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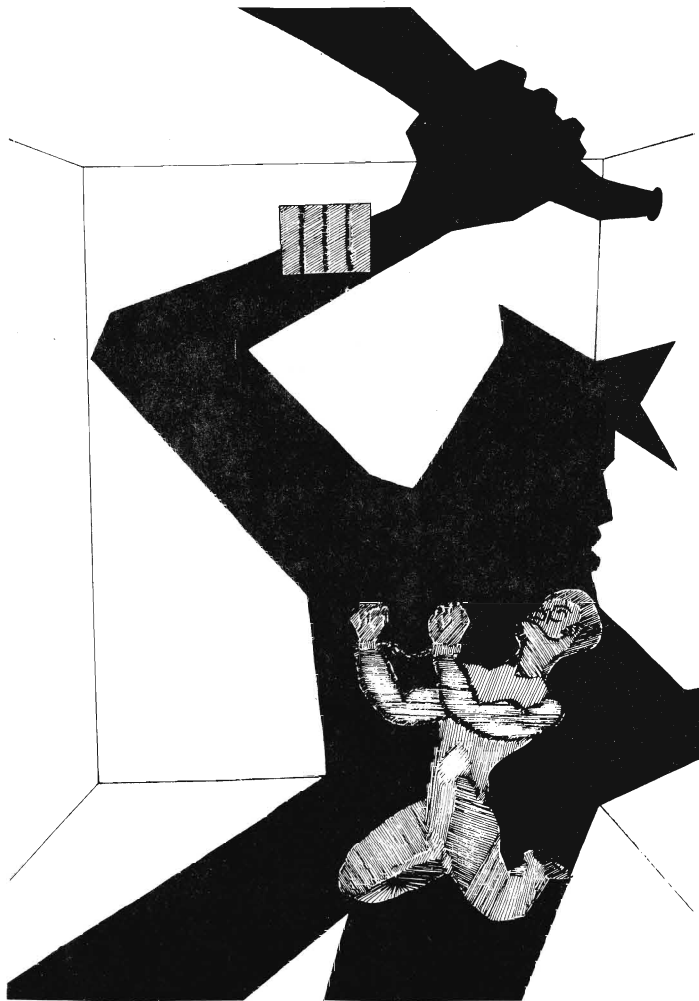
DESCOM BULLETIN.

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DESCOM BULLETIN IS A PUBLICATION OF THE DURBAN DETAINEES SUPPORT COMMITTEE

Secrecy: a new Terror



By lifting the banning orders from many of its political opponents, the South African state appeared to be showing leniency. However, a new and sinister feature of South African security laws was given publicity this week when a political detainee appeared in the Port Elizabeth magistrate's court. The man was referred to a mental hospital for observation, after appearing on charges of high treason, murder and contravening the Internal Security Act. The important point about the case was that the court ruled that the detainee's name be withheld from the public.

Port Elizabeth's principal district surgeon, Dr Benjamin Tucker, (the same doctor who attended to the deceased Steve Biko) told the court that he first visited the detainee on June 19th, in a hospital where he was being treated for multiple lacerations on his scalp.

Dr Tucker said he made a second visit "around about June 28th" at a police station and found him to be "uncommunicative".

"He did not communicate when I asked him how he felt" answered my questions in monosyllables", said Dr Tucker. "He took some time to answer my questions".

Dr Tucker said it was possible that the detainee was suffering from mental illness and he recommended that the man be examined by psychiatrists and clinical psychologists to determine his mental state.

He also said he had received information from doctors that the detainee had admitted his injuries were self-inflicted. Further evidence given by a security police officer, Major Hermans du Plessis, told the court that he was called to the detainee's cell on June 19th. He noticed blood on the walls and on the toilet handle. After this incident, the Major said the detainee became withdrawn and told him that he had no reason to live.

The detainee was not asked to plead and the case was postponed till August 22nd.

This account of events, taken from The Star and the Rand Daily Mail concerning this "mystery detainee" gives rise to a number of important questions. Firstly, there are those which can be asked of Dr Tucker, as principal district surgeon of Port Elizabeth.

- * In the light of his experience of the Biko case, is it not necessary that "self-inflicted" injuries be investigated by a neurologist, as well as a psychiatrist and a clinical psychologist?
- * Why was Dr Tucker unable to state the exact date on which he saw the detainee for the second time?
- * Why was there such a big gap between his first and second visit - about 9 days?
- * Who were the other doctors from whom Dr Tucker received information that the detainee had admitted that his injuries were self-inflicted?

A second set of questions needs to be asked of the Medical Association of South Africa (MASA).

- * Is MASA still satisfied with the assurances given by the Minister of Law and Order to the MASA chairman, Dr Guy De Klerk, concerning detainee health care?
- * Is MASA satisfied that private doctors of the detainee's choosing will not be allowed access to the detainee?

A third set of questions, which the public would like answered, needs to be put to Minister of Law and Order Louis Le Grange.

- * Has the mystery detainee's next of kin been informed of his detention, injury and referral?
- * Now that he has been brought to court, is he to be represented by a lawyer?
- * Will he be allowed access to a psychiatrist of his own choosing, as laid down in the Criminal Procedure Act?

The most important question arising from this case that must be put to the Minister is this: Are you intending to use the existing security laws to detain people secretly?

Information before Durban Descom indicates that secret detention IS ALREADY being used. There are presently four young men being held in detention in Durban. They have been there since January this year. While their relatives have been informed of their detention, repeated attempts by the local Durban press to have this confirmed by the security police public relations office in Pretoria have met with no reply. To date, the public remains ignorant of the fact of their detention and their identities.

Since the introduction of the Internal Security Act and the Protection of Information Act, secret detentions are becoming part and parcel of the security situation in South Africa. The Durban Descom calls on editors to resist this new form of censorship. Secret detentions will be used by the state to terrorise further its political opponents.

Detention news

THE SHEZIS

MTHOKOZISI (18) and his sister MAKHOSI (26) have been detained under Section 29 of the Internal Security Act since the 18th of December last year, in C.R. Swart Square, Durban. In that time, they have been allowed no family visits, and up until June had received no food or other parcels. It seems as if Mthokozisi will now be charged; Makhosi's future remains quite uncertain. By now, both cases should have come before the Board of Review, established in terms of the 1982 security legislation, to investigate the cases of those detainees held for 6 months. Since the procedure is a new one, and since it is unclear how much information about the hearings can or will be made available, the plight of the Shezis remains one of deep concern.

NAMIBIA : TWO CASES

The Attorney-General of Namibia, Mr. D. Brunette, said last month that several policemen, members of the Koevoet counter-insurgency unit, were likely to be charged with culpable homicide following the death in detention of Kaduna Katanga in northern Namibia last year. Another Kavango villager, Jona Hamukwaya, died in detention shortly before Katanga. There will probably be an inquest into his death.

In another case in Namibia, a Windhoek judge has found that Johannes Kakuva, "missing" since the beginning of August 1980, was in fact dead and had been assaulted in detention by security police. He was the father of eight children.

ANOTHER DEATH IN DETENTION

Paris Molifi Malatje was shot dead on Tuesday last week (5th July), a day after being arrested and held at the Protea police station in Soweto. A white policeman has been suspended from duty while investigations are in progress. While police statements stressed that he was being held under the Criminal Procedure Act, it is safe to assume that he was in fact a detainee and had he lived, would now be under the Internal Security Act. Two friends of his, Samuel Ratholo and journalist George Seripe, were detained at about the same time, and Molifi Malatje himself had been detained before. His death indicates that detainees are no more secure now than before the Minister of Law and Order Louis Le Grange's latest round of assurances and promises. It is not only the death itself which seems sinister - it also the fact that the shooting has received so little publicity in the press.

DETAINEES AS LISTED PERSONS

The names of 3 long term detainees are among those on the state's revised list of "listed persons" released at the beginning of July. The reason is because the three, Mordecai Tatsa, Abel Dube and David Thobella are being held under Section 28 of the Internal Security Act - anyone held in terms of that section is automatically "listed".

THE MUOFHE CASE

The Venda government has paid R150 000 to the family of Isaac Muofhe, who died in detention in Venda in November 1981, of "severe bruising and internal bleeding". At the inquest two Venda security policemen were found to have unlawfully assaulted Isaac Muofhe.

NO JUDGEMENT BEFORE A NATIONAL CONVENTION

During the period of Ian Smith's rule in what was then Rhodesia, his regime's political opponents were subject to a myriad of arbitrary laws. However, the harshest aspect of Smith's rule was the intransigent way in which he continued to hang people for a variety of offences. This occurred throughout the war period and even during the Lancaster House negotiations, which prepared the road to independence.

In South Africa, four members of the banned African National Congress(ANC), the state's major political opposition, have been hanged. They are Solomon Mahlangu, Jerry Mosololi, Simon Mogoerane and Marcus Motaung. With the escalation of the civil war in this country, many more young people may face the death penalty. If the state continues to treat its political opponents as common criminals, it will follow the same path as Smith did in Rhodesia.

Peace-loving South Africans must campaign for people involved in this war to be treated as prisoners of war in accordance with the Geneva Convention. They must not be judged before South Africa has a national convention and their actions can be viewed beyond the narrow confines of one side in a civil war.



Mrs Mosololi, mother of Jerry Mosololi, after speaking at a meeting in Durban, where she appealed for clemency for the six ANC condemned. She is seen with Archie Gumede and Victoria Mxenge. Despite the presence of photographers and reporters at this meeting calling for clemency in Durban, no report or picture appeared in the Durban press.

When is cure better than prevention?

The Medical Association of South Africa (MASA) released the report of its commission of inquiry into the medical care of prisoners and detainees in May. The commission had been set up exactly a year previously, after Neil Aggett's death in detention and with the Biko case uncomfortably in the background, still unresolved. Between May 1982 and May 1983, the MASA commission sat a total of five times to sift through a lot of weighty evidence, including a long, comprehensive document submitted by the Detainees Parents Support Committee (DPSC) in Johannesburg. The result is a thin and tentative document, disappointing in quality.

The report represents MASA's official position on health conditions in detention. Durban Descom was pleased to note that the report found these conditions to be inadequate. For example, it states bluntly, "it is the committee's opinion that there have been cases of serious maltreatment of detainees" (p.3) However, Descom differs from MASA over the reasons for and solutions to such instances of abuse.

MASA'S FINDINGS

* The report states that the committee was unable to prove the reliability or otherwise of allegations made in submissions. Yet it does not call for a judicial commission of inquiry to reach a conclusion, so that the confusion, doubt and suspicion remain.

* There are no references anywhere in the report to the situation in the homelands. This is very disturbing for at least two reasons: firstly, the doctors who work in these areas are mostly trained in South African universities (since the homelands have no facilities). MASA should therefore be concerned about the role of doctors there. Secondly, is MASA implying that it believes that the homelands are really "other countries" and can therefore wash its hands of them? How much does government policy affect MASA's judgement? There have been serious allegations of maltreatment in these areas of South Africa called homelands and "independent states" - who is going to be left to comment and act?

* The alarming number of deaths in detention is assumed in the report to be the result of "suicide". This raises the questions, is this ... a correct assumption? and what is the role of pathologists and other medical personnel at autopsies and post mortems of detainees?

* This assumption on MASA's part leads it to concentrate "curative" measures solely on the detainee (closer monitoring, etc.). There is no focus on the role of the security police in the possible harm to which detainees are exposed. Could MASA not have suggested that interrogators and other security policemen dealing with detainees should themselves undergo psychological testing, as is the case in Northern Ireland? (The report quotes with approval other codes applicable there.)

* Most serious perhaps is that MASA should defer to government policy in declaring that "The committee is of the opinion that insofar as a system of indefinite detention is regarded as necessary by the authorities, a number of safeguards...must be introduced..." (p.9; our stress added.) By adopting such a position, MASA is unable to recommend prevention of the disease of detention; it can only suggest ways of alleviating its worst excesses. Descom believes that as long as there is solitary confinement, there will be abuse of detainees.

MASA'S RECOMMENDATIONS

* The report makes several recommendations: for example, that district surgeons should have free access at all times to detainees, that they should act with complete independence, that protection of detainees be ensured in legislation and regulation. Two of its most significant recommendations were that detainees should be allowed to see their own doctors and that a so-called peer review committee be established to assist district surgeons. Such a committee would consist of medical practitioners, and act as a sort of liaison between the district surgeons and the Ministers of Law and Order and Health and Welfare. The first of these important recommendations Descom fully supports; the second, on the peer review committee, it finds dangerous. Such an arrangement would simply extend the involvement of doctors in the state's system of detention, with no body to refer to other than a government ministry.

In a meeting between MASA representatives and government officials in June, both the idea of access of private doctors to detainees and that of a peer review were rejected by the government, while all other recommendations in the report were accepted. Does MASA consider this a satisfactory state of affairs? The case of the "mystery" Port Elizabeth detainee which came to light this week leaves MASA with little room for complacency, and must cast doubt on government assurances that detainees' health care is in the right hands.



The Psychology of Detention

PART 2 : WHAT HAPPENS WHEN A PERSON IS DETAINED

The initial reactions to being detained are usually

- * confusion - WHY is it happening?
- * fear - WHAT will happen in detention?
- * anger - POWERLESSNESS against the arbitrary actions of the state.

It is therefore important that the detainee insists on his or her minimal legal rights, and finds out as soon as possible under which law he or she is being held, and what period of detention this allows for. It is also important to get to see the district surgeon and the inspector of detainees. Obviously, whether any of this is granted is decided by the security police, but it is essential to try for some 'outside' protection while under security police detention.

It is very difficult to say exactly what will happen to a person while in detention. There will be a lot of individual variation in coping with detention. The degree of political commitment, social class background, and the personal capacity to cope with solitary confinement will all influence the detention experience. We also need to mention that detention means interrogation, as the Minister of Law and Order, Louis Le Grange, has made clear. We know that the kinds of interrogation used in the past have resulted in torture claims being made against the security police by ex-detainees.

Bearing this in mind, we can expect some of the following changes to occur when a person is in detention:

FIRSTLY, there are changes when a person is first detained: shock, confusion, anger, fear. There will also be feelings of anxiety, panic, and depression.

SECONDLY, there will be changes in the person's life in conditions of solitary confinement. Social isolation in solitary confinement is a severe stress on any individual who is used to active contact with fellow workers or friends. This is made worse because the only people the detainee has to talk to are the security police, interrogators and warders who are regarded as the detainee's political opponents, and they are most often hostile to the ideals of the detainee. This social isolation results in the detainee longing for some human contact and discussion, and only having the police to talk to. Social isolation can also mean severe boredom, which can make the detainee very depressed and unhappy.

The THIRD kind of change the detainee might experience has to do with his or her perceptual system. This means such things as excessive daydreaming and phantasmising, and at the same time not being sure whether something really did happen or whether the detainee only thought about it. A detainee begins to distrust and become uncertain of his or her senses. Some ex-detainees have reported seeing, hearing and feeling strange things while in detention, and not being able to say whether these 'experiences' were real or not. These changes can result in feeling very insecure.

The FOURTH kind of change that might occur is in a detainee's intellectual and mental functioning. It will be difficult to think clearly, or to think about one topic for too long. A detainee's thoughts might become quite illogical at times, and there will be difficulty in remembering events and details from the past. This will be very worrying, especially when one is being interrogated and being forced to make a statement. It seems that the security police have used this mental confusion to try to build up a case for the state from a lot of vague statements made by detainees.

It is important to know that some of the changes that a person might experience when detained might last a short time at first and then continue or get worse. This depends on how long and under what conditions detainees are being held. Also, the changes might continue after a person is released from detention, and this might make it difficult to readjust to a normal life and work situation again.