner in terms of Section 49(g) of Act No 22 (2007), notwithstanding their lack of medical training and their bad reputation concerning these kinds of treatments.[87,174,217]

The professional status of traditional health products is, according to the official medicine classification system of South Africa at the lowest level based on the three *de facto* levels as well as the three *de juro* levels. This means a *complete rejection* of their medicines by the South African medicines authorities. None of their medicines hold Medicines Control Council (MCC)-certification or certification from the three unofficial supplementary/ comprehensive medicine testing bodies, namely the Health Products Association (HPA), the Self-medication Manufacturers of South Africa (SMASA) and the Traditional Medicines Stakeholders Committee (TMSC), nor are they reflected on the National Pharmaceutical Product Index (NAPPI).[87,218]

Their pre-modern health products have not been proven to bring any scientifically proven physiological changes. Indeed, their health products are so dangerous for public use that the government, through the Department of Health, was forced to establish two pharmacovigilance and phytovigilance centres.[52,55,87,219]

Regarding a culture of learning, South African traditional healing has failed to establish an education and training culture in the form of written programmes, training schools and a formal tutor groups to bring them into the modern age of medical knowledge. They still adhere to the pre-modern knowledge and views of the 1600s. The Traditional Health Practitioners Act No 22 (2007) furthermore have failed to put such a culture in place since its promulgation in 2007 to compensate for this shortcoming, nor have legislators changed the meaningless definitions *traditional philosophy*, *traditional practice* and *traditional medicine* on which present-day South African traditional healing is based, more professionally inclusive to promote advanced learning and professional status.[9,220]

The South African traditional healer's lack of medical knowledge, his misunderstanding of diseases and optimal health, his mystic and harmful traditional health products, healing practices and miracle cures, are well-known to the medical doctor. For the medical doctor, traditional healing is at most only beneficial in addressing the psychological and spiritual aspects of illness.[51,57,216]

The South African traditional healer's poor understanding of illnesses. is evident from their approach to Ebola, cancers and HIV/AIDS. Specifically, their view of illnesses as the manifestation of the supernatural and spirits and their use of spiritual rituals to cast out evils to reach wellness, are in conflict with the modern medical doctor's knowledge, diagnosis and treatment. For the medical doctor, the traditional healer can not have a professional code of conduct and be a recognised health practitioner as long as the definition *traditional philosophy* is their main directive guideline for diagnosis, treatment, training and practice. The traditional healer's basis for diagnosis and treatment is the supernatural, which includes witchcraft and is surely not science. Mental impairment is a strong role player in this context, especially the traditional healer's so called "calling" to traditional healing by ancestors.[14,51,53,57,87,174]

Medical doctors view the Act's new "open-door" sanctioning of the traditional healer's presence at formal *inpatient* and *outpatient* facilities of the modern South African hospital-setup in the future as contrasting and in conflicting with the age-old practice of the traditional healer. According to this practice, *inpatient* would mean that the patient lives at the traditional healer's home during treatment while *outpatient* means that the healer not only visits the patient, but stays at the patient's home giving treatment. Adoptions to new work

cultures and mind-set changes await the South African medical doctor in this new relationship with the traditional healer.[2,62]

Added to this are the pre-modern ways of consultation, rituals and customs of the South African traditional health practitioner that are brought into the established modern healthcare traditions. Gumede pictures the differences when saying[14, p. 199]: "Consultations take place not in the sterile meaningless environment of the hospital but at the patient's home in the environment which is not only familiar but where the problem is and where the living dead will hear the incantations to their persons. They smell *impepho* and see the sacrificial beasts and roar approval as the goat bleats or bull bellows when slaughtered".

A further new introduction to the South African medical practitioner's modern health practice in the place of his white coat and stethoscope, is the attire of the traditional healer, which consists of the healer's so-called professional garb, full regalia comprising bandoliers, the healer's hairdo (the hair is twisted into small tidy bundles which are tagged with gall bladders), *umyeko* on their heads with large beads, shields, assegais and a sangoma stick. Included in the attire for consultations is a "doctor's bag" (horns filled with medicine), a broom to use for sprinkling charm medicines, and an oxtail as a diving ward. A further accessory to the attire is the skin bangle worn from a sacrificial beast as an assurance of victory in times of illness.[14]

These new practice and cultural outcomes of the Traditional Health Practitioners Act No 22 (2007) can bring immense stress and conflict for the South African medical doctor once he or she has to work shoulder to shoulder with the new medical colleague, the traditional health practitioner. The first reason is that the healer can put thousands of innocent lives at South African health establishments in danger as a result of his lack of medical knowledge and skills. Second, this new state of affairs can lead to a situation where the ethics and rules of the South African hospitals and that of the other health practitioners and patients are seriously transgressed by the healer. The innocent medical doctor can also be implemented.

From the above it is clear that extensive change in practice ethics and styles awaits the South African medical doctor if the traditional health practitioner enters his practice domain in the future.

4.7.4 Future formal cooperation between medical doctors and traditional healers in perspective

Research on the attitude of South African medical doctors about the traditional healer and findings on cooperation between the two groups, away from political rhetoric and the policy of political corrected writings, are lacking. A case study was done by the African Technology Policy Studies (ATPS)[174] in Lesotho on the cooperation between medical doctors and traditional healers. This study reflects a lack of cooperation between the medical doctor and the traditional healer, giving an indication of no trust.

This research[174] shows that 75.8 per cent of the traditional healers did not attend forums with medical doctors, while only 17.6 per cent reported such attendance. It also shows that as much as 74.7 per cent of medical doctors' side-stepped the answer about their confidence in the traditional healer, while only 1.1 per cent reflected extreme confidence, 7.7 per cent partial confidence and 5.5 per cent very little confidence. A total of 7.7 per cent of medical doctors said they have no confidence at all in the traditional healer. Regarding the involvement of traditional healers with medical doctors in the treatment of patients, the study reflects that only 3.3 per cent of the healers are involved with doctors in patient treatment. As much as 73.6 per cent of the doctors stated clearly that they are do not at all involve traditional healers in their practices.[174]

From the above is a clear that the medical doctor does not esteem the traditional healer as a healer. The same can also surely be said of the use of traditional healers as co-workers by medical practitioners.

4.7.5 The present unfriendly official environment of the South African medical doctor

The South African medical doctor's work environment is not always ideal within the present political dispensation. The one-sided statutory recognition of the traditional healer through the Traditional Health Practitioners Act No 22 (2007) is an excellent example.

In this regard it must be acknowledged that the Traditional Health Practitioners Act No 22 (2007) is far more complicated than the South African healthcare administrators and the already regulated health practitioners understand. Its masked intentions can have far-reaching effects on the future of the South African healthcare sector and its regulated health professionals,

especially for the medical doctor, with the Act's recognition of the pre-modern traditional healer and his practice.

Basically, the South African traditional health fraternity can be utilized as a well-orchestrated plan to effectively and quickly destroy all the holy medical grails of the South African modern medical fraternity within this new environment. The current environment has a false, masked African identity and superficial indigenous cultural distinctiveness and political favouring.

The Traditional Health Practitioners Act No 22 (2007) was basically shaped by two strategy manifestos of the African National Congress (ANC), namely the manifest of the National Democratic Revolution (NDR) of 1969 and the National Health Plan (NHP) of 1994. They have not deviated from these master plans over the years during their efforts to favour various political and cultural preferences, like the traditional healer. This is notwithstanding sound logical, legal and financial arguments against it. This fixed viewpoint has skewed thinking around the rights of individuals and groups, democracy and the incorrect interpretation of the Constitution of South Africa.[58-60,185,221]

The 1994 Plan of Reform and Transformation was to activate a multi-faced, multi-cultural and multi- cosmologically South African healthcare system. This plan was started with the establishment of District Health Systems in rural areas, with the focus on empowering the community and the community health worker, of which the traditional healer is one. The main aim, well-masked it seems, was disarming the South African medical doctor in terms of his established rights and influences.[9,58,59,62,101,147]

This political intent to topple the established western health structure of South Africa, including the medical doctor's empowerment, is clearly reflected in the Plan of Reform and Transformation, where the lower level South African health providers, like the traditional healer, are placed[62, p.8]: "on top" and "on tap".

The above intent to restrict the position and powerbase of the medical doctor in the South African health establishment and health services, is also aptly illustrated by South African governmental efforts to restrict medical doctor's right to choose the place of practice of the traditional healer.[113,138]

Of great importance is Section 49 of the Traditional Health Practitioners Act No 22 (2007), which intends to make the traditional healer a full member of the already established South African fraternity of regulated health professions and to grant him comprehensive rights and privileges within it. This means that an

alleged 200 000 traditional healers without any formal medical training, experience and skills and a lack of exposure to modern health facilities, will be set free to heal in South Africa under the official banner of *traditional health practitioner* or *doctor* with their new-found statutory status. Thousands of traditional clients will become modern health patients of the traditional health practitioner and medical schemes, while the established modern health patients will submit to the traditional healer's services at public facilities without having a choice. The same negativity is applicable to the South African nurses and the other healthcare auxiliaries who will have to work under the authority of the traditional health practitioner without any choice.[14]

4.7.6 De facto traditional healer versus de jure healthcare practitioner

It is more than clear that in the near future, the South African medical doctor will be placed in a relationship that is not friendly, cooperative or collegial. The South African traditional healer will be a direct competitor of the doctor in the healthcare market and in relation to the management empowerment of the healthcare establishment. This can mean an enormous decline in income and a degrading in status for the South African medical doctor.

With the Traditional Health Practitioners Act No 22 (2007), a *de facto*, pre-modern religious sect and cult, namely the traditional healer and his practice, was made a *de jure* healthcare practitioner within the South African health sector. This is a *fact accompli* that will not change under the present regime.

The South African doctor clearly does not see traditional healing as a science. It is a dogma based on the remnants of the old African religions, of which very little is left in South Africa. According to this dogma, the healer is seen as a half-man half-spirit; someone who can evoke spiritual powers from the spiritual world and then communicates to the living. The South African traditional healer can at most be described as a spiritual home-caregiver, spiritual advisor-counsellor or priest. It may possibly be more correct, in terms of the medical doctor's view, to describe him as a lay care worker that is unofficial and unskilled in medicine.[31,62]

On the other hand, the allopathic should acknowledge the existence of an association between them and the traditional healer: for the patients, there is very little difference between Sigmund Freud's psychoanalysis and the so-called pre-modern treatment of the traditional healer or between the psychological and

physiological assistance that he is offering to his clients and the treatment of psychiatrists. What is different is the fact that the psychiatrist, medical doctor and psychologist are all scientifically trained and equipped to address biological, cognitive and emotional problems outside the supernatural, witchcraft and bewitching focus of the traditional healer.[222]

It just does not seem possible for the South African traditional health practitioner to be accepted by the highly trained South African medical doctor as a medical health practitioner and colleague. To argue like Gumede[14] that the medical doctor practicing in traditional settings is frequently ignorant of traditional medicine, or that he fails to understand the traditional healer's vocabulary and rationale or that the African system of medicine is centuries older than the Western system - in an effort to make the traditional healer acceptable in modern medicine - is meaningless rhetoric and reflects a bankruptcy of true facts and constructive thinking. As the ATPS study[174] shows, the traditional healer is clearly not on the mind of the medical doctor as his most favoured colleague or as a skilled medical co-worker to assist him.[14,174]

The South African medical doctor knows very well how hard it is to maintain a high standard of practice ethics and services. It was through this professional integrity that a Media24 study found that the trust of the public in the South African medical doctor was 96 per cent, varying from 34 per cent average trust to 62 per cent trust, which is very high.[150]The traditional healer in comparison, can in terms of the Hallard Five Development Stage Scale that reports on the ideologies of traditional healing, be rated in between the lowest position on the scale, namely *complete rejection* and the second lowest scale, namely *coldness to lukewarm.*

It is clear that there is no way that the South African traditional healer can be counted at the professional level of the South African medical doctor or be associated with him as the Traditional Health Practitioners Act No 22 (2007) tries to do.[162] It will be professional suicide for the South African medical doctor to embrace the South African traditional healer, even if they would love do so.

4.8 CONCLUSION

The new crippling, dominating and devouring influences of the post-1994 cultural-political setup of South Africa on its existing modern establishments, like healthcare (which the neo-1994 political activists allege purely developed

out of colonial and Apartheid regimes and which they see as still sustained by the post-1994 political setup), led thereto that many people in public life are remaining quiet about the traditional healer as a new regulated health service partner. This includes people in healthcare, in academia and journalism, not only because they want to be politically correct, but also to stay out of conflict with or victimization by the present regime. They refrain completely from any criticism or even an opinion on health, religious, cultural, indigenous and political phenomena. A curtain of "silence" has been drawn and the rights of the minority became subdued to that of the majority.

It is therefore no surprise that the Traditional Health Practitioner Act (22 of 2007) has become a very a dominating pivot, encircled by opportunistic, emotional and political agendas, false cultural distinctiveness and pseudo neo-African (but many times aged and outdated African intentions. It is projected as the *saviour* of the traditional healer and his indigenous culture and the *solver* of the health problems of South Africa's poor people.

The South African traditional healers' assumed exclusive medical identity is non-existent in the modern South African society. The Act is clearly inapplicable and inappropriate in its aim to accommodate and to regulate an outdated kind of pre-modern priest, spiritualist or caregiver as a kind of health or medical professional inside the formal health establishment of the country. This kind of registration belongs exclusively with churches, outside governmental healthcare regulation and relationship.

The maintenance of the medical identity of the traditional healer in South Africa by means of the Act seems to be politically motivated. The post-1994 dispensation has given rise to political leaders and opportunistic politicians with hidden agendas. They abuse the traditional healers by presenting them to the public as a religious and cultural heritage that must be retained, playing on the emotions of the electorate. This unhealthy political climate is also abused by the traditional healers themselves to advance their own interests by means of the Act and to promote their professional status as a kind of medical healer or practitioner. Traditional healers with all their supernatural doings are pre-modern spiritual phenomena with an ambiguous status.

The Witchcraft Suppression Act (3 of 1957) is not discriminative against the practice behaviour of the traditional healer or the regulations of the Traditional Health Practitioners Act (22 of 2007), which determines the professional status

of traditional healing in South Africa. To the contrary, the Witchcraft Suppression Act (3 of 1957) is very accommodating of the misbehaviour and malpractice of the traditional healer. Some of the Traditional Health Practitioners Act's (22 of 2007) regulations seem to stand in conflict with some of the regulations of the Witchcraft Suppression Act (3 of 1957), while the traditional healer's practice activities seem to violate some of the regulations of the Witchcraft Suppression Act (3 of 1957), which determines criminal behaviour.

Seeing that the Act occupied over 11 years of formal parliamentarian plodding to reach promulgation, but is still not fully operational in 2017, it is doubtful that it has a solid enough legal foundation, empowerment and focus to obtain true statutory status for the traditional health practitioner in future. It is also doubtful if the traditional healer is equipped (in terms of education, training and skills) to be made a successful full member of the health sector.

This doubt is confirmed by the Regulation No 1052 (2015) that aims to give some guidelines as to how the Act can get a seat in the healthcare sector. The wariness since 1994 by the government not to repeal the Witchcraft Suppression Act (3 of 1957, as amended), seems a further indication of doubt regarding the desirability of the traditional healer as a professional health practitioner and possible fear that the traditional healer's practice can get out of control inside the established healthcare sector and its services.

The Traditional Health Practitioners Act (22 of 2007) is not healthcare friendly to the broad public, nor friendly to the traditional health practitioners that it created. The odds are against the traditional health practitioners, as evidenced by their history and their inadequate healthcare training, skills and abilities, to secure and uphold specific roles in the present and future formal healthcare sector of South Africa within the legal confines of the Act.

From Part 4 it is justified to conclude that the Act spells doom for South African healthcare and is a constitutional mistake. The evidence is that it does not have a place in the honourable collection of South African health laws and must urgently be repealed: *Good decisions are sometimes hard to take, but are worthwhile in the end.*

The truth is that the traditional health practitioners cannot be re-introduced as independent healthcare practitioners in the present and future formal health

sector of South Africa. In their present form they are "Rip van Winkel", 300 years too late for any role.

Alternatives, completely removed from the Act and its governing body, the Traditional Health Practitioners Council (THPCSA), must urgently be found to accommodate skilled and able traditional healers in the present and future formal healthcare sector of South Africa. Direct assimilation into the various established and functioning healthcare governing-bodies seems to be the most obvious. This option must be considered.

The Act is an improper healthcare act, a failure when evaluated against the Constitution. It is a constitutional mistake: It must be repealed and not the Witchcraft Suppression Act (3 of 1957). The Traditional Health Practitioners Act's (22 of 2007) seems to be a true *dolus eventualis* case for the South African Constitutional Court in the near future. Due to the high level of political sanctioning it receives, the Act stands firm and it must be accepted that it will not be comprehensively revised or repealed in the next 10 to 20 years and that further abuses of the Constitution by the traditional healer fraternity with stronger official sanctioning can be expected.

It seems as if the Act had tragically pushed back South African medicine nearly 3 000 years to 600 BC and the evil doings of the oracles and wizards of Apollo when Emperor Theodosius declared in 400 AD about the evil doings of the oracles and wizards of Apollo that[38,p.110] : "no mortal man shall have the effrontery to encourage vain hopes by the inspection of entrails, or to attempt to learn the future by the detestable consultation of oracles. The severest penalties await those who disobey." The Traditional Health Practitioners Act (22 of 2007) indemnifies the traditional health practitioners from any severe penalty or punishment.

The incoming Traditional Health Practitioners Act No 22 (2007) and its traditional healers seem to hold much more danger for the medical fraternity's practice rights, privileges and status than the allied health professions did when regulated in 1982. Especially pre-modern traditional healing spells direct and indirect disaster inside the official health establishment: it seems that the medical doctor will be losing more of the holy medical grails.

It was inapplicable and unwise to recognize the South African traditional healer as a regulated health professional with the Traditional Health Practitioners Act No 22 (2007) and to force a view of the traditional healer as an

equal to the medical doctor in the South African healthcare setup. This is starkly reflected by the traditional healer's graduation ceremony, as describes by Gumede:[14, p.76] "*Flow of blood is an essential part of ceremony. The graduate sangoma stabs the sacrificial beast herself. She drinks the warm blood directly as it flows out of the wound. She swallows mouthfuls but one she spits back into the wound. When the goat has been skinned and opened up the sangoma takes out the gall bladder. The tutor sprinkles her student from head to toe with the gall* (***By virtue of the powers invested in me I confer upon you......***). *This is the part of the sacrifice, the most pleasing to the ancestors"*.

The traditional health practitioner and the traditional fraternity will not easily be absorbed into the formal healthcare establishment, notwithstanding the intentions of Section 49 of the Traditional Health Practitioners Act No 22 (2007) to reach this goal over time. Whether the traditional health practitioner will become a true and beloved colleague of the medical doctor, who rubs shoulders with him in his practice, remains to be seen. It seems that if it must be done in the future, the rub by the medical doctor will be only with a very light feather from the *umyeko*.

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EPILOGUE

PERSPECTIVE ON RESEARCH FINDINGS

The Traditional Health Practitioners Act (22, 2007) itself is a first-world health legislation that puts South African traditional healers into a very invidious dilemma: on the one hand there is the benefits and practice rights that it bestows on him but which he cannot execute; on the other hand, it unintentionally splays out his shortcomings in training, expertise and knowledge, together with his inferior position as a health practitioner.[1]

The Act offers uncontested statutory status to the South African traditional healers, equal to that of the regulated health professions, if not more in certain practice spheres. It makes the traditional healers, under the guardianship of the DOH, a full status healthcare provider in all the health establishments of South Africa. It offers also the traditional healing fraternity the opportunity to train legally a new generation of traditional healers, together with the establishment (or obtaining) of training institutions and the development of traditional healthcare programs and qualifications. An opportunity is also offered to an assumed 200 000 unregistered traditional healers, without any formal or recognized health or medical training or even school education, to obtain unconditionally statutory status as health and medical professionals.[1]

The implementation of the Act will be very complicated, far more than the fathers of traditional healing and the politicians promoting it since 1994 realize, and negative outcomes which they are really not in a position to address or to manage.

First, to train a new generation of traditional healers will take at least 10 to 15 years; and the establishment of formal training institutions and the development of programmes are expensive and time-consuming. The immediate statutory recognitions of an assumed 200 000 (or more) traditional healers who are waiting urgently since 1994 for registration, are problematic. The process to register these alleged 200 000 will take much time and money, seeing these healers' dissimilar trainings, abilities, experiences, together with their own personal underdevelopments. In this reference it must be remembered that the most traditional healers are illiterate, living in isolated rural areas, is not computer-educated, and in some cases, can only speak a single indigenous language. Poverty in their working areas and their own life can play a role in

blocking registration and their further development. Further are the concepts to be registered and to respect professional ethics an unknown life- and professional experience for many of them. The unconditional acceptance and registration of the 200 000 assumed healers on the register, just because it is believed to be their democratic and political rights as well as the realizing of promises made by politicians since 1994, spells chaos.[1,2]

Second, the Act was forced to fit a group of pre-modern, third world spiritual caregivers or priests and it is clearly not working. To move into a first-world health sector any unregulated and under par educated group, like the traditional healers in this case, can be traumatic and full of conflict for them as well as the public whom they are going to serve.

Third, the Act is sadly political motivated, constructed with very little cognitive considering, business, strategy and project planning. It was officially started in 1969 by the ANC's blue print of a supposed new democratic health system for South Africa: one in which it is falsely professed that the traditional healer, as a cultural remnant of "old" Africa, must take a prominent role. The Act is part of a well-planned, masked attack on the European/Western lifestyle that the propagandists of South African traditional healing alleged still exist and overrate in present-day life in South Africa. Traditional health and its practitioners are projected with false arguments as a good traditional health culture that was suppressed by the European/Western governments over many years and therefore could not developed into a real healthcare science. The same hostility is shown with the Act to the present-day modern health sector, which is seen as exclusive Western/European, by disempowering it on many areas, especially with the enforcing of the traditional healer into the health system.[5,7-17]

Fourth, in linking to above, the Act is further a direct outcome of the government's 1994 plan of reform and transformation to activate a multi-faced, multicultural and multi- cosmologically South African healthcare system, with the focus on empowering the community and the community health worker, of which the traditional healer is one. The main aim, well masked it seems, was disarming the South African medical doctor in terms of his established rights and influences.

The Act intentionally goes much further: it challenges the exclusive rights and privileges of the other five health acts in their strive to be the only health mandated legislations with unique health practitioners, and it dares the broad

public, the organized healthcare sector and the regulated healthcare professionals to show the Act and traditional health practitioner as wrongs and to stop them. If these dares by the traditional healers are not opposed with constructive opposition, nothing is going to neutralize the negative impact of the Act and the traditional health practitioners on the empowerment of the South African healthcare sector.

■ FINAL CONCLUSIONS

The conclusions that are drawn are that the South African traditional healer (also described as traditional doctor, doctor, traditional health practitioner or medicine man and many other medical practitioner names) is medically unqualified, offering a bogus and harmful health service. He is not even accepted as a priest anymore, and is seen as a pre-modern phenomenon, also with no significant cultural and economic distinctiveness in South Africa. He misleads, thankfully, only a very small group of lower-educated and poor South Africans, who, as result of poor and negative living conditions and environments, still believe in the supernatural and witchcraft, and, as a result use the traditional healer. They are exploited due to their own ignorance.[1,17,18]

The medically untrained, uneducated and pre-modern traditional healer is a medical, religious, cultural and economic remnant and outcast from the pre-1900's, ignored today by all the formal and semi-formal recognized occupation-classifications worldwide. The *International Standard Classification of Occupations* does not refer to them at all. Their South African official occupation listing of critical skills shows that of the 200 occupations in need, the traditional health practitioner is not one, nor is he even referred to. They could also not obtain any type of listing on presumed skills levels. Hereto, the regulated medical doctor, medical specialist, nurse and pharmacist are still all classified as critical skills needed. This ignoring of the traditional healers as a needed profession is basically because of their poor training status and know-how and therefore as a lack "in need of".[17-21]

The true fact is that witchcraft, wizardry, sorcery, bad magic, quackery and criminality are all parts of the practice of the traditional healer's practice, irrespective if he is a "good" healer. Sadly, he is now part of the South African health system through the Act. The South African traditional healer is a liability to the country. It was side-lined long ago because of its risks to the health of the

homo Modernist-Black and was successfully replaced by modern healthcare models and systems by their own decision. It is one in which the African traditional medical mixtures and products, the traditional healer and the Act cannot and do not play a role or is needed anymore. "African traditional medicine" is pre-modern and a health antiquity that belongs to the cultural paraphernalia of a museum.

Various researchers, propagandists and activists emphasize the need to regulate traditional healers and their health products under the pretence of protecting the health and life of their customers. But instead of limiting the dangers by ruling it out of the South African life, the traditional health fraternity is now given an absolute free hand to practice with the Act. In the first place, traditional healing should not be accepted, recognized and regulated as done since 1994; it should be phased out long ago from the South African health life by better medical and health care services and the upkeep of the anti-witchcraft legislations. Instead, by sidestepping its duties and failure to deliver better essential formal health services themselves since 1994, the present South African government put the Act in place. One wrong was tried to be corrected by a bigger wrong.[18,22-25]

The fact that the HPCSA, AHPCSA and the Councils for Nursing and Pharmacy miserably failed to criticize and to oppose the Act in public as well as to take direct legal steps to safeguard their registered practitioners' rights against it, makes the present-day situation more forcing to rectify.

The post-1994 government of South Africa's own doubt in the desirability and wisdom of the traditional healer as a regulated health practitioner in the South African health sector is reflected by the delay with implementation with nearly 14 years since 2003 with the introduction of the Traditional Health Practitioners Bill and the upkeep of the Witchcraft Suppression Act (3 of 1957) on the South African list of acts.[1,15]

Therefore, to say, as the government and propagandists of traditional healing do, namely that the promulgation of the Act's main intention was to restore only the dignity and value of the "African culture and tradition" as it was before 1900, is absurd and illegitimate. No evidence confirms that the traditional healer was in the past a culture and a tradition of substantial size.[25]

The Act failed in general to position South African traditional healers statutory as prominent healthcare practitioners in the healthcare sector. The traditional healing fraternity per se also failed to promote the education and training, as

well as the professional integrity of South African traditional healers since 2007 within their new founded statutory status as a healthcare practitioner. Further are there various challenges and dilemmas awaiting the Act that it is legal and professionally not equipped to overcome in the immediate future. As reflected by its more recent history since 2007, the South African traditional healing fraternity stayed impotent, as since 1652, and failed to accept new challenges, the management and driving of its own future, lacking planning, strategically thinking. They failed to offer any trustworthy evidence, besides political and superficial rhetoric, why traditional healers must be accepted as skilled and able healthcare professionals in the formal healthcare sector. Not only did the Act failed to secure a specific healthcare practitioner-identity for the *traditional health practitioner*, but is the Act nothing less than an improper health act in conflict with the Constitution and various other Acts like the Witchcraft Suppression Act (3 of 1957). Its impact on the South African Healthcare System holds only disempowerment and disaster for it, at present and in future. The Act, together with traditional health practitioners it had created, are both misfits in modern South Africa Their impact do not contribute positively to empower the present and future South African healthcare system.

The Act is not enough legally founded, empowered and focused to obtain real statutory status for the traditional health practitioner and to make it successfully a full member of the health sector. Neither is the traditional healer himself trained, educated or scientific established to be a skilled and responsible health practitioner and therefore to embrace successfully the Act.[1]

It seems that an urgent and immediate intervention and interference of the Act is needed, seeing that it can take up to 20 years and more to get a sympathetic new government in Parliament or when the legal situation is favourable to take on the Act. In that time the healthcare sector, and the medical fraternity specific may irreparable been ruined.

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NOTES

1. AUSTRALASIAN MEDICAL JOURNAL (AMJ):

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2. ENSOVOORT:

1. Do many South Africans still believe today in the supernatural, bad magic, witchcraft, witches and evil demons. *ENSOVOORT, 2016 October; Volume 36: 8(1): 1-15.*

2. Did muthi, ritual and witchcraft murders happen only in the Dark Medieval Ages of South Africa? *ENSOVOORT, 2016 October; Volume 36: 8(2): 1-14.*

3. How and why bewitching and wickedness are created and maintained within small, specific segments of the South African population. *ENSOVOORT, 2016 October; Volume 36: 9(1): 1-9.*

4. Is the Witchcraft Suppression Act (No 3 of 1957) a medieval throwback to the Dark Ages for South Africans? Think again! *ENSOVOORT, 2016 November (36); 9(2):1-23.*

5. Is the Traditional Health Practitioners Act (Act No 22 of 2007) in conflict with the Witchcraft Suppression Act (No 3 of 1957) in present-day South Africa? *ENSOVOORT, 2016 October; Volume 36: 10(1): 1-23.*

6. The Traditional Health Practitioners Act (Act No 22 of 2007): A South African Constitutional Mishap? *ENSOVOORT, 2016 October; Volume 36 (10:2): 1-14.*

7. Does the traditional healer have a religious distinctiveness in Modern-day South Africa? *ENSOVOORT, 2016 November (36); 11(1):1-16.*

8. Is the Witchcraft Suppression Act (No 3, 1957) doing an injustice to the neo-pagans in South Africa? *ENSOVOORT, 2016 November (36); 11(2):1-11.*

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HISTORY/ POLITICAL SCIENCE

It is clear that Act No 22 of 2007 is going to put enormous stress on the medical doctor, not only to relinquish some of his healthcare empowerments, but also to see and to accept the traditional health practitioner as a new, respectable health co-practitioner and colleague. Facts hereto reveal that there are in terms of training, health ethics, practice approaches, attitudes and views, basically not a single point of similarity or agreement between the medical doctor and the traditional health practitioner whatsoever. Notwithstanding these enormous differences is Act No 22 a fact that the medical doctor cannot erased easily from the South African law books.

The traditional health practitioner and the traditional fraternity will not easily be absorbed into the formal healthcare establishment, notwithstanding the intentions of Sections 49 of Act No 22 to do it with the time. To make the traditional health practitioner a true and beloved colleague of the medical doctor, and to let him rub the shoulders of the traditional healer in his practice, must still be seen.

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