In September of 1985, 30 years ago this year, I became the first (and to date still the only) district surgeon to reveal evidence of police torture and abuse of political detainees in South Africa. In that year, I was appointed as a medical officer in the District Surgeon’s Office in the magisterial district of Port Elizabeth. In those days a district surgeon was a medical doctor employed by the National Department of Health to provide (among other things) health services to prisoners and detainees and forensic services to the police. The larger part of my job consisted of conducting autopsies at the police mortuary in New Brighton (a black township just outside Port Elizabeth) and providing clinical services to sentenced and awaiting-trial prisoners in two prisons—St. Alban’s and North End (the latter was known by its inmates as “rooi hel,” which means “red hell” in Afrikaans).

Two months earlier, in July of 1985, a state of emergency (SoE) had been declared across a number of magisterial districts in South Africa—Port Elizabeth being one of them. This allowed police to detain, without charge and without trial, anyone who they believed constituted a “threat to the safety and security” of the state. Within days dozens of people had been detained in Port Elizabeth, and over the next few weeks that number rose to hundreds. Although political detainees were usually kept in police cells, the sheer number of people being detained during the 1985 SoE meant that they had to be sent to prisons—white and female detainees to North End and black men to St. Albans. This meant that, as part of my daily prison sick parades, I started to see SoE detainees as well.

From the outset it was evident that very many of the detainees displayed signs of having been assaulted—bruising, whip marks, lacerations, periorbital hematomas—and when I asked them how the injuries had been sustained, they said that the police had assaulted them. There appeared to be two sets of circumstances under which the assaults occurred.

The first such circumstance was at the time that the person was detained. It seemed as if the police tended to round up large groups of people, take them to a police station for “processing” (fingerprinting, recording of personal details), and, while the detainees were in the station precinct, randomly assault, beat, and brutalize them. These people would display injuries on their admission to the prison.
One example of this type of assault was a young man called Mbulelo Joseph Sogoni. He was brought to see me the day after his admission to prison. In my affidavit to the Supreme Court [1], I described his condition as follows:

He had weals from his shoulders to his buttocks. There were so many weals that I could not count them. They were superimposed upon each other. His wounds were fresh and he was in great pain. He was brought to me in a wheelchair. He could not speak, but his friends who brought him told me that he had been assaulted by the police [2].

I learned later that Mbulelo had been detained with a large group of men (about 150) on August 15. They had been taken to Kempston Road police station for processing. While they were there, Mbulelo had been made to strip down to his underpants and stand in front of the other detainees with his arms and legs spread apart. Every time his arms or legs sagged from fatigue, he was whipped across the back with a sjambok (a thick rubber whip).

The second set of circumstances during which detainees would be injured was when they were removed from the prison and taken to police headquarters for interrogation. During this interrogation they would be tortured. So, on admission, they would be injury-free, but at some stage during their detention they would be brought to me with complaints and, very often, horrific injuries.

One such torture victim was Ernest Singqokwana Malgas, whom I described thus:

I had not examined him on admission. However, according to the prison’s record, he did not have any complaint on his admission. When I saw him, he was severely injured. His injuries included large areas of severe and deep bruising on the lower back and buttocks. The bruising was not merely sub-epidermal, but intra-muscular. The muscles were very swollen and very tender. The bruises were prominently purple and red, and consistent with a particularly violent assault with a blunt instrument. His condition was such that I was unable to take a history from him. I asked the nursing sister, a Sister Prins, whether she knew what had happened to the man…. She told me that the South African Police had taken the detainee to the Louis le Grange Building [the police headquarters in Port Elizabeth] for interrogation the previous day. Upon his return, he was severely injured and complained that he had been assaulted by the police [3].

In the first Truth and Reconciliation Commission hearings, in 1996, Mr. Malgas gave evidence that he had been subjected to “helicopter torture” the day before I saw him. He
had had the inner tube of a tire wrapped around his face to suffocate him. He was then handcuffed with his hands in front of him and a stick was passed over his left wrist, behind his knees and over his right wrist. The stick was then lifted, thus suspending Mr. Malgas upside down, hanging by his wrists and the tender spot behind his knees, and balanced between two tables. In this hanging position, he was repeatedly hit with a baton across his lower back and buttocks.

By late August I simply could not contemplate the thought of continuing to see the daily litany of pain and injury and do nothing about it. I had advised my superiors in the District Surgeon’s Office in Port Elizabeth of what was happening (and indeed, they themselves conducted sick parades in the prisons, so they were fully aware of the situation); their response was simply that I should record the injuries and prescribe appropriate treatment. There was no acknowledgement on their part that our role as physicians went beyond this blinkered and narrow approach. It was therefore apparent that if any action was going to be taken, I would have to act independently and outside of usual “escalation” procedures.

Through a remarkable confluence of events, I was contacted by a human rights lawyer from Johannesburg who offered the option of seeking relief through the courts, if I was prepared to “go public” and reveal full details of my daily experience in the prisons. I concluded my affidavit to the Supreme Court of South Africa with the following words:

It ultimately became clear to that, unless I made a stand and did something about the plight of the detainees, I would be compromising my moral beliefs and my perception of my professional responsibility. My conscience told me that I could no longer stand by and do nothing.... I respectfully submit that this application is very urgent. The police are apparently engaged in a pattern of daily assaults upon detainees. For every day that goes by those apparently unrestrained assaults continue [4].

The rest, I suppose, is history—the interdict was granted and did, for a while, inhibit police from assaulting and torturing detainees. Unfortunately, because the court order only applied to the magisterial district of Port Elizabeth, it had little impact outside of that area. In addition, it only applied to people detained under the particular SoE declared in July 1985, not to detainees held under different legislation or after the SoE was lifted in early 1986.

Although I received huge support from a number of medical associations outside South Africa (most notably the British Medical Association), and from health professionals and many ordinary citizens in South Africa, the Medical Association of South Africa (MASA—
the predecessor to the South African Medical Association) did nothing to reach out to me or support me during that period.

Ten years later, towards the end of 1995, I was appointed as a commissioner for the Truth and Reconciliation Commission of South Africa. One of the things I did in that role, with my commission colleagues, was organize a hearing on the role of the health profession in human rights abuses during the period under review (1960 to 1994). One of the watershed cases in the sorry history of the medical profession during those years was the death of Steve Biko while in detention in 1977. He had been assaulted by police and, as a result of gross negligence on the part of the district surgeons responsible for his care, had died of head injuries sustained in the assault. I was given access to Steve Biko’s file from that final period of detention, and I read through the reports that were regularly completed (and filed and apparently not acted on) by the district surgeons who visited him [5]. The doctor did nothing, the magistrate who was also required to make regular visits did nothing, and Steve Biko died a few weeks later because the people who were supposed to take care of him, who were meant to protect his human rights and put his needs first, saw him as less than a human being and undeserving of any kind of dignity or respect.

One of the first witnesses in the first Human Rights Violations hearings was Mr. Malgas, who gave evidence of the “helicopter” torture to which he had been subjected in 1985, before I examined him. During his testimony he broke down, which also brought Archbishop Desmond Tutu to tears, and iconic pictures of the Archbishop hunched over and weeping were flashed around the world [2].

As I watched this play out, I recalled what had happened when Mr. Malgas was brought to see me, an incident which I also referred to in my affidavit:

When he (Mr. Malgas) was brought in for me to examine him at the St Albans Prison, a number of prison officials came in to look at him because he was so severely injured. One of the warders commented that “Hy het dit seker nodig gehad” [he probably had it coming to him]. The others agreed. No one suggested that anything be done about the fact that this man had obviously very seriously been assaulted by the police [4].

For me this sums up the damage done to all of us by apartheid: it treated black people as something less than human, and it dehumanized white people because they came to believe that. A terrible chapter in our history is over, but the sequelae will be with us for generations to come.
References


4. Orr, 39, 41.


Wendy Orr, MBChB, is head of Group Inclusion Strategies for the Standard Bank Group in Johannesburg, South Africa. She qualified as a physician at the University of Cape Town in 1983, and, while working as a medical officer in the office of the district surgeon in Port Elizabeth in 1985, became the first and only doctor employed by the government to reveal police torture and abuse of detainees when she successfully sought a Supreme Court interdict to halt the abuse. She served on the Truth and Reconciliation Commission of South Africa from 1996 to 1998.

Related in the AMA Journal of Ethics

Dual Loyalties, Human Rights Violations, and Physician Complicity in Apartheid South Africa, October 2015

Medical Associations and Accountability for Physician Participation in Torture, October 2015

Physicians’ Duties in Treating Wartime Detainees, October 2007

Agents of a Rogue State? Physicians’ Participation in State-Sponsored Torture, September 2004

Torture and Human Rights, September 2004

The AMA Code of Medical Ethics’ Opinions on Respect for Civil and Human Rights, August 2010

Force Feeding Prisoners is Wrong, October 2015

The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.

Copyright 2015 American Medical Association. All rights reserved.
ISSN 2376-6980