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The colour

Text and photographs by **LESLEY LAWSON**

Transracial adoption has been welcomed in South Africa, as the following stories tell. The measure of its success will be whether, within a mixed family environment, the children can become well adjusted adults, retaining self-esteem and a positive sense of their own racial identities.

In 1991 changes to the Child Care Act legalised trans-racial adoption, transforming the lives of several hundred families. But for child care and adoption agencies the changes in the law led to much soul-searching. Johannesburg Child Welfare held a conference to which social workers, academics and political representatives were invited. Adoptions manager Marionka Manneus remembers: "There were misgivings. We asked whether this was the right thing to do and what our duty was to the children."

The legacy of racial oppression in South Africa does invite hard questions about transracial adoption and the majority of transracial adoptees are too young to give the answers. Most adoptive parents dismiss the discussion as irrelevant, and to see them picnicking with their families in the heart of the volkstaat, one must agree.

But a few admit to discovering unknown reserves of racism within themselves. One father told how, the night before the new child came, the mother confessed that she didn't know if she would be able to kiss a black person. But, he said, "When you take that step it wipes out all the rest."



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The essential question—phrased by British and American interest groups and taken up by local social workers—is whether a white family in a racist society could provide an environment which would allow a black child to form a healthy racial and ethnic identity and grow into a well-adjusted adult. The 1989 British Child Care guidelines warn that white parents cannot do this and that a child should be brought up by a family of the same race and ethnicity. In America, though transracial placements are legal, they are constantly criticised.

Academics are divided on the issue. Professor Ruth McRoy, for example, found that “Development of an unambiguous positive racial identity is problematic for children who undergo transracial adoption and such placements should only be considered when in-racial placements have been sought unsuccessfully.”

However Professor Rita Simon who visited South Africa at the invitation of Johannesburg Child Welfare says: “Something special seems to happen to both black and white children when they are reared together as siblings in the same family—Our studies show that transracial adop-

Above: Members of the Pretoria Transrace Crosscultural Adoption Support Group during a picnic at Verwoerdbergstad (now Centurion Park).

tion causes no special problems among adoptees or their siblings.”

But studies abroad belie the special challenge of transracial adoption in a society which is struggling to transform its old power relations and its own national identity. Many parents have faith that the rapid integration of schools and the broader political changes will help to shape a healthy identity for their children. And most have made a commitment to facilitating their children's fluency in an African language and to familiarising them with traditional cultures.

Some families have gone even further. Fran Ledderboge, adoptions social worker at Durban's Child Welfare Society, has found that they are grappling with the big issues of racial and cultural identity. In doing so their whole family identity has changed. ➤

One mother describes her experience as a transforming journey. She says: "In a way our son is determining our lives. There is no possibility of us retreating into a laager. Before we might have worried, for example, that standards in education were dropping, but now it is the deracialisation that is important. We have been forced to align ourselves differently."

The factor that tipped the balance in favour of transracial adoption was apartheid's socio-economic legacy of homeless black children. Nationally there are over 13 000 in children's homes and places of safety, and over 10 000 living on city streets.

These numbers are swollen by abandoned babies for whom homes must be found. Government statistics for 1992/3 showed that there were nearly ten abandoned daily. Many are left on doorsteps, in dustbins and the open veld. To argue against transracial placements in this context may be to say that it is better for a baby to die than to risk a disturbed identity later on.

Workers in the field attribute the growing crisis to economic decline, violence, teenage pregnancies and abuse of women. They agree that abandonment may represent the mother's best hope for an infant she cannot support. Dr Neil McKerrow, paediatrician at the Edendale hospital in Pietermaritzburg, has new insights into the causes of abandonment in his area in Natal. He says: "Any mother could abandon her child in circumstances of chaos, isolation and poverty." McKerrow has found that the communities in which abandonment is most common are those in transition from traditional to western culture.

Edendale is in the middle of such a zone—and in a bad month they have 74 abandoned children living in the hospital. They share a ward with an equal number of physically and mentally handicapped children and as they grow up they develop behav-

ioural problems. It is a horrifying childhood but there is nowhere else for them to go.

When factoring in the advancing Aids epidemic the scenario worsens. McKerrow estimates that in the next five years there will be up to 25 000 Aids orphans in his area.

The Pietermaritzburg study also contradicts some commonly held notions about abandonment. It shows that even in poverty black families continue to absorb homeless children; also the majority of families interviewed pledged to care for family members orphaned by Aids.

McKerrow believes that an appropriate welfare package would help to keep more children in their own communities. Agencies like Johannesburg Child Welfare are also lobbying for the introduction of subsidised adoptions. This, along with a drive to promote western-style adoption will go some way towards solving the crisis. But unless and until far reaching socio-economic change occurs, transracial adoption will continue to be the best option for many South African children.

The eventual outcome of these adoptions will be an indicator of whether the wounds of the past have healed. The deep issue of transracial adoption is a mirror to the question we must ask of this new nation. In the pursuit of a colour-blind society, will ethnic and racial diversity be trampled or will we, at last, be able to celebrate our differences without favour? Ethnic self-identity, self esteem ... these are the absolute qualities by which we will measure the success of transracial adoptions. But when placed under the solemn, ancient gaze of an institutionalised child, these issues may prove to be no measure at all.

Lesley Lawson is a photographer, writer and filmmaker living in Johannesburg.



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GABRIEL

Gabriel has more parents than most children. Two adult siblings, their partners and his adoptive parents form a close, but easy circle around this frail child who was born prematurely with seriously weakened lungs.

After the birth of their biological children, Mary and Graham Cruickshank decided that four was enough. If they felt the need for more children they would foster or adopt. Thus came five-year-old Merina into their household, and now, tiny Gabriel.

Mary says "When I turned 40 the question struck me—where do I really want to be? And I decided that I really liked being at home with the kids."

She had had to work during most of her biological children's youth, and now that the family business no longer needed her, it seemed a good idea to begin a new round of parenting. First they adopted Merina, and then, as the law changed, they began fostering children of other races.

The Cruickshanks took Gabriel at three months when he was underweight and ill. In his first year with them he was hospitalised twice with pneumonia, and even now at 22 months he has to go on a ventilator every seven weeks. But his long-term prognosis is good.

The Cruickshanks believe that talking about adoption to

The Cruickshanks (from left): Tim, Angela (Tim's girlfriend), Gabriel, Mary, Merina, Meredith and Graham.

their children is a positive thing and when they are older both children will be supported if they wish to search for their birth mothers. As a veteran parent Mary anticipates the challenge of bringing up adopted children. She says: "Teenagers have a very difficult time—my own children did—and adopted children have to grapple with an extra dimension to the question: 'Who am I?' But they should be aware that it is normal to go through problems, and to hate their mother."

The Cruickshanks are not a political family ("I vote and that's it," says Mary) but they have placed their bets on the new South Africa, and the adoption of Gabriel was an implicit part of that faith in a healthy future.

"We didn't especially choose to have a coloured child," says Mary. "There are long waiting lists for white babies. The fact that Gabriel is from another racial group is coincidental ... Yes, I believe that in South Africa it can be coincidental—since the elections I feel as if I have emigrated to another country. Transracial adoptions are becoming more common and so are mixed marriages. I think he will just blend in."

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LEO AND RUBY

Maggie Friedman always knew she would have children, but when her partner David Webster was assassinated by a right-wing gunman in May 1989 this began to seem unlikely.

"After David died, life looked so bleak, so empty, so lonely—the possibility of children seemed to have gone out the window," says Maggie.

Today Maggie is a contented mother of three-and-a-half-year-old Leo and eight-month-old Ruby. As a single parent, she has provided an extended family for her children in the form of caring housemates and a nearby brother. Her friends give her constant support and her family's life is busy and sociable.

Maggie's journey to parenthood was not a simple one. When she first decided to adopt, she flunked the strict criteria of the Johannesburg Child Welfare Society because she was single. She offered to take an abandoned baby. But all at the JCW homes were of other races, and trans-racial adoption was not legal at that time.

Maggie didn't give up. She called Child Welfare frequently, and after the race law was changed she stepped up the pressure. One day the social worker invited her to the Princess Alice adoption home where she met six-month-old Leo. Suddenly she was being asked to take this fat little baby boy home.

"Your blood just drains—I was totally unprepared. I thought there would be more of a process in which I would prepare myself for parenthood. So I went off and bought baby things and was all geared up when they phoned to say they wanted to take him through the first phase of the legal process before they released him. I don't know if it was the crossrace or the single parent aspect, but they wanted to be sure everything was quite legal."

At the time Maggie sensed some antagonism from black social workers. They felt it unfair that such high standards were applied to the placement of white babies, but not to other races. But this did not affect her and Leo directly.

Last year Maggie began to think that it was time for Leo to have a sibling and within a few months the process of adopting Ruby had begun.

"When we fetched her from the foster mother, Leo was really very sweet and attentive. He is delighted—not so much that he has a sister, but that he is a brother. But he is jealous and sometimes a bit rough with her. The baby really loves him, and she doesn't cry, no matter what treatment she gets."

Maggie sometimes worries that her children will resent having been adopted by a single person, but she tells Leo he is lucky to have so many other people in his life. She says: "He knows about David, but he has had a bit of confusion which comes from other people. People have thought he is David's son, and one person once said that he looks like his father. Sometimes he asks 'Was my daddy shot?'"

As her children grow, Maggie hopes their cultural identity will be the same as hers—new South African. But because of their origins she will take extra care.

"I will always have to be sensitive to the fact that they have mixed genes, and I will never allow people to say racist things in front of the children without them being corrected. I also think it is incumbent on me to learn more about Chinese culture in this country so that I know what Ruby will find if she goes looking for her roots."

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Ruby, Maggie and Leo Friedman.





TONY

After Carel and Piet* had been together for seven years, they decided they wanted a child. They made themselves available as adoptive parents and offered to take any child of any age or race—male, female, sick, well ...

"Why?" says Carel. "For the love of a child. We are normal people like everyone else, there was a gap in our lives, we wanted a child."

After a year, Pretoria Child Welfare contacted them about an HIV positive baby in Kalefong Hospital outside Pretoria. Carel and Piet went to visit Tony in the hospital every night. They took him clean clothes, they fed and bathed him. For a week they were given 24-hour access to the hospital, then he was released into their custody.

"In the hospital he was not well cared for. He was not ill or injured or malnourished, but he just spent his days lying in a cot—or sitting in an apple box. When he first came to us he got bronchitis. We think it was because he had never been outside before," says Carel.

Since Tony's arrival, life has not been easy for this gay couple. Their largely Afrikaans-speaking circle has shunned them and they have been the butt of racist comments like: "Who slept with the maid? Where is his mother—in the kitchen? I see you are training your garden boy from young."

Other comments have made them realise just how scared and ignorant many people really are about Aids.

Carel and Piet with Tony.

"It's racism, but they are also afraid of HIV. People don't know the facts," says Carel. "They think if they touch him they will get it."

Carel and Piet get a lot of help from their Pretoria-based Transracial Adoption Support Group, some of whose rainbow children are also HIV positive. This group of nine families meets for social reasons and to share problems.

When they first got Tony, Carel and Piet wanted to legally adopt him, but Child Welfare discouraged this on the grounds that his lifespan would be only about three years. The couple was convinced that Tony, like 70% of other HIV-positive infants, would convert back to HIV negative once his mother's antibodies had left him.

As he flourished under their care, Carel and Piet grew more convinced that this was so, and when Tony was 14 months a fresh HIV test proved them right.

Now Tony's death sentence has been lifted, Carel and Piet's parenting rights are in jeopardy. The authorities want to remove the child from their care because they are gay men.

Says Carel: "Now that he is healed why can't we adopt him? It really hurts. We feel so angry with the system. How can they feel it is all right for us to look after him for three years, but now he is going to live, it's not OK?"

*Not their real names.

RICKY

When Liz Eltze saw a television programme on adoption she was particularly moved by the HIV-positive babies who were destined to spend their short lives in institutions. It made her think about a passage in the Bible, Isaiah 58:

If you pour out that which sustains your own life, then I will make you a rebuilder of walls and a repairer of the breach.

Liz, her husband Alan and her four biological children agreed to contact Child Welfare. Liz was determined. She just knew they would get a child. At night she could feel and taste and smell her baby.

Two months later they were invited to visit Ricky.

"When we first visited the adoption home I said to the matron, 'Where is Frederick? We have come to see him.' And it turned out we were standing right beside his cot. The matron took his hand and said 'Freddy, you have got a family.' She just laughed and cried."

Ricky's condition was poor. He was floppy, and moved little apart from his hands and head. At seven and a half months, he couldn't sit and he hadn't bonded with anybody.

Alan says, "They gave him to us because he was dying, but we believe when a child is brought into a loving home

the HIV status can be reversed."

When Ricky arrived in the Eltze household he had his first sitting lesson.

His 16-year-old sister, Asnee, propped him up in a cardboard box. The family took it in turns, spending all the time they could with him. Within a week he had improved, and had started copying everything they did.

Living as they do on the outskirts of Pretoria, the Eltzes get a few strange looks when they go out with Ricky. One woman even muttered in disgust, "I would never take a kaffir shopping with me." But, on balance, the response has been overwhelmingly positive.

Alan says "Black people are much more open to us now. One woman actually said 'It is the first time I have seen love in a white person.'"

The Eltzes believe that God will touch Ricky and he will be freed from the HIV virus. If he does get sick, Liz says: "It will be devastating, he is our child now. But we would also feel that we had done something—we have put ourselves at his disposal. We have no qualms about giving." ➤

Ricky and Liz Eltze.



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ZANDI

Like many children Zandi Thompson has a family album devoted to her childhood. But instead of showing snapshots of the newborn baby in the maternity hospital, it tells another tale. There are newspaper clippings about the April 1994 strike at Edendale hospital and how that led to an emergency adoption drive. There is also a little poem sent by a friend which reads:

Not flesh of my flesh
Nor bone of my bone
But still miraculously my own.
Never forget for a single moment
You didn't grow under my heart
But in it.

It was the Easter weekend and the 63 abandoned babies at the hospital had nobody to care for them. The Thompsons, like several other Pietermaritzburg families, agreed to take a child until the strike was over. Bonnie went down with her 21-year-old daughter Tarryn and her younger son Lucky. She says: "We found there were about four or five babies in a cot, some of them handicapped. So I said to Neil (the paediatrician), 'What do you want me to do?' and he said 'Choose a baby.' I replied: 'You are joking, I can't do that.' Actually Zandi chose us, because what hap-

The Thompsons (from left): Zandi, Terry, Graeme, Tarryn, Lucky and Bonnie.

pened was she sneezed and there was mess all over, and Tarryn picked her up to wipe her nose, and Neil said 'Oh I see you've chosen,' and Tarryn said 'Ja I suppose so.' That was how we got her."

Zandi was then about eight months old, but her growth was so delayed that even the hospital thought she was months younger. Bonnie describes her condition: "Zandi had TB, she had kwashiorkor and an incredible fungal infection that reached right up to her ears—she's still scarred to this day from that nappy rash. She had gastroenteritis, she had two burst eardrums: they were literally stinking. And a shaven head because she had these little itchy sores on it."

Even more disturbing was her behaviour. Zandi never made a sound. She never smiled, she didn't know how to kiss or hug, but she hung on.

"She was like a little monkey. Because she wanted to be held she used to cling and bury her little face right into you."

The strike lasted nine weeks, but it was clear after the ➤

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first few days that she would never go back.

It took six weeks before Zandi started making infant noises, and since then she has never stopped catching up. At 22 months, Zandi is potty-trained, she's talking volumes and—with a bit of prompting—counts to 12.

Having a black baby in the family is a not a new thing for the Thompsons. Eight-year-old Lucky has been with them since birth. His mother, a widow who worked for the family, had given Lucky—her ninth child—into their care.

Although Zandi has stolen Lucky's limelight, he enjoys his new sibling.

Older brother Graeme (24) says "Lucks has been phenomenal. Of all the family he's the one who had to make real sacrifices—attention-wise and all sorts of things. He really likes having her around, now he's not the only black child in the family."

The Thompsons' extended family and friends have warmly welcomed these new children, and there has been little tension from the wider community. But there were some tricky times when they first had Lucky.

"It was the time of apartheid," says Bonnie "so when we went to a beach cottage or a hotel we had to declare that we had a little black child with us. I felt resentful—he was no different from any other child, in fact Lucks is particularly well behaved. My older kids used to get indignant, very angry."

The Thompsons still get the odd funny look—the kyk-daars, they call them—and sometimes they are asked mystifying questions like: How can you communicate with

them? Or—to the biological siblings—aren't you worried that the inheritance will be divided four ways?

But the political changes seem to be making life easier. The integrated schools benefit the children in different ways.

"The other day Lucky said something like 'The trouble with the ANC and the IFP is ...' and I just looked at him," says Tarryn. "They're allowed to talk about it at school now. We weren't—politics was totally not allowed. I didn't know anything about the ANC and the IFP until last year's elections and here was my little eight-year-old brother solving all the problems."

Like many adoptive families the Thompsons feel enriched by their experience.

"People sometimes say to us 'Don't you think you are going to be hurt later in life?'" Bonnie responds, "We may be. But who is to say that you are not going to be hurt by your biological children? They can go off the rails and get mixed up in bad company—so can these children. We feel they give us so much love in return that it is worth it. We are lucky to have them. As one of my friends says—they're little angels. The Lord has given us two little angels to look after." □

Dr Neil McKerrow in the hospital ward with abandoned and handicapped children, at a small disused hospital next to Edendale, called KwaHlenga Bantu (which means to look after people well).



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