

The Campaign For Independent Medical Supervision

of Detainees

In 1981 the Detainees Parents Support Committee (DPSC) was formed, with one of its purposes being to lend support to detainees and their families.



This committee has always voiced its abhorrence at detention and called for the unconditional release of all detainees.

Since it was formed it has become involved in various activities and embarked on various projects. These have included delegations to the the head of the security police in Pretoria to discuss the conditions under which detainees are held and the standardisation of the treatment of all detainees.

The DPSC has demanded among other things that all detainees receive food and clothing parcels on a regular basis and that detainees be allowed access to reading material.

After the death in detention of Neil Aggett in February 1982, the DPSC expressed its complete dissatisfaction with the present medical supervision provided for detainees. The Committee sent a telegram to the Minister of Police requesting that all detainees be examined by and have access to an independent panel of doctors. On the 20th of February 1982, the Minister refused.

The Committee then framed a series of questions which were put to the Minister. These included the following:

How many detainees have been hospitalised?

For what complaints are they being treated?

Have their families been informed?

Has the Minister taken any steps to alleviate the conditions leading to their hospitalisation?

Has the Minister taken any steps to modify interrogation techniques?

The Minister of Law and Order replied with a terse telegram:

"YOUR TELEGRAM DATED 1 MARCH 1982 REFERS I AM NOT PREPARED TO TAKE PART IN A ORGANISED QUESTION AND ANSWER CAMPAIGN BY TELEGRAM

L LE GRANGE MINISTER OF LAW AND ORDER"

The questions put to the Minister were never subsequently answered.

The important point must be made that hospitalisation of detainees is an extension of detention. In most cases they are under police guard day and night. In some cases detainees are intimidated and harassed, even in hospitals.

On questioning in parliament the Minister of Health replied that two detainees were hospitalised, one being treated for an ulcer and the other for psychological problems. This information is clearly incomplete. At the time of the statement there were at least 6 known cases of hospitalisation.

In the meantime the DPSC has a more defined set of demands relating to the independent medical supervision of all detainees (see page 20). It was decided to embark on a campaign both nationally and internationally requesting medical organisations to take a firm stand and support these demands.

The campaign was launched for two major reasons.

First of all, the demands of the DPSC are seen as important safeguards for ensuring the health of detainees while detentions persist.

Secondly, it is felt to be of importance that medical organisations are forced to debate the issue of detentions and the health care of detainees, and publicly commit themselves to supporting or rejecting the demands of the parents.

The overriding demand of the DPSC is unconditional release of all detainees. The campaign is thus an interim measure while detentions still persist.

All the demands of the DPSC are extremely important. Take for example the demand that examinations of detainees take place in private and that the records of the examination be confidential and not handed over to the security police.

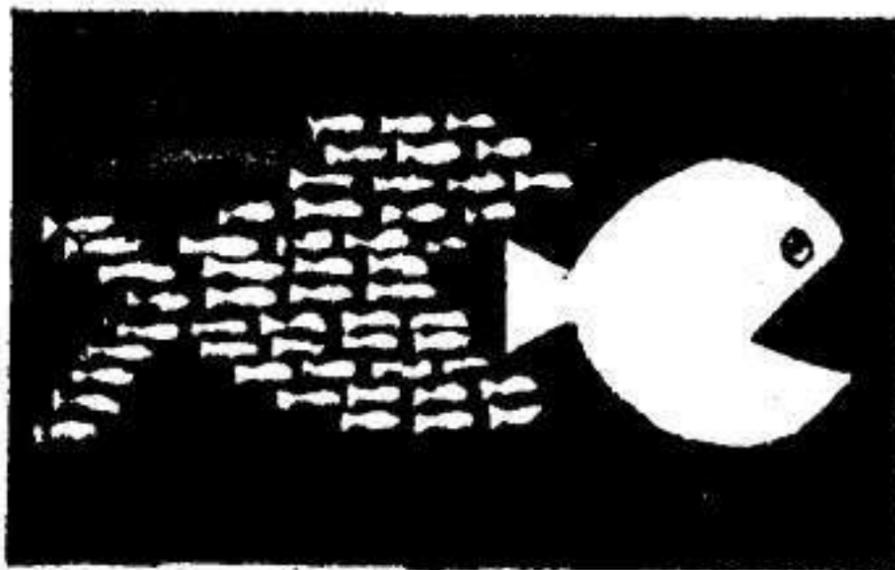
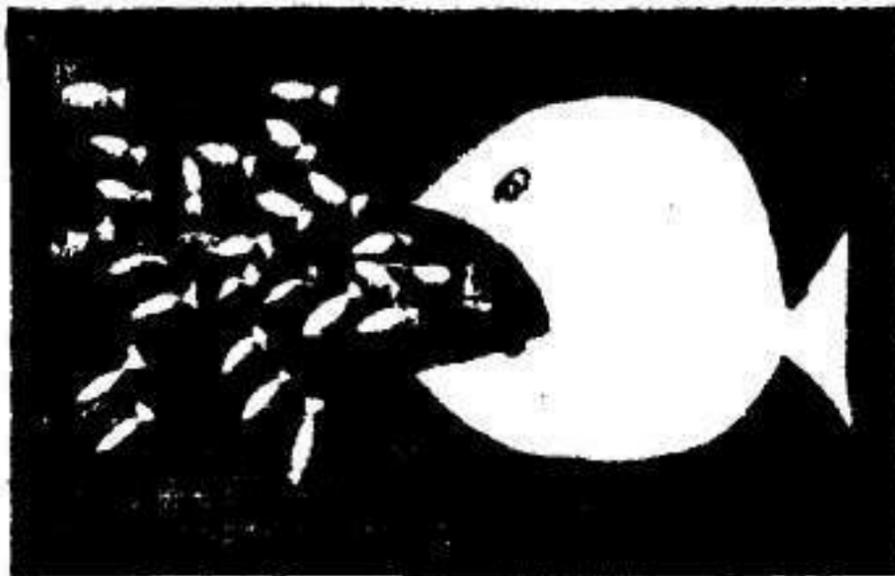
At the present moment copies of the reports made by the district surgeons after examining detainees are given to the security police. Any detainee is therefore unlikely to say he/she has been tortured, or assaulted, as there may be more serious repercussions when they return to their cells.

Another reason for organising a campaign of this nature is to mobilise medical groups inside and outside South Africa around this issue. Over 100 local organisations and 50 overseas bodies have been approached, and asked to support the demands of the DPSC.

Individuals and organisations must be forced to take a stand about detention, deaths in detention, torture, the lack of

independent doctors and about solitary confinement. It is important to ensure that these sorts of issues are raised in every possible forum, particularly among Medical organisations which claim to maintain high ethical standards.

Another important aspect of campaigns of this type is their educational value. It also offers various organisations the opportunity to contribute towards the fight for justice in South Africa and helps facilitate the drawing together of progressive groups. Psychological and psychiatric bodies could be asked to publicise the mental effects of detention and solitary confinement. Groups could demand that detainees and political prisoners have access to reading, writing, and study materials. Legal groups could demand that detainees have access to lawyers.



Ultimately, the strength of such campaigns lies in their ability to mobilize the people to confront the state over these issues.

We in the Detainees' Parents Support Committee deplore detention. In view of deaths in detention, the hospitalisation of detainees, and allegations of abuse, we totally reject assurances that the present system of medical supervision of detainees is adequate.

WE DEMAND:

1. The recognition of the panel of medical practitioners chosen by the Detainees' Parents Support Committee and family doctors and that these independent doctors will have the right to examine all detainees.
2. That at least two members of the panel or family doctor assess the health status of detainees when first detained.
3. That members of the panel or family doctor see every detainee at least once a week.
4. That the panel or family doctor have the right to call on independent specialists who will also have access to the detainee, and that if the specialist recommends hospitalisation that this be done.
6. That all examinations of detainees take place in private and that all medical reports remain confidential as between patient and doctor and are not handed over to the Security Police.
7. That the panel or family doctor and the Detainees' Parents Support Committee be informed of every visit by the District Surgeon to a detainee, the cause for the visit, and the findings.

We consider this an urgent and extremely serious issue and call on medical bodies to support these demands. We see this as an interim measure and stress that the health of detainees can only be ensured when all detentions cease and all detainees are released.

IS SUPPORTING A CAMPAIGN LIKE THIS TANTAMOUNT TO ACCEPTING
DETENTIONS?

n ! The campaign has always stated that its primary objective is the ending of all detentions. The major demand has been for the release of all political prisoners and detainees, and the cessation of further detentions. In the interim period, however, until those demands are met, the campaign demands for improved conditions of detention for those held. Regular visits by family members and by independent doctors represents a very real improvement in the conditions of detention, and goes some way towards protecting the mental and physical health of the detainees.

DOES ACCESS BY DETAINEES TO INDEPENDENT DOCTORS GUARANTEE
THE HEALTH OF THOSE IN DETENTION?

no! The health of detainees can only be promoted when they are no longer in detention and have access to all the necessities for good health. The interrogators have complete control of those in detention. They may use methods of interrogation that are abhorrent and yet leave no physical marks that can be detected by the independent doctor.

So while access to independent doctors is an advance for the detainees, it is no guarantee for their health. We need to remember this always and to pursue relentlessly the main demand for an end to the detention system.

Steve Bantu Biko died as a result of a brain injury consisting of three main lesion areas. The post-mortem also found slight injuries to the left of the chest wall and to the anterior abdominal wall. There were various skin abrasions between twelve hours and eight days old. There was a cut on the top lip and on the left forehead.

Evidence at the inquest was that Biko was kept naked in his cell while in detention in Port Elizabeth and chained in legirons and handcuffs while in the interrogation room.

Police evidence was that Biko became violent at one interrogation session and had to be subdued by the entire interrogation team. In the scuffle that ensued, Biko hit the back of his head against a wall.

After the incident the police asked the district surgeon to examine Biko. This doctor, Dr Lang, signed a certificate stating that he had found no evidence of "abnormal pathology".

At the inquest Dr Lang admitted he signed this certificate incorrectly as Biko had refused food and water, was weak in all four limbs, had a laceration on his lip, a bruise near his second rib, swollen feet, ankles and hands and slurred speech and could not walk properly. Dr Lang said the police suggested to him that Biko might be shamming.

Biko's condition had deteriorated so it was decided to send him to the prison hospital in Pretoria. Biko was in a state of semi-coma when he was loaded into a police Land Rover and was placed naked on cell mats on the vehicle's floor with blankets over him.

Professor Proctor, a leading neurological pathologist testified that at least three blows were needed to inflict the brain injuries.

The magistrate found that no one was criminally responsible for his death.



In the next few edititions of Critical Health we hope to cover the following issues:

- Work and Health
- Women and Health
- Health Services in South Africa

We welcome articles and suggestions on these topics. Anyone wishing to contribute should send their articles to:

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