A Two-Part Essay: Professional Ethics Deficit

Part One: "Ethics Deficit of Apartheid Psychologists and Medicine. Beyond Complicity as Actual Accessories to Evil."
Part Two: Ethics Deficit of Israeli Medicine, Complicity, Accessory, and Torture. Supporting Genocidaire, Israeli Zionism & Palestinian Holocaust.

Ethics Deficit of Apartheid Psychologists[1] (Part One.)[2]
Beyond Complicity and Accessories to Evil.

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Throughout history, a disturbing tradition exists in medicine where torture is used as a tool of oppression. In modern times, torture has become more scientific, often with the complicity of psychologists and medical professionals as participants. According to Giovanni (2001)[4], the original function of torture will clarify why doctors have been involved in torture since the first century (as agents of an evil regime). Unfortunately, the history of torture teaches the inventive capacity for inflicting pain and terror on our fellow humans, and similar patterns of violence and humiliation resurface with sinister regularity. Frequently, liberal democratic are guilty, and the Americans (U.S.) are a prime example (Guantanamo Bay, Iraq in 2003, and its history of foreign interference). It highlights the troubling history of medicine's involvement in torture and the collaboration with oppressive regimes. Ironically, these are health professionals and medical physicians entrusted with relieving patients' pain, treating disease, and *doing no harm*.

Lessons are well learned from the Nazi regime and beyond in practice, namely Israel as a genocidaire of Palestinians. Israeli Zionism makes the Apartheid regime of South Africa look like "schoolboy scouts." Moreover, many evil agents of the state enjoy impunity and are never prosecuted, and justice for the victims is denied.

The sad reality is that evil state agents show no moral conflict in their professional ethics and mindset. Instead of hiding, they manifestly support evil regimes. This results in repeated patterns of violence and humiliation.

Who were these state agents of evil? They were professional psychologists, medical physicians, nurses, and other health professionals who functioned as a team to assist the regime and made a "deal with the devil."

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[1] Abdusamaad (Sam) Karani (1987): Adapted from Paper Presented at the Psychological Association of South Africa Conference (Univ. of Cape Town, Sept 1987). "*The Role of Professional Associations/Societies in A Changing Political Conflict: With Special Reference to Psychologists*."

[2] Abdusamaad (Sam) Karani (2024): "Part Two: *Ethics Deficit of Israeli Medicine*." (In Preparation.)

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[4] Cherington, M. (2001). "*History of torture*." The Lancet, Volume 358, Issue 9281, 584

Apartheid South Africa was a classic example of human abuse in general, and the regime was not designed to protect the fundamental human rights of its people. Statutory laws were enacted by the white supremacists and disadvantaged the oppressed.

When acting as state agents to perpetuate evil, the professionals failed to ask essential questions: Can one satisfactorily pursue truth and knowledge in a racist apartheid society? Can scientists and professionals adopt a neutral positional stance in a morally reprehensible system? Moreover, the willingness to accept the politics-science dichotomy where fundamental injustices exist. Regardless, it is impossible for any professional, especially in health, to function apart from society with integrity or credibility where social injustice prevails.

In a democratic society, the majority and minority share fundamental concerns that transcend the more specific conflicts. This consideration of fundamental fairness was lacking in Apartheid.

During the Apartheid era, there was a lack of human freedom with restrictions on the freedom of speech and the failure to recognize legitimate black leadership. This scenario malevolently extended in the practice of detention without trial, the interrogation and torture of detainees and prisoners, and deaths in detention while under state care.

The main idea for this presentation at the South African Psychology Conference was for academics, professionals, and social scientists to embrace social conscience and responsibility. These considerations would have enabled them to function as an effective human barrier and pressure group, *monitoring events ethically*. Therefore, maintaining professional independence and autonomy was crucial. If left unchecked, this can quickly spiral out of control.

Apartheid's Fragmentation of Health Services

During Apartheid, health services were rendered according to racial designations. Furthermore, within the framework of the tri-cameral Parliamentary system,[5] there was a separate Minister of Health for each designated race group, one for the so-called "coloured," Indian, and White race groups. A separate parliamentary chamber did not exist for the black Africans due to the creation of a "Bantu" homeland system of government.[6] (A comical parody of thirteen Health Ministerial portfolios with its clowns.)

The political net effect on healthcare providers was broadly in three persuasions:

1. Those lacking moral conflict with support of the Apartheid system proceeded without any visible protest and no practical importance to them. Mostly whites with embedded benefits due to white privilege.[7]

[5] *Tricameral Parliament System*: In addition to the white Parliament, there is a Parliament for "Coloureds," Indians, and Bantu Homelands, that is, a separate "homeland" for the multiple designated "Bantu" ethnic groups.

[6] *"Bantu" Homelands:* A total of ten designated ethnic groups according to the Apartheid System. (A parody indeed!) Present-day South Africans may not be fully aware of the practical implications of Apartheid in everyday life as they have not similar lived experiences of the post-Apartheid era of the

[7] An example of this *acceptance of white privilege* was when professional psychology meetings were regularly held while I was a member of the psychology fraternity. Meetings were held at "whites only" hotels, and "non" whites could not attend. Although my professional colleagues acknowledged this privately, the fraternity did not openly protest such practices and did not refuse to attend. Their

2. Those who opposed the apartheid system succumbed to fear, leading to failure to express any protest involvement. Sadly, these were in the majority. As a result, the Apartheid system of rule by fear succeeded.
3. Those who vigorously opposed the Apartheid regime on ideological and moral grounds as insulting basic human dignity. This group was imbibed with anti-colonialism as an ideology. However, this was a negligible group of professionals.

This fragmentation of services prevailed in the mental health area as well.[8] The facilities for not white patients were grossly inferior and inadequate as compared to the white group. Ward facilities for patients were grossly overcrowded (patients were bedded on the floors and hospital corridors), while wards for white patients were often relatively empty or underutilized.

To the writer, it was no revelation that white professionals and academics in South Africa might agree with a unitary health system but failed to register essential protest or resistance.

The abuse of psychiatric patients was legendary. For instance, Karani (2023, p. 183) at Town Hill Psychiatric Hospital, Pietermaritzburg, *arbitrarily stopped racialized patients from being exploited as free chattel labour* for local white farmers. It was "indentured labour" and ongoing for decades. As a lowly intern psychologist, I had no executive authority for this arbitrary action. Previously, no professional was willing to oppose this practice. It led to threats of my immediate dismissal by the administration.

Moreover, I undertook other "minor radical" actions by advocating for improved eating utensils, as the metal plates were often rusty. Furthermore, I consented once more, without executive authority, to my group therapy patient's request to use the hospital swimming pool reserved exclusively for whites at Fort Napier Hospital, Pietermaritzburg. My patients were chronic schizophrenics. They requested my permission to swim on numerous sessions as their group psychotherapist. I acknowledged their grievance and did not discourage them from radical actions. They consequently jumped into the pool on a sweltering day, much to the dismay of the white staff and administration.

These types of individual actions led me to be summoned to the Medical Superintendent's office, threatened with dismissal, and duly reminded that I was on professional probation. The threats were constant and "as long as I behaved" according to expectations. *If I had been dismissed as an intern, my career as a clinical psychologist would have ended*.

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complicity escaped their focus. Moreover, they were not willing to forgo the benefits of white privilege. The simple solution would have been to hold these meetings at a university venue.

[8] As an author and writer of this presentation, I was involved from 1973 to 1989 (from an internship in clinical psychology to Chief Psychologist), as the only "non" white clinical psychologist at the time in Natal, KwaZulu (King Edward Hospital Psychiatry Unit, Pietermaritzburg Town Hill and Fort Napier Hospitals, Northdale Hospital, and Madadeni Hospital Newcastle). Finally, Ga-Rankuwa Hospital Gauteng

Detention And Torture

How any state or society treats its political prisoners, detainees, and ideological dissenters is likely the most crucial yardstick of human dignity and freedom. Similarly, the state must accord human dignity to its political prisoners and dissenters and *protect them while in its care*.

There is nothing subtle nor doubtful about torture as the ultimate abomination of the human spirit. However, in Apartheid South Africa, this practice of detention and torture occurred more widely than was commonly assumed. Moreover, there was unmistakable evidence that health professionals were willing participants in the most severe violations of human rights and dignity.

Much too often, the cardinal health principle of "to do no harm" was abandoned, and, for assorted reasons, they used their knowledge and skills as collaborators and accessories for abuse. Moreover, these were not simply "mad doctors" bent on satisfying their own sadistic desires.

Stover, E & Nightingale (1985)[1] cite Jonsen and Sagan (1985) as indicating that forty years after the Nuremberg trial, torture without any pretext of research has become a standard tool of government in many countries. Modern medical knowledge and techniques, as well as medical practitioners, are sometimes involved in this widespread use of torture. Additionally, there are various levels of involvement in torture: individuals may be unwilling participants who are tricked or coerced into participating or willing participants who engage in torture intentionally.

Torture of Political Dissenters

Torture can be defined as the intentional infliction of pain by one individual upon another to break the victim's will (Stover & Nightingale, 1985). Additionally, the practice of detaining dissenters often results in a default occurrence of torture, both physical and psychological. There is no assurance that any government system is immune to such practices. The deliberate use of torture on detainees is highlighted by the continued existence of the Guantanamo detention facility in Cuba, operated by the United States. Amnesty International (2023) has expressed its outrage over Guantanamo Bay, labelling it as a site of over 20 years of injustice. The continued existence illustrates the moral hypocrisy of a self-proclaimed "liberal" American democracy, which frequently criticizes regimes for similar offences.

Amnesty International emphasizes that 21 years after the establishment of an offshore detention facility *designed to bypass the rule of law*, the U.S. government still detains thirty-five men at the Guantánamo Bay detention camp. Most of these men have never been charged with a crime, and none have received a fair trial. Many of the detainees were subjected to torture. Ironically, the U.S. provides significant political support, arms, and ammunition to the current regime in Israel despite the recognition that it is a genocidaire Zionist regime. This argument raises concerns about what may happen in closed societies, given the human rights violations in relatively open societies like the U.S.

Torture and Death in Detention in Apartheid South Africa: Mr. Stephen Bantu Biko[9]

The spotlight turned very dramatically on South Africa on September 12, 1977, when the founding member of the banned Black Consciousness Movement (BCM) leader, Mr. Steve Biko (Stephen Bantu Biko), died of head injuries while in police custody in Pretoria. His death caused great concern in the black community and liberal circles. This death is now a historical landmark in the South African healthcare system of human rights. However, at the time of this presentation at the National Conference of Psychology (South Africa), it was, at best, an inconvenient truth to be ignored.

In the original legal complaint filed by the Worker Health Organization (1974)[2]against Doctors Lang and Tucker, it was alleged that there was unmistakable evidence of inappropriate and disgraceful conduct on the part of the two medical physicians. Steve Biko was in the medical care of Dr. Lang and Dr. Tucker. Despite unmistakable evidence of physical abuse, *Dr. Lang issued a false medical certificate stating that he found no evidence of any abnormality or pathology on Biko*. This statement should be considered in the context of unanimous medical evidence and the Magistrate's finding that the crucial head injury which led to Biko's death was inflicted just prior to Dr. Lang's first visit to Biko.

In the conference presentation, numerous aspects of Biko's death were considered:

1. Although Biko was suffering from brain damage, the two physicians allowed him to be transported in a police Land Rover for an 800-mile journey with no medical attendant care. Biko died the following day after being transported.
2. Before the trip, the doctor had seen him froth at the mouth, hyperventilate, collapse, and not display a plantar extension of the toe, an indicator of brain damage.
3. The disciplinary committee found the doctor guilty of issuing an incorrect medical certificate describing no pathological symptoms. The doctor also failed to take a proper medical history from the patient and neglected to inquire about the possibility of head injuries (Clearinghouse Report, 1985).[3]
4. *The South African Medical Council's executive committee declared behind closed doors t*hat there was no evidence of improper or disgraceful conduct on the part of the doctors and closed the case. Later, in the same year (1980), the Medical Association of South Africa (MASA) also issued a statement exonerating the three doctors (Stover & Nightingale, 1985).[4] (A clear travesty of justice meted out to a South African national hero.)
5. Subsequently, after five years of protest and agitation by physicians and health professionals for a formal inquiry (decreed eventually by a South African Supreme Court judge and five S.A. Medical Council physicians), the Council was forced into instituting formal hearings. The Supreme Court ruled that the Council reopen the case of Dr. Lang and Dr. Tucker.

[9] As today is October 2024 (forty-seven years later), it still affects me very deeply with emotional pain when reflecting on the brutal treatment meted out to Biko and the death of Mr. Stephe Bantu Biko (respectfully in death), whom I was privileged to have met a few times in Durban, South Africa, as a university student.

Although the new hearings did not illuminate the circumstances of brain damage, relatively appropriate disciplinary action was taken against the medical doctors.

Hence, what was the prevailing situation in Apartheid South Africa? This abuse was briefly illustrated in a study conducted by Forster and Sandler (1985).[5] They indicated that torture in both physical and psychological forms was practiced systematically on a widespread basis as part of the coercive treatment of security law detention in South Africa. They suggested that 83 percent of their sample had been subjected to physical torture, and all the detainees' reported incidents of psychological abuse.

A state-employed prison physician confirmed this practice of torture and abuse, Dr. Wendy Orr (Clearinghouse Report 1986/7),[6] when she delivered evidence in a South African court of law in September 1985. In her court affidavit, she stated that 153 out of 286 detainees examined by her between July 22 and September 16 displayed injuries that could not have been inflicted lawfully. After this Wendy Orr testimony, the judge ordered an interdict on police assaults of detainees held under state of emergency measures in the Port Elizabeth area (Clearinghouse Report, 1986/87).[7]

Ethics Deficit of Psychologists During Apartheid

In the conference presentation of this paper, psychologists were mentioned as needing to conceptualize whether they had any meaningful role in South African political conflict. What was their role as professional psychologists or scientists and social responsibility in a changing political situation? Must psychologists help to procure a better future for all and assist in protecting human rights? Can one satisfactorily pursue truth and knowledge in a racist society? Can scientists and professionals adopt a neutral positional stance in a morally reprehensible system?

It was impossible for any ethical scientist or professional, especially psychologists who deal with human wellness, to function apart from society with any degree of integrity or credibility where fundamental human rights do not exist. Failure to act would constitute a politics-science dichotomy. This is to be complicit in an evil system.

Whether for, against or neutral toward any social justice situation arguably constitutes a political position. Moreover, the question of serving a restricted professional code of ethics instead of the ethics of serving humanity.

Therefore, health professionals and academics should design techniques to solve problems in everyday life, including mental health, physical health, the environment, education, the infrastructure of welfare organizations, consumer behaviour, law, and all aspects of social behaviour.

Moreover, extending social research into the political or public policy sphere was unavoidable in the Apartheid era.

Proactive Thesis of Presentation to Psychology Conference

The central thesis of the presentation was that academics, professionals, and social scientists must cultivate a strong social conscience and sense of responsibility. Therefore, they need to maintain their independence and autonomy in their identities. They need to be

conscious that the gradual onset of practices like torture and detention without trial against dissenters can start subtly but escalate rapidly if left unchecked.

Recounting the Biko murder highlights essential variables in the medical care of detainees. In principle, the primary care of any patient (and detainees are as such) should be guided by universal medical ethics, which guide medical practice in most countries, predominantly liberal democracies.

Karani (2023, p 11)[8] indicated that "... there were remarkable similarities in oppression between the Apartheid South African regime and Nazi Germany. The two regimes' similarities began with master and superior race. Moreover, influences of social Darwinism, Eugenics, and the Gestapo method of meting out treatment to "subhuman lives" (such as blacks who are baboon-like) needed admission by the psychology fraternity.

These Gestapo tactics during Apartheid South Africa reached dangerous proportions. State brutality was the norm, such as the fatal torture and murder of Steve Biko (BCM leader). Police brutality and suffering led to dire medical health for Biko (brain damage, critically ill, and denied intensive hospital medical care.)

According to Baxter (1985),[9] Drs. Lang and Tucker examined Biko together. When examined, Biko was *lying shackled on a mat on the floor of the security police*. Unsurprisingly, the state physicians deceitfully found no evidence of any abnormality or pathology. This deceit was despite Biko not having a plantar reflex, being unable to feed himself, and having massive facial and head bruises. These two medical physicians suffered from a "deep hollow moral disease.

The result of the empathy deficit of the two white state physicians was to allow Biko to be transported in the back of a police Land-Rover for an 800-mile journey without any health care. The irony of Biko requiring intensive care at the nearest hospital was not an option. Biko was merely a troublesome "Invisible Man."[10] Tragically, Mr. Stephen Bantu Biko died the following day. The message was clear: *No person was safe if you dissented.* His untimely death led to significant civil unrest in South Africa. As Biko was an "invisible man," he was allowed to wallow in his pain on a floor mat in the security police office.

Ralph Ellison's "Invisible Man"[10] concept is essential to understand: Not only does Ellison explain the truths and the form of bigotry and its effects on the minds of both victims and perpetrators, but it also gives us an entirely new model of how both "man" and people (nations) become invisible and their pain impervious to the racist oppressor. The current proof of invisibility is the "Genocide 2023" of the Palestinians in Gaza, where approximately 44,000 Palestinian deaths are invisible to most of the liberal democracies of the world (Karani, 2023).[11] After all, they are not white Europeans suffering killings. Therefore, due to Eugenics and social Darwinism, humans and their pain became invisible to the white supremacists, the Israeli Zionist regime and their accessories.

The apartheid regime's "Invisible Man" attitude toward Steve Biko's death was epitomized by Jimmy Kruger (Minister of Police). Malinga (2021)[12] In an interview, Kruger commented, "I am not glad, and I am not sorry about Mr. Biko. It (just) leaves me cold." It proved

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[10] Ellison, R. (1995). "*Invisible Man*" was first published in 1952.1995 by Vintage.

that Biko was Ellison's "Invisible Man" to this neo-fascist regime. Black pain to him was invisible and merely an inconvenience.

The complicity with an evil state became further evident with the unethical collaboration of the white-dominated South African Medical Council and forgetting their Hippocratic Oath of “do no harm.” They disgracefully declared behind closed doors that there was no evidence of improper or disgraceful conduct of the two medical doctors. They closed the file as clinically resolved (Karani, 1987).[13]

The white-dominated medical and other professional associations, inclusive of psychology, were complicit in their deafening silence. It exposed dangerous scientific medical racism.

Numerous aspects of Biko's death are still currently pertinent.

Do political culprits and criminals escape the final reckoning? Can justice be served? Can the right still be done by illustrating the moral deficit of complicit professionals? The two disgraced medical physicians (Drs. Lang and Tucker) were mere willful agents of an evil state guided by their racist white supremacy ideology. But what of the Apartheid regime itself? Were they ever held to account for their inhuman and criminal conduct? Therefore, to answer these questions, essential reference must be made to the TRC (Truth and Reconciliation Committee)[11] established in post-Apartheid society by the new and first democratically elected government of the ANC (African National Congress.)

Unfortunately, there were inherent flaws in the TRC process: The leaders of liberation movements did not participate, giving a one-sided perspective of human rights abuse. Moreover, the other major flaw was the lack of follow-up implementation of the TRC recommendations post-apartheid. For instance, the political problem for the African National Congress (ANC) is that prosecutions were to be conducted with an even hand and without favour to the leadership who were accused of grotesque atrocities during the resistance “war.” Therefore, there was impunity as no “legal body” could serve justice and punishment for crimes committed. Another reality is that these criminals are free and walking the streets of South Africa.

At the Annual General Meeting (AGM, 1982) of PASA (Psychological Association of South Africa), this writer (Abdusamaad Karani) proposed a motion from the floor to condemn the South African Apartheid state for the brutal murder and detention of Mr. Stephen Bantu Biko and the brutal torture of detainees in general. Although there was a seconder to my motion, it was a dismal failure. There were three reasons for this:

1. Most psychologists were white, non-activistically inclined, and preferred the separation of politics and psychology model of practice. They had a moral deficit.
2. The white psychologists were comfortable due to their white privilege and embedded benefits.

[11] The Truth and Reconciliation Commission, South Africa (TRC), was a court-like body established in 1995 to help heal the country and reconcile its people by uncovering truths about human rights violations during Apartheid.

3. There were only five not-white psychologists at the AGM, and most were very junior, afraid to confront white racism in public, and feared future professional victimization if they were seen as politically active. Hence, the system won due to the pervasive rule of fear.

Consequently, I resigned immediately from the Professional Association at the National Conference and as a member of the National Executive Committee. To have remained a member of the professional association would have been personality insulting to be associated with complicit white racists. The resignation from the National Executive Committee was equally necessary as I would have been the token “darkie” willing to suffer insult and to be an “Uncle Tom. There were no other resignations, and white psychologists continued in their “Rip Van Winkle” sojourn, hoping not to be awakened as moral cowards.

Is this moral and ethical deficit peculiar to South African psychologists during the Apartheid era? Unfortunately, not as indicated below:

The Psychology of Torture and “The Ethics Deficit”

The United States boisterously proclaims itself as the leading liberal democracy and protector of human rights for all. It does not require a microscopic examination to evidence its bankrupt moral and ethics deficit as a responsible and judicious state, including the tortuous treatment of political dissidents opposed to U.S. foreign policy.

The treatment of foreign fighters opposing and resisting U.S. foreign policy is at issue. Also, it is questionable whether the U.S. policy followed the Geneva Convention in treating opposing fighters. According to Pearlman (2015),[14] in an article entitled "Human Rights Violations at Guantánamo Bay: How the United States Has Avoided Enforcement of International Norms," says it all. Pearlman indicated that Guantánamo Bay had become a symbol of the United States’ approach to what it termed under the broad umbrella of its “War on Terror.” The detention center is globally known for its human rights violations with impunity. The American regime violated its obligations under the Third Geneva Convention against torture and customary international law. Moreover, under international law, it includes illegal and indefinite detention, torture, inhumane conditions, unfair trials (military commissions), and many more.

Moreover, there is substantial evidence of malpractice and ethical shortcomings among *licensed American psychologists*. Not only were some psychologists complicit in the torture of detainees, but they served as perpetrators and accessories:

In 2017, the APA president discussed the settlement involving psychologists James Mitchell and John 'Bruce' Jessen, who were found responsible for harming three men subjected to torture in a secret CIA prison during the George W. Bush administration's “war on terror.” The American Civil Liberties Union announced the settlement, highlighting the APA's earlier collusion with the government's torture practices exposed in 2015. Hundreds were tortured by the CIA and Department of Defense, with the two psychologists directly contributing to a torture program. Experts agree that solitary confinement constitutes torture.

Despite this, the APA allowed psychologists to participate in interrogations until 2013, during which enhanced interrogation techniques (EITs) like waterboarding and sleep deprivation were used. Medical staff were present to monitor detainee health. Moreover, the

APA still allows psychologists to participate in interrogations under certain conditions, leading many in the field to believe that the policy has not resulted in meaningful change.

Enhancing the Code of Ethics As "Best Practice" for Psychologists

To improve the ethical training of psychologists, it is crucial to expand beyond traditional training programs by emphasizing community psychology perspectives. This training should incorporate various codes of ethics that outline best practices and emphasize the importance of recognizing both overt and subtle pressures that can distort moral judgment in decision-making. Additionally, it should include a historical understanding of medical scientists' roles during periods of repression, awareness of relevant local legislation, and the skills to detect and evaluate instances of physical and psychological violence. Clear guidelines must be established to assist health professionals in navigating the challenges related to their ethical practices. Ultimately, this training should highlight the significance of social responsibility, conscience, and commitment. In psychological practice, it serves the best interests of a healthy society.

Conclusion

Despite the remarkable diversity of human cultures, professional healers are universally respected and often seen as compassionate, wise, and helpful individuals. This societal esteem grants them significant power, which must be used responsibly to promote goodness and well-being for society and human development. It is essential to be aware of how to prevent ethical shortcomings in the best practices of psychology.

The principle is that professionals and healthcare workers can help create a free and democratic society for all rather than hiding behind the flawed dichotomy of politics versus science. As we look to the future of psychology, we must move away from teaching and training it as if it exists in a socio-political vacuum.

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[1] Stover, E and Nightingale E O (Ed's) (1985): "*The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions,"* American Ass for the Advancement of Science, USA.
[2] Worker Health Organization (1974): *"Mzamane, Veriawa and others*," Medical, Dental and Supplementary Health Services Act, 1974, Section 41,
[3] "*Clearinghouse Report on Science"* (1985): VIIl (4), Washington, DC
[4] Stover, E and Nightingale E O (Ed's) (1985): "*The Breaking of Bodies and Minds: Torture, Psychiatric Abuse, and the Health Professions,"* American Ass for the Advancement of Science, USA.
[5] Forster, D. & Sandler, D. (1985). "A study of the detention and Torture in South Africa," Institute of Criminology, Un. Of Cape Town.
[6] "*Clearinghouse Report on Science"* (1986/7): VIIl (4), Washington, DC
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[8] Karani, (Sam) Abdusamaad (2023): "The Rats Had Never Left. Conquering Colonists & Systemic Racism. Decolonize Your Mind." Friesen Press. ISBN 978-1-03-913986-2.

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