

Editorial

Increasing dissatisfaction with apartheid's policies has resulted in thousands of people joining forces in protest. The state has responded by declaring a state of emergency, detaining thousands of its opponents and banning and restricting popular organisations, in an attempt to crush resistance.

During the second half of 1985, 329 people were detained but in the nine months following June 1986, this number escalated to over 30 000 people. This accounts for nearly half of the 70 000 people detained since the early 1960s. Most of these detainees have been released under growing local and international protest. Emergency detainees are incarcerated for indefinite periods under harsh conditions. Legal attempts to secure their release have often proved futile. It was out of desperation, therefore, that on 23 January 1989, a number of detainees at Diepkloof Prison in the Transvaal embarked on a hunger strike as a last resort to secure their release. They were soon joined by hundreds of detainees nationwide, forcing the Minister of Law and Order, Mr Adriaan Vlok, to take heed of their plight. The fact that so many of these detainees were subsequently released is testimony to the arbitrary nature of their detentions.

The first article in this edition provides a current review of detention in South Africa. Although at the time of writing the detainee population is numbered as a couple of hundred, it must be remembered that while Mr Vlok released many hunger striking detainees, others were being detained. The serving of severe restriction orders on those released has replaced one type of imprisonment with another. The enforced reporting to police stations, as one aspect of these restrictions, has made ex-detainees' movements predictable and therefore vulnerable to right wing attacks.

The article by John Kalk looks into the medical consequences of detention in general, and of hunger strikes in particular, and raises debate around the ethical dilemmas facing doctors who treat these detainees. A recent decision by Mr Vlok, to transfer all detainees on hunger strike to a central hospital, will make access by family and friends difficult.

Many people have found that far from weakening them, periods spent in detention often serve to strengthen their political resolve. An article written by people involved in the counselling of detainees provides valuable insight into the devastating effect that detention can have on the detainee's psyche. The article stresses the way in which these effects extend beyond the individual detainee, to his or her family, friends and to the community at large. Although the release of detainees is a victory in itself, the tremendous restrictions (a more subtle method of repression) placed on ex-detainees, as well as the continuous harassment they are subjected to, have resulted in the identification of a "continuous stress syndrome" experienced by detainees upon release.

There are a number of areas where women are specifically affected by detention. A short article in this edition focuses on some of these problems.

The district surgeon occupies a crucial position in the safeguarding of detainees' health. He/she has a statutory obligation to visit and treat detainees. The tragedy of Simon Marule, who died while in police custody of a preventable disease, is covered briefly in this edition and raises serious questions as to the kind of treatment detainees receive while in detention. Clearly, the existing laws are not sufficient to safeguard the detainee's health. The article on his story outlines the problems and emphasises the need for urgent attention to be given to this issue.

While Marule's death highlights the inadequacy of medical treatment in detention, another article, by Yosuf Veriava, looks at the areas where doctors, in South Africa and other countries, may collude with the poor treatment received. The role of a district surgeon is not an easy one, and in spite of the guidelines given in the Declaration of Tokyo, to which the Medical Association of South Africa (MASA) subscribes, evidence from a number of cases suggests that some doctors subordinate ethical medical behaviour to political beliefs. Such evidence points to instances of complicity of doctors in interrogation and torture in South African jails. The secrecy that surrounds the examination of some political prisoners is conducive to doctors being able to "cover up" the effects of interrogation techniques. Lack of adequate history taking and the dismal records that are kept on the examination, findings and treatment of detainees allow doctors to protect themselves against accusations of malpractice. A set of protocols for the examination of detainees by district surgeons has been drawn up by the Faculty of Medicine, at the University of the Witwatersrand. A summary of the protocol's principles is included in this edition of *Critical Health*.

Despite Amnesty International's Twelve Point Programme for the Prevention of Torture, also included in this edition, the reality is that an overwhelming number of governments use torture as a means of attempting to control and crush political opposition. It is estimated that one in every three countries in the world supports its use. Melvyn Freeman's article provides insights into the global nature of the problem, as well as highlighting areas where concerned health workers have come together to share their skills with oppressed people.

In South Africa, concerned health workers provide services for ex-detainees to help them cope with the effects of detention. The article by the Detainee Service in the Transvaal outlines the kind of facilities that are provided. Detainees are referred to these services through the various detainee aid centres, established nationally. The Transvaal Detainee Aid Centre has contributed an article on the services it provides.

The system of detention prevailing in South Africa is inhumane and the risk of physical and mental abuse is high. Health workers have an important role to play in demanding safeguards for detainees' health but it must be stressed that no solution will be adequate unless it addresses the root pathology, that of the system of apartheid itself.

This edition is concluded with a tribute to David Webster. David pledged his life to expose the atrocities of the detention system and to assist detainees and their families.

As members of the Editorial Collective of *Critical Health*, we join those individuals and organisations who experienced the political resolve and humane gentleness of this fallen comrade in condemning his senseless assassination.

Critical Health, like so many others, benefitted greatly from David's assistance. He provided rich contributions both in his writing and his advice. We will miss him.

We trust that David's untimely death will increase the resolve of all those struggling for the release of political detainees and for a free and democratic South Africa.



Dr Allan Boesak speaks at a National Detainees Day meeting