# The Case for South Africa's Explusion from International Psychiatry

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Introduction
For nearly a decade there have been persistent and detailed reports in newspapers and medical publications of the appalling conditions for blacks in South Africa's mental institutions. The reports have also drawn attention to how South Africa's apartheid system massively undermines the mental health of the country's black majority.

Recognizing the damaging effects of these reports, the South African authorities have tried to cover up the issue. At first the reports were denied as "propaganda" and "unadulterated nonsense" by high-ranking white officials. The all-white parliament, however, amended the Mental Health Act in 1976 to provide for heavy penalties for the publication of "false" information.
abouth South Africa's mental institutions. But the reports persisted and international concern grew, particularly after the publication of a report by the World Health Association entitled "Apartheid and Mental Health Care" in 1977. At the World Congress of the World Psychiatric Association held in Hawaii in 1977, the South African representatives resorted to one of their favorite ploys to try to stave off this international criticism of their country. They invited an official delegation from the American Psychiatric Association (APA) to visit South Africa to investigate the "accusations" made in the report of the World Health Organization (WHO) and to "see for themselves" South Africa's mental health services. This show of bravado backfired badly - the American Psychiatric Association produced and published in a leading international journal a report which indicted the apartheid system in general and confirmed in considerable detail the gross inequalities of mental health care for black and white South Africans.

"Our investigations convinced us that there is good reason for international concern about black psychiatric patients in South Africa. We found unacceptable medical practices that resulted in needless deaths of black South Africans. Medical and psychiatric care for blacks was grossly inferior to that for whites. We found that apartheid has a destructive impact on families, social institutions, and the mental health of black South Africans. We believe that these findings substantiate allegations of social and political abuse of psychiatry in South Africa." _

The health authorities in South Africa responded in a typical fashion and denied every critical finding in the report. When they were confronted with disparities which were so glaring that they could not be explained away, the mask really slipped and their racist arrogance and contempt for the lives of black South Africans became plain to see. Black patients are not provided with beds and have to sleep on the floors because "like so many other Africans... they prefer to sleep that way". _5_ There is no toilet paper for the black patients because "when toilet paper is provided in hospitals (the patients) misuse it, causing sewerage blockages and inconvenience to their fellow patients"._6_ And there are no shoes for black patients because they "sell their shoes", "prefer to go without them" and "would kick their fellow patients". _7_ And these statements have been made by the very people who are responsible for and who have absolute authority over the welfare of thousands of black South Africans.

The Society of Psychiatrists of South Africa has never once spoken out against the grossly inadequate psychiatric care given to black patients in South Africa. It has never once spoken out against the devastating effects of apartheid on the
mental health of the majority of South Africa's people. Over the years, it has ignored the chaos and anarchy, the brutality and misery of apartheid all around it. When it has had anything to say, the Society of Psychiatrists of South Africa has defended the apartheid system with statements such as this: "very extensive and advanced psychiatric services (are) given to all South Africans without reference to colour or creed". 8/

There is an underlying assumption made in the above statement about the nature of "political abuse of psychiatry". In some psychiatric circles abuse is confined to the detention in mental institutions of individuals opposed to the prevailing political system. We believe, however, that it extends far beyond this narrow concept. The situation in South Africa, where the medical profession works hand in glove with a minority Government in deliberately perpetuating conditions of extreme deprivation and disadvantage for the majority of its population, it surely constitutes gross abuse of the science of psychiatry. When it is understood that the medical profession in South Africa is entirely subservient to the wishes and plans of a minority Government that perpetuates a policy of differential responsibility on the basis of racial categorization in the field of health care. And understood that the policies which the Government pursues are the immediate causes for much of the morbidity and mortality among the people whom they are supposed to be helping, the scope and extent of abuse in South Africa begins to become apparent.

If, in addition, the medical profession is turning a blind eye to the physical and psychological torture of political detainees and refuses to act against those physicians who are involved in such repression, they can be seen as violating not only their ethical code of practice, but also the most fundamental human rights. We believe that South Africa is a major scientific and ethical responsibility for all physicians and it is therefore natural for psychiatrists to take up the question of mental health care in South Africa.

What is going to be the response of the international psychiatric community to the continuing oppression and exploitation of black mental patients in South Africa. How much longer is the presence of representatives of a "professional" association and of a Government that violates every internationally accepted principle of medical ethics going to be tolerated in such organizations as the World Psychiatric Association, the World Federation of Mental Health, the World Federation of Biological Psychiatry and the World Association of Social Psychiatry. South Africa's membership makes a mockery of the noble aims and principles of these internationally respected organizations.

The case against South Africa is overwhelming. We urge members of the international psychiatric community to take decisive action against South Africa by breaking off bilateral relations with that country and its psychiatrists, as well as by expelling them from the international organizations of psychiatry and mental health. Such action will represent a blow to the apartheid regime and bring nearer the day of freedom in South Africa when all the country's people, black and white, will be able to enjoy life and health.
Apartheid—a crime against humanity
South Africa, which lies at the southern tip of Africa, is a land of great beauty and great wealth. It is richly endowed with natural resources and has a remarkably warm and stable climate. The fertile soil produces an abundance of food, large quantities of which are exported every year to other countries. It is also a highly industrialized country and it is able to meet almost all of its own needs for goods and services.

But South Africa is a land of misery and oppression, a land of disease, suffering and despair, where people live under the baton and the fear of police raids in the dead of night. A land where they live and work under inhuman conditions and are banished to remote desolate areas to struggle against starvation and disease.

South Africa is the land of apartheid, the system which robs 80 per cent of the people of their dignity, their land and their liberty, and reduces them to units of labour for the white economy. A cheap and plentiful supply of black labour is the sole aim of the apartheid system - all other considerations, including the health of the people, are secondary.

Everything in South Africa is rigidly segregated: schools, hospitals, buses, trains, sports grounds, even taxis and ambulances. In every case the services for blacks are grossly inferior to those for whites. There is strict residential segregation too - surrounding the "white" city and nearby suburbs are separate "townships", for Africans, Coloureds and Indians. A permit is required from the authorities to enter a residential area of a different "race". Homes of whites are lavish, with most families having cars and (black) domestic servants. Living conditions for blacks in the townships, on the other hand are appalling. The basic human needs of shelter, food, clothing, warmth and sanitation are not provided for the overwhelming majority of people and, as a result, their health suffers greatly.

One of the cornerstones of apartheid is the policy of bantustanization. The bantustans or "independent homelands" are nothing but dumping grounds for what one apartheid minister called "superfluous appendages", meaning the old, the disabled, the unemployed and women and children. Only the able-bodied, young black male is useful to the white economy.

The bantustan policy is a monstrosity. Every African in South Africa is arbitrarily allocated citizenship of one of ten "independent homelands", which together make up a mere 13 per cent of the land of South Africa. These "emerging black States", some of which are made up of literally dozens of small parcels of land scattered over huge areas in "white" South Africa, are to accommodate over 70 per cent of the total population of the country. These areas are barren, overcrowded rural slums where there are no jobs, no food and no hope.

The implementation of the bantustan programme has seen the forced removal of enormous numbers of black people from their homes in areas proclaimed "white", to be dumped in the squatter and resettlement camps. The apartheid regime has relentlessly pursued the grand design of apartheid regardless of the immense
human suffering caused. In 1954, the government appointed Tomlinson Commission estimated that, if fully developed agriculturally, the Nqutu area of Kwazulu homeland in Natal could support 13,000 people. There were 30,000 people there in 1951. Continued dumping of "superfluous appendages" pushed the figure to 80,000 in 1974, and to more than 200,000 by the present day.

The apartheid regime has made clear its intention to continue this policy until all "black spots" have been removed from "white" South Africa. In 1978, after more that three million people had been forcibly removed, the Minister for Bantu Administration said:

"If our policy is taken to its logical conclusion as far as the black people are concerned, there will be not one black man with South African citizenship" 1Q

Another apartheid minister stated in 1976 the basis on which the Bantu (African is present in the white area is to sell their labour lere and for nothing else." 11

The deliberate impoverishment of the reserves, the hopelessly overcrowded and overfarmed land, and the almost total lack of work forces blacks to seek work in "white" South Africa out of the sheer necessity to survive. There is therefore a consistant movement of workers to and from the bantustans into the industrial centres of South Africa. This migratory labour system is another stanchion in the structure of apartheid. The male wage earner leaves his family in the grinding poverty of the reserves and works an eleven month-in-the-year contract away in the mines, farms and factories of white South Africa. Family life is impossible for all but two or three weeks in the year - most African children grow up without one or both parents.

But as stated earlier, the well-being of black South Africans is not a consideration under the apartheid master plan, and the responsible ministers are clear on this:

"We are trying to introduce (the) migratory labour pattern as far as possible in every sphere. That is in fact the entire basis of our policy as far as the white economy is concerned, namely a system of migrant labour only".

It is through the pass laws that the apartheid regime is able to rigidly control the movement of black labour in and out of the main industrial areas. Every African over the age of sixteen has to carry a pass which contains details of identity, "ethnic group", residence permit, work permit, name and address of employer, tax receipts. Failure to produce it on demand leads to arrest: every year over 250,000 Africans are prosecuted under the pass law offences in South Africa. The laws' primary task is to allocate labour to where it is required in the white economy and to "endorse out" to the homelands unwanted blacks.

Not surprisingly, the racist regime in Pretoria has had to surround itself with a vast apparatus of repression to force the black majority to accept the barbarism of apartheid as a way of life. All meaningful opposition to apartheid is made illegal under literally hundreds of laws, while South Africa's "security" legislation is notorious the world over. The Interna..Security Act (formally, the Suppression of Communism Act), the Unlawful Organisations Act, The Sabotage Act and the
Terrorism Act in particular, give the State unlimited powers. Section 6 of the Terrorism Act, for example, provides for the indefinite detention of people in solitary confinement and incommunicado until all questions are satisfactorily answered or the Minister is "satisfied" that no further purpose is served by their detention.

Violence is an integral part of repression and the apartheid regime has never hesitated to use it against the people. Protests, whether by schoolchildren or by mineworkers, have been put down with the utmost ruthlessness and brutality. Political opponents are banned or bannished to remote areas, imprisoned, tortured and often murdered while in detention.

There is an endless catalogue of brutality, massacres and outrages perpetrated against black South Africans and Namibians over the years by a regime dedicated to white domination at all costs. But despite all this, the forces for freedom in southern Africa are gaining in strength every day and, in desperation, South Africa is resorting to armed aggression against the independent African States to the north, the so-called "Front-line States". Pretoria is waging an undeclared war on the people of Africa in order to preserve white domination. "A crime against humanity" is what the Commonwealth named apartheid. This is the context in which mental health in South Africa should be viewed. It is also the yardstick by which the actions of the Society of Psychiatrists of South Africa should be judged. As we shall show, it has completely backed apartheid.

Apartheid causes mental illness

From the preceding outline, it is clear that apartheid has profound effects on the health of South Africa's people. Not surprisingly, it is the majority which suffers on a huge scale both physical and mental ill-health. The following tables give some indication of the disparity in the health of black and white South Africans.

**TABLE I**

<table>
<thead>
<tr>
<th>Mortality Rate deaths/1000 live births</th>
<th>Africans</th>
<th>240 - 378 (rural)++</th>
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<tbody>
<tr>
<td></td>
<td>68 - 107 (urban)</td>
<td>240 - 378 (rural)++</td>
</tr>
<tr>
<td>Indians</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Coloureds</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Whites</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

++One recent newspaper report speaks of a 55 percent infant mortality rate amongst Africans in Worcester in the Cape.

*The term mental illness is used in its broadest sense and includes mental retardation, alcoholism and dementia, as well as personality disorders, psychoses and psychoneuroses.

- T-

**TABLE II**

Notified Cases of Tuberculosis 1979

1/
Africans
Coloureds Asians
"Other"
35,094
8,326
673
299 TABLE III
Life expectancy (Years)
Africans Coloureds Indians Whites
These are the results of poverty and appalling living conditions forced onto blacks by the apartheid system.
Organic mental illness
Let us consider some of the causes of organic mental illness:
malnutrition
The extent of malnutrition in South Africa is staggering. Up and down the country, in urban and rural areas, surveys reveal that malnutrition, if not outright starvation, is ever present in black households. Malnutrition is unheard of amongst whites.
Whites
Studies in the prevalence of malnutrition among black children of both sexes in South Africa i_/

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>Age-group</th>
<th>% Malnourished</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>Muldersdrt</td>
<td>1 - 6</td>
<td>27.6%</td>
</tr>
<tr>
<td>1977</td>
<td>Soweto</td>
<td>less than 2</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Soweto</td>
<td>6 - 9</td>
<td>38.9%</td>
</tr>
<tr>
<td></td>
<td>Soweto</td>
<td>10 - 12</td>
<td>45.4%</td>
</tr>
<tr>
<td>1977</td>
<td>Tsolo</td>
<td>1 1/2 - 2</td>
<td>57%</td>
</tr>
<tr>
<td>1978</td>
<td>Umlazi</td>
<td>11 - 12</td>
<td>30%</td>
</tr>
<tr>
<td>1978</td>
<td>Transvaal</td>
<td>pre-school</td>
<td>25%</td>
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Malnutrition starves the growing brain of essential nutrients. Studies have shown that "there is gross permanent retardation of the intellect in malnourished children when compared with children in control groups". 18/
Others show "...there is gross cognitive impairment which is manifested in learning and perceptual difficulties. The undernourished children have lower verbal intelligence quotients, less spatial and analytical skill, defective visual-motor coordination and disturbed body concepts... They have less social maturity and have
difficulty in forming long-term relationships and coping with societal demands".  

19/ And if 30,000 black children die every year from the condition 20/ how many tens of thousands of black South Africans suffer gross permanent mental retardation as a result of Kwashiorkor and marasmus

"Tuberculosis (is) the specific response of the human organism to a specific environment". 21/ If the South African authorities had set out to create the optimal environment for the spread of the tubercule bacillus, they could not have done better than the resettlement camps in the bantustans or the workers' compounds on South Africa's mines and farms. Every medical textbook points out that living conditions, especially overcrowding, are important in

...the spread of tuberculosis. An estimated 200,000 black people have been dumped in a resettlement camp in 0avervacht, in the Orange Free State. Dirt tracts serve as roads, the vast majority of people live in shanties or tents. There is one tap for every fifty families and sewerage consists of outside bucket toilets which leave the camp "permeated with a foul odour." 22/ In urban areas, living conditions are a little better, Soweto being the "best-off" black township. Here "an average of six to seven people occupy Soweto homes of

less than four rooms, four of these people being adults.

Only a quarter of the houses... have cold running water inside... only three in every hundred houses have running hot water. Only seven in a hundred have a bath or shower.

Only fifteen in a hundred houses have electricity". 23/ Not surprisingly, tuberculosis is rampant in the black population of South Africa. Its true incidence and prevalence are certainly several times the reported figures quoted above. Tuberculous meningitis and cerebral tuberculosis are the results of blood-born spread of the bacillus to the brain and are well recognized causes of organic mental disease.

Meningitis and Encephalitis

The environmental conditions described above, favourable to the spread of tuberculosis, are also ideal for the dissemination of other infectious diseases such as bacterial meningitis, viral encephalitis and brain abscess. These again are well known causes of organic mental disease, Malnutrition saps resistance to infection and therefore aggravates the damaging effects

Syphilis

The bantustan programme and migrant labour system cause massive social disruption and dislocation in the lives of black South Africans. The incidence of venereal disease is directly related to this - men and women are driven to alcohol and short-term sexual relationships in order to forget for a short while the soulless single-sex hostels of the townships or the deprivation of life in
the homelands. Again, no national figures are available, but surveys show an alarming incidence.

70 per cent of the adult population of Vendaland have venereal disease. 10 per cent randomly assessed factory workers and a similar proportion of Soweto neonates have positive serological tests for venereal disease. 9/ Neurosyphilis damages the brain in several ways, such as deterioration of intellect and other mental disturbances, the combination known as General Paralysis of the Insane.

Pellagra
Pellagra is another preventable cause of mental illness, resulting from the dietary deficiency of niacin, a B-complex vitamin, which is widely available in animal and plant foods. But again, the incidence of pellagra testifies to the enormous human suffering caused by apartheid. A survey in the Hewu district of the Ciskei bantustan, for example, showed that 33 per cent of the adult population had pellagra. 26/ as a result of outright starvation. Pellagra is known as the disease of the four D's - diarrhea, dematitis (a crusting inflammation of the skin), dementia and death. In 1969, the disease accounted for 50 per cent of all hospital admissions to the Pretoria mental hospital. 2f

Trauma
South Africa is an extremely violent society. The apartheid regime has always relied heavily on the use of force to retain political power. The names of Soweto and Sharpeville are well known to the world, but the list of violent acts against the black majority by the apartheid State is endless. The number of serious head injuries which have been inflicted on striking workers, demonstrating schoolchildren, people resisting forced removals and political prisoners in detention, is unknown. What is known is that head injuries cause brain damage and therefore mental illness. Institutionalized violence which grows out of the soul-destroying monotony and frustration of township life and rural poverty and deprivation is an additional source of trauma.

"By insecurity, destroying families and depriving Africans of all rights and hope, apartheid has obviously created a class of dehumanising beings in Soweto. These notorious thugs are called "tsotsis". This fearless, declassed element indiscriminately robs, assaults, rapes and kills other Soweto dwellers". 28/

Functional Mental Illness
The precise cases of various forms of functional (i.e. no apparent physical cause) mental illness still remain to be determined, but it is becoming increasingly clear that the environment of the individual has direct and strong implications for his/her mental health. The report by the World Health Organization (WHO). "Apartheid and Mental Care" documents how the apartheid system subjects black
South Africans to intolerable psychosocial stresses and, at the same time, deprives them of any means to cope with or alleviate the stress. The migrant labour system destroys family life. The (usually) male worker is away in the single-sex hostels, while the women, children and elderly or disabled battle to survive the absolute poverty of the bantustans. A broken home is the usual environment for black children in South Africa. Anxiety about the wellbeing of relatives and loved ones is therefore constant and unremitting. The vast majority of blacks in South Africa live in poverty, forced onto them by apartheid. The low wages, taxes of various forms, high rents and other are deliberately designed to create a pool of destitute and dependant labour for use by the white economy. There is therefore constant worry and anxiety about how to feed, clothe and shelter oneself and one's family and dependents. Apartheid forces all the anxieties and insecurities of poverty onto literally millions of black South Africans.

-11- Apartheid also imposes strict limitations on occupational skills and expertise, as well as on the wages of black workers - these are therefore "frustration and lack of aspirations because of the disbelief in the possibility of personal achievement", g/ Inferior status and alienation are forced onto blacks by a whole series of laws and regulations. Right from childhood they prepare for their 'place' in the South African society. The aims of 'Bantu' education (i.e. education for Africans) were clearly stated by Dr. H.F. Verwoerd, former Prime Minister of South AfricaV .... natives (meaning Africans) will be taught from childhood that equality with Europeans (meaning whites)is not for them..." 30I. Verwoed stated later: "There .is no place for him (the Bantu) in the European (meaning white) community above the level of certain_...orms of labour..." 31/ Blacks face almost constant harassment and repression by the apartheid authorities. They are subjected to literally hundreds of laws, including the hated pass laws, which govern every aspect of life "from the cradle to the grave." This results in a society in which law infringement is inevitable. Security for black South Africans is non-existent: at any time they face arrest or "endorsing out" of urban areas if declared "idle" or "undesirable". Major "life events" are known to be important in personality development and in the aetiology of mental illness. What about the terror of the young child seeing its home bulldozed and its parents clubbed to the ground and arrested for resisting forced removal under the bantustan programme. Or schoolchildren seeing their friends gunned down next to them for daring to protest against inferior education. Or the rape of a young Namibian woman by soldiers of the South African Defence Force, illegally occupying her country. Or the pass raids by police in the small hours of the morning, timed to create maximum panic and fear. The lists of outrages and acts of terror against black South Africans is endless - the anarchy of apartheid places intolerable stresses on the minds of mafiy people and necessarily undermines their mental health.
Alcoholism and suicide
Africans have the highest suicide rate in South Africa. Furthermore, the majority of Africans who commit suicide are young adults, while suicide among whites is usually seen in advanced age. There was more than a doubling of the suicide rate amongst Africans when the ruling Nationalist party came to power in 1948.

For black South Africans, alcoholism is almost the only release from the frustration and isolation of life under apartheid. In every African township there are hostels, "the most notorious and depressed barracks. These long, narrow-built compartments accommodate "single" men, Le. migrant workers. In Soweto alone, 60,000 men are hostel dwellers...In each dormitory there are movable black-painted iron and steel beds, a

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common one-plate coal stove and iron bar lockers used by the occupants. Each dormitory has a common cold water shower room. Barbed wire fences divide the hostel premises from that of the locations (townships). There are no dining rooms, no visitors' rooms, no recreational facilities and absolutely privacy for the inmates...Here in these hostels thousands of African men are caged after working hours". 32/

Not unexpectedly, alcoholism is a problem of enormous proportions. A survey amongst coloureds in the Western Cape showed 22 per cent of male adults were alcoholics. The problem is "as severe" in the Eastern Cape, according to a report by the South African National Council on Alcoholism and Drug Dependency 3/.

Torture
One outrage requires particular attention: that of the torture of political detainees by the South Africa's police. Hundreds of people are detained every year under South Africa's notorious security legislation and almost all of them are tortured "from mere bullying and neglect ,to third degree brutal torture." 34/ Physical torture includes sleep deprivation, deprivation of food, drink and toilet facilities, enforced standing,enforced suspension, assault ("hitting with fists, slapping, kicking, beating with sticks, batons, hosepipes, gun butts and other objects, crushing of toes with chairs and bricks, dragging by hair, banging head on wall or table and throwing or pushing against wall).’ 5 Suffocation by hoooding, electric shock and attacks on genitals. Psychological torture is extensively used and includes humiliation and degradation, intimidation, threats to loved ones and isolation.

This last, the use of solitary confinement, is particularly damaging to the detainees' health, more so than even extreme forms of physical torture. And under South Africa's security legislation, people may be detained indefinitely without
access to a lawyer, relatives or to the courts. A number of detainees, such as Thozamile Gqweta, a prominent trade unionist, have had to be hospitalized for psychiatric treatment during the course of their detentions and may have required treatment after their release. (See appendix I).

Some idea of the ruthlessness of the apartheid regime is given in the case of Thozamile Gqweta, a leader of South African Allied Workers Union (SAAWU). He has been detained on eight occasions in the past three years. He has been tortured and kept in solitary confinement for long periods of time. In October 1981, his mother and uncle were killed when their house was burned down under sinister circumstances. On the way home from his mother's funeral, Thozamile's close friend was shot dead by the police. Shortly afterwards, he was detained yet again. It was at this point that he suffered such severe depression that he was hospitalized. When his brother visited him there, he reported that Thozamile was unrecognizable. After his release, he needed extensive and regular psychiatric treatment. 16

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Officially Proclaimed "Mental Illness"

There exists in South Africa (yet another) extremely disturbing piece of legislation which gives the authorities powers to commit for "rehabilitation" and "treatment" Africans convicted of infringing a variety of regulations, including the pass laws. The "Proclamation about Rehabilitation Institutions in Bantu Homelands" of 1975, lays down that one of the aims of treatment is to improve the "physical mental and moral condition of (inmates)" by "fostering of an awareness in regard to the observance of, and the necessity for, the laws of the country" and "re-orientating them to the traditions, culture, customs and system of government of the national unit to which they belong."

In other words, any African who does not accept the "necessity for" the laws of apartheid, may be in need of compulsory improvement of his/her mental condition, i.e. non-observance of apartheid laws means mental illness. It is not known to what extent this proclamation has been used against Africans. The apartheid authorities, however, have made much of a statement by a committee of the International Red Cross which said they did not find patients hospitalized for other than medical reasons in the psychiatric institutions they visited. The fact that the International Red Cross made no mention of the quality of care for black patients (which was subsequently condemned by the World Health Organization (WHO) and American Psychiatric Association (APA) in the strongest possible terms) perhaps indicates that they were taken on a "guided tour" by their South African hosts and did not ask any awkward questions.

Other sources, however, testify that mental hospitals are indeed used to detain political opponents of the apartheid regime. Peter Lambley, a clinical psychologist and psychotherapist who worked in South Africa for many years, states in his book The Psychology of Apartheid that politically involved blacks are drugged, certified and falsely diagnosed as mentally ill.
In addition to creating the stresses listed above, apartheid denies blacks all the ways which humans use to dissipate anxiety and frustration. A stable family life is enjoyed by only a few, recreational and sporting facilities are provided for whites only - very few blacks have access to these. Political and social activity is banned and prosecuted. The "retribalization" of Africans under the bantustan policy is aimed, amongst other things, at preventing the development of solidarity and national identification in the face of common adversity.

In summary, the apartheid system massively undermines the mental health of the black majority. In addition to subjecting blacks to intolerable stresses, it causes organic mental illness on a huge scale. It is a remarkable tribute to the courage, resilience and determination of black South Africans that in the face of all these disabilities imposed on them, they have resisted, organized and fought back against apartheid oppression. Today, the regime is faced with its most serious challenge yet and there is no doubt that the black majority will soon destroy once and for all this vicious system of exploitation which has caused so much misery and suffering to the people of South Africa.

Mental health care
The provision of mental health care follows the same lines as the provision of health care in general, or indeed of any service in South Africa. It is aimed overwhelmingly at whites, while the service for blacks is inadequate, inferior and fails to meet even basic requirements.

The entire health service is segregated, with separate hospitals, clinics and even ambulances for blacks and whites. Black nurses and doctors are not permitted by official policy to work in white hospitals; black student nurses or medical students are not allowed to learn from white patients. Black patients, however, are fair game for all. The apartheid authorities are proud that black hospitals like Baragwanath have "tremendous variety of clinical material" where "practically every disease noted in pathology textbooks" can be seen.

Black nurses of all grades and black Junior hospital doctors receive lower pay than their white counterparts. Racism in the health service is so deep-rooted that blood is labelled with the race of the donor as well as the blood group - black patients receive "black blood" and whites "white blood".

Hospital provision

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<th>Hospital Beds</th>
<th>Total Number</th>
<th>Heads of Population Per Bed</th>
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<tbody>
<tr>
<td>White</td>
<td>72,620</td>
<td>61.3</td>
</tr>
<tr>
<td>Asian</td>
<td>2,057</td>
<td>504.8</td>
</tr>
<tr>
<td>Coloured</td>
<td>5,059</td>
<td>346.1</td>
</tr>
<tr>
<td>African</td>
<td>58,080</td>
<td>337.4</td>
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</tbody>
</table>

Hospital Expenditure (Per patient day) $38/
White Hospitals
Baragwanath Hospital, which serves the entire population of Soweto (one and a half million people), is a favourite showpiece of the apartheid authorities. They like to point to it as an example of how they care for the health of South African blacks. Yet Baragwanath, like every black hospital in the country, is hugely overcrowded with patients having to sleep on the floor. Journalists visited Ward 21 during 1983, and found 89 women and one child occupying a ward with 40 beds. In June 1980, there were 101 patients in Ward 5 of the Kalafong Hospital - 48 in beds, the remaining 53 "on mats under beds, in between rows of beds, and others in their wheelchairs. The children's ward, Ward 3, was also bursting at the seams with close to 50 children in the two and three year age-group sleeping on the floor. Those who have cots to sleep in are crammed in groups of up to four in one cot." 39/

Mental health Provision
The South African Department of Health "directly controls and finances 20 mental hospitals accommodating 19,367 patients of all races. It also controls 38 licensed institutions (9,413 patients) run by private companies, medical practitioners and charitable organizations."

Private institutions
Conditions in the private institutions have been extensively investigated and documented. Smith, Mitchell and Co., a private company, is paid by the Department of Health on a per capita basis for the custodial care of thousands of mental patients, most of whom are black. Reports vary, but there are at least 10,000 black patients under the care of Smith, Mitchell and Co.. One report says that there are now over 20,000 under their care. 41/ These institutions, which take patients transferred from state institutions, have been called "human warehouses" and "the South African version of a Dickensian Workhouse" because of the appalling conditions prevailing there. The World Health Organization (WHO) published a report in 1977 L_/ with details of the conditions in the Smith 'itchell homes, as did the American Psychiatric Association (APA) in November 1979 / after an investigating team went to South Africa to inspect the country's mental health facilities.

The findings of the reports are worth considering in some detail: (the extracts which follow are from the report of the American Psychiatric Association unless stated otherwise).
Needless deaths
There is a "high number of needless deaths among black patients in Smith Mitchell facilities. At none of the facilities did we find evidence of adequate medical care during the patients' final illnesses. Even when patients were diagnosed as having treatable illness such as bacterial pneumonia, there was no evidence that they received antibiotics, and the course of these treatable illnesses indicated that no proper treatment was given...We saw charts of black patients in their 40s and 50s who were apparently allowed to die".

Substandard care
The American Psychiatric Association (APA) found that the quality of medical care at black facilities was "grossly inadequate." Most of the patients we interviewed reported that they had never had a physical examination during their hospitalization. Psychiatric care at most of the institutions was similarly inadequate. Medical records demonstrated the inadequacy of care provided by psychiatrists to black patients. For example, the results of brief mental status examinations were often incompatible with the recorded diagnosis.

Inadequate and inferior facilities
"Most of the black facilities are converted mine compounds previously used as dormitories for black workers. They are refurbished barrack-like one-story buildings with approximately 40 beds in each ward. The white facilities are substantially different".
(i) toilet facilities: "(Black) patients are provided neither toilet paper nor wash basins adjacent to toilet facilities... In contrast, white patients had toilet paper and more adequate facilities for washing. The Department of Health suggested that "when toilet paper is provided in hospital (the patients) misuse it, causing sewerage blockages and inconvenience to their fellow patients".
(ii) bedding: "Many black patients by policy are not provided sheets... By contrast, all white patients had sheets".
(iii) beds: "Most black Smith Mitchell patients are now supplied with beds, but in many instances they were crowded together without adequate ventilation... Most wards we inspected met minimal standards... but all were inferior to white Smith Mitchell facilities. A number of black patients slept on the floor in state facilities because of overcrowding and of the lack of beds; this was not true in the white wards. The Department of Health asserts that "like so many other Africans... they prefer to sleep in that way".
(iv) dining facilities: "Black patients have unnecessarily crowded dining facilities... White have uncrowded dining facilities which are also more attractive".
(v) bathing: "Black patients are bathed in group showers... White patients are provided with baths as well as showers".
(vi) clothing: "Smith Mitchell provides two-piece pajamalike clothing for black male patients and sack-type dresses or pajamas for black female patients. Many black patients were without shoes... The Department of Health claims that black patients "sell their shoes", "prefer to go without them" and: "would kick their fellow patients". White patients, who are also supplied with clothes by Smith Mitchell, were much better dressed, in customary Western clothing and no ambulatory white patient was without shoes".

(vii) food: "Black patients seem to get enough calories... However, the food for blacks is distinctly inferior to that served to whites in Smith Mitchell facilities. There is no justification for this inferior food on the grounds of cultural preference, which is the explanation of the Department of Health. We were informed that black patients had rioted in protest over food in one facility. Furthermore, black patients in interviews complained consistently about meals, whereas white Smith Mitchell patients were more satisfied with their food than most hospital patients in the United States. The food served and in storage was distinctly inferior in black Smith Mitchell facilities..."

(viii) funding: The following table shows the amount the South African Government paid Smith Mitchell for the care of each patient per day:

<table>
<thead>
<tr>
<th></th>
<th>Expediting per patient per day (reference: Report of the American Psychiatric Association)</th>
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</thead>
<tbody>
<tr>
<td>Black facilities</td>
<td>White facilities</td>
</tr>
<tr>
<td>Randwest R1.70</td>
<td>Witport R5.33 - R6.38</td>
</tr>
<tr>
<td>Allanridge R2.11</td>
<td>Struisbult R7.00</td>
</tr>
</tbody>
</table>

Abusive practices

"All patients interviewed... were asked if they had been beaten or assaulted by staff or had witnessed assaults on other patients by staff. A majority of black patients responded in the affirmative... By contrast, no white patient... reported having been assaulted by a nurse or having heard of such an occurrence": Inadequate medical and psychiatric staff

"...it is clear that the ratio of physicians and qualified nurses to patients is woefully inadequate... the 10,000 black patients in Smith Mitchell facilities are not receiving adequate medical and psychiatric attention.

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"There are no physicians available on a full-time basis to patients at any of the Smith Mitchell institutions we visited, except Randwest and Ekuhleneni. The part-time physicians and psychiatrists... do not provide even what is necessary for basic custodial care. This part-time medical staff, a fortiori, is grossly inadequate
to provide decent rehabilitation or treatment...we found at some black Smith Mitchell facilities patients could and should be rehabilitated..."

Involuntary confinement of epileptics

The team of the American Psychiatric Association (APA) also found that large numbers of epileptics were confined involuntarily at black Smith Mitchell institutions. They cite the example of Thabamoopo where 125 of a total of 1,198 patients were epileptics and had no other complicating neurological or psychiatric condition.

It is perhaps worth noting here that Smith Mitchell has been granted by the South African authorities "sole rights" (sic) to mental institutions in the bantustans.

State institutions

The team of the American Psychiatric Association (APA) was prevented from making the same in-depth study of state institutions after they had begun their detailed investigations of the Smith Mitchell facilities. There is little reason to suggest, however, that facilities or conditions in state institutions for blacks are any different from those at Smith Mitchell. On a guided tour of state facilities, the team of the American Psychiatric Association (APA) saw blacks sleeping of the floor and the same lack of sheets as in the private institutions. From the medical records of the patients transferred from state facilities, it was clear that patients received inadequate psychiatric care and evaluation and no general medical check-up prior to their transfer to Smith Mitchell. The report of the American Psychiatric Association stated: "We believe that in some instances acutely ill black patients were transferred from state hospitals to Smith Mitchell facilities". Furthermore, "even the guided tour- demostrated the enormous discrepancy between white and black (state) facilities'.

It is the same South African Department of Health and the same Society of Psychiatrists of South Africa who are responsible for the state institutions and for the private Smith Mitchell homes. If they permit the sort of conditions and care described above at Smith Mitchell, why should things be different at the state facilities. In fact, they may even be worse - why else was the American Psychiatric Association (APA) not allowed to inspect the state homes in greater detail?

Other aspects of mental health care reveal the same picture- it is the needs of whites which are being catered for, provision for blacks is almost incidental:

* Overall, there are three times as many psychiatric beds per capita for whites as for blacks L_4/

* In the black township of Alexandra on the outskirts of Johannesburg, there are no mental health facilities for the more than 75 000 people who live there L

* The huge township of Soweto with more than one and a half million people is provided with the following psychiatric service: two psychiatrists each consult one day a week, seeing twenty outpatients at a session...

There is also a pediatric psychiatrist who consults one
This is at the one hospital, Baragwanath, which has to serve the whole city and where there is no psychiatric unit to receive acutely disturbed patients. * There is also no inpatient facility for the black psychiatric patients in the whole of the Port Elizabeth area. *\textsuperscript{1}/ * Out of an estimated 150 psychiatrists in South Africa, only 8 are black - 7 Indians and one Coloured. There is not a single African psychiatrist in South Africa, although Africans make up 70 per cent of the people *\textsuperscript{8}/ * The severe restrictions in the education and training opportunities for blacks are further shown by the fact that there is only one African psychiatric nursing sister on the East Rand *\textsuperscript{9}/ one African EEC technician in the whole of South Africa *\textsuperscript{50}/

Mental retardation

The provision for mentally retarded South Africans follows familiar apartheid lines. A study of provision for Coloureds in the Cape Peninsula showed there to be one centre with 930 patients, "another 800 on the waiting list form the Capetown area alone" and with an estimated 9,000 Coloureds people mentally retarded in the area. *\textsuperscript{51}/ The following tables illustrate provision for mentally retarded people in South Africa:

**Table 8**

<table>
<thead>
<tr>
<th></th>
<th>Number of beds for mentally retarded people in South Africa in 1976</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africans</td>
<td>1 bed for every 4,496 Africans</td>
</tr>
<tr>
<td>Indians</td>
<td>1 bed for every 3,286 Indians</td>
</tr>
<tr>
<td>Coloureds</td>
<td>1 bed for every 989 Coloureds</td>
</tr>
<tr>
<td>Whites</td>
<td>1 bed for every 488 Whites</td>
</tr>
</tbody>
</table>

**Table 9**

<table>
<thead>
<tr>
<th></th>
<th>State grants for mentally retarded South Africans in 1981</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>R 109</td>
</tr>
<tr>
<td>Indians</td>
<td>R 62</td>
</tr>
<tr>
<td>Coloureds</td>
<td>R 62</td>
</tr>
<tr>
<td>Africans</td>
<td>R 33</td>
</tr>
</tbody>
</table>

It is important to see the provision of care in the overall context of the apartheid system. The above stated facts and figures relate to the care that is provided mostly in urban areas for black South Africans. Appalling as these figures are, they are still better than those in the bantustans, where, it should be remembered, the majority of Africans now live. There, ordinary health services, let alone psychiatric facilities, are almost nonexistent, reaching only a tiny proportion of the population. In 1982, for example - in Onverwacht resettlement camp in the Oranae State, there was one clinic with 20 beds, 11 nurses and one doctor for the population of 200,000 people. *\textsuperscript{54}/
The fact that the health services in Onvervacht are so overwhelmed is not a problem for the apartheid regime. If the regime has its way, Onvervacht will become part of Qwa Qwa bantustan which, like Transkei, Bophuthatswana, Ciskei and Venda will in time be granted "independance" and will therefore be responsible for providing "its own" health service. No doubt the South African Minister of Health will then reply to questions about the health of the people of Qwa Qwa with the same cold and brutal indifference as his predecessor, who, in response to a question about reports of high mortality rates amongst old people and children in Elukhanyweni, one of the dumping grounds in the Ciskei bantustan, said that Elukhanyweni is "situated in the Ciskei and does not fall within the jurisdiction of the Republic of South Africa). 0/
The authorities in South Africa are knowingly engaged in a policy of near genocide against the African people.
The record of South African psychiatry "The... criticism focuses essentially on the fact that the policy of apartheid has infiltrated deeply into every aspect of living, including psychiatric care. The quarrel is therefore with the official policy of apartheid, not with psychiatry or its practitioners who...battle against great odds to provide what care they can in the best tradition of medicine". 56
The sentiments expressed in this excerpt from a letter to the American Journal of Psychiatry are typical of the attitude of South African Psychiatrists towards many people in the international psychiatric community who are concerned about political and social abuse of psychiatry in South Africa. By this attitude, they attempt to to create an artificial division between South Africa's psychiatrists and their organization (The Society of Psychiatrists of South Africa (SPSA)) and the social and political environment of apartheid in which they work. In reality, no such division exists. On the contrary, South African psychiatry conforms with and is an integral part of apartheid health care and as we shall show the "quarrel" is very much with South Africa's psychiatrists and their tradition of medicine).
It took the internationally publicised report of the World Health Organization in 1977 to prompt the Society of Psychiatrists of South Africa (SPSA) to say anything at all about the growing evidence of maltreatment of black mental patients. Only when the issue was internationalized and South Africa's reputation threatened, did they feel the need to respond to charges of an extremely grave nature. The response, when it came, particularly in the light of the subsequent report of the American Psychiatric Association (APA), was unacceptable.
The Society of Psychiatrists of South Africa (SPSA) denied every critical finding in the report of the World Health Organization (WHO) and said that: "representatives of the Society of Psychiatrists
(of South Africa) have inspected these institutions over the past couple of years and have found no support for allegations of inadequate psychiatric care, or exploitation of the patients"). 57/ The same language was used by apartheid officials:

"...the institutions are visited regularly by medical inspectors and nursing staff of the head office of the Department of Health. Patients and conditions in the institutions daily seen and observed and reported by psychiatrists and medical practitioners in the employment of the Department of Health". 58/

We ask you to examine closely these statements. The Smith Mitchell institutions were "inspected", "visited regularly" and "no support for allegations of inadequate psychiatric care, exploitation of patients" was found... Now, in the light of what the American Psychiatric Association (APA) found, either the institutions were not visited, or they were, and the conditions and standards of care for blacks which were found to be acceptable by the SPSA and the Department of Health, the American Psychiatric Association (APA) found highly inappropriate. To spell it out: the high number of needless deaths amongst blacks; the fact that most black patients have never had a physical examination, let alone psychiatric care; the fact that black patients are not provided with sheets, or beds, or shoes and are made to eat inferior food all these do not constitute inadequate care for blacks according to the Society of Psychiatrists of South Africa (SPSA).

The Society of South African Psychiatrists (SPSA) also stated: "Our primary role is to give practical psychiatric help and to develop facilities wherever they are needed, and we have done this for many years". 59/

Representatives of the Society of Psychiatrists of South Africa (SPSA) have inspected the Smith Mitchell institutions, according to the society itself, and evidently concluded that blacks do not need the practical psychiatric help and facilities which whites do, and are provided with. The Society of Psychiatrists of South Africa (SPSA) therefore judges blacks and the care they should receive by different criteria from those for whites, and this, we suggest, is the essence of racism.

Furthermore, the Society of Psychiatrists of South Africa (SPSA) resorts to blatant falsehood in its defence of South African psychiatric care "...very extensive and advanced psychiatric services (are) given to all South Africans without reference to colour or creed". 6C

This statement, refering to a country where every single thing in life is determined by colour and creed, would be a joke were it not for the fact that it was made by the past Chairman of the Society of Psychiatrists of South Africa (SPSA) and reprinted in an internationally respected medical journal as a serious reply to report by the World Health Organization (WHO).
Did the attitude of the Society of Psychiatrists of South Africa (SPSA) and the Department of Health change after the publication of the report by the American Psychiatric Association (APA), one might ask? Not a bit of it. Dr. P. Henning, Chief of the Psychiatric Services "categorically denied" the findings of the report and went on to say that the American Psychiatric Association (APA) had relied on the "reports of psychotic and demented patients". Dr. Alan Stone, the leader of the delegation of the American Psychiatric Association (APA) to South Africa, stated to the press at that time that the South African had "practically suggested we were being dishonest." "Me racism and arrogance of the Society of Psychiatrists of South Africa and the Department of Health again came to the surface when they tried to justify the gross inequalities in care and amenities documented by the American Psychiatric Association, justifying them by "cultural preference" which "can all be very well explained on socio-cultural grounds". Thus blacks "prefer" sleeping on the floor, they "prefer" to go without shoes (when they are not kicking each other with them, that is) and they even "prefer" to eat distinctly inferior food. Strangely, the American Psychiatric Association (APA) was told that black patients had rioted in protest against the poor food in one institution. This arrogance and contempt for the lives of blacks is typical of white South Africans - they deprive blacks of any voice and then forever tell the outside world that "their" blacks prefer to live like animals.

But we should remember who we are dealing with. This is the same Society of Psychiatrists of South Africa (SPSA) which has never said anything against apartheid and the way it undermines the mental wellbeing of thousands of black South Africans every year. The fact that malnutrition, tuberculosis and pellagra cause organic brain disease has been known for years, yet the Society of Psychiatrists of South Africa (SPSA) has not found it necessary to say anything about this even though thousands of blacks fall victim of these diseases year in and year out.

And what of the overwhelming psycho-social stresses imposed on blacks by the repression, exploitation and inhumanity of apartheid? The Society of Psychiatrists of South Africa (SPSA) has not uttered one word in condemnation of apartheid policy, consisting of such elements as the bantustan programme, migrant labour system, pass laws; single-sex-hostels, repression, and torture.

Reference has been made to the fact that there is still not a single African psychiatrist in South Africa. What is the response of the Society of Psychiatrists of South Africa to this? They have not spoken out about this issue. They adopted the familiar attitude of blaming the oppressed for their own misfortune. "Opportunities for training exist and bursaries are regularly advertised for black psychiatrists, but no African has yet come forward." The Department of Health takes a similar line: "...there has not been a tendency for
blacks to specialize in any sphere of medicine" No African has "come forward" because the education system in South Africa is as racist and rotten with apartheid, as the health service is. Eight times as much is spent on the education of each white child than each black child, 661 Whereas 584 out of every 1000 white children enter their twelfth year at school, only 2 out of every 1000 Africans do the same. Eighty five per cent of medical graduates every year are white, 1/3 and in 1979 only 167 out of 238 doctors in South Africa were Africans. People have a tendency not to come forward when the chains of apartheid are dragging them back.

Finally, by its failure to speak out, the Society of Psychiatrists of South Africa (SPSA) has collaborated with apartheid even in the torture of political prisoners. We have discussed earlier the widespread use of physical and mental torture on political prisoners in South Africa. Some of the detainees have been so severely tortured that they have required prolonged psychiatric treatment. Appendix I contains details of several cases of political detainees who have been admitted to psychiatric institutions. These facts are widely known in South Africa, particularly by the Society of Psychiatrists of South Africa (SPSA), yet it has not said anything. It was tacit about the widespread use of solitary confinement detention in the full knowledge of what this refined form of torture does to the human psyche. It also remained silent about the 56 people who have died in detention in South African Jails, including members of their own medical profession. Steve Biko was a medical student and Neil Aggett, a doctor. The Society of Psychiatrists of South Africa (SPSA) has not raised a single protest about their deaths.

In a letter to the Lancet, defending psychiatric care in South Africa, the past Chairman of the executive committee of the Society of Psychiatrists of South Africa (ISPSA) stated that the "assertions contained in the document of the World Health Organization (WHO) are a slur on the integrity of the Society and its members", We ask, what integrity?

Isolate South Africa's psychiatrists

How then is the international psychiatric community to take effective action against South Africa? There remain only two courses of action: either to continue the policy of the past, that of "persuasion" and "constructive engagement", or to choose the option of the boycott, to bring pressure to bear on South Africa by a policy of isolation.

It is over two decades ago that black South Africans first made the call to the nations of the world for a boycott of their country.

Then, as now, they saw only too clearly that South Africa's links with other countries serve only to strengthen and support the apartheid system. Since that time, the international campaign to isolate South Africa has grown enormously to the point that the boycott policy has the support of the overwhelming majority of the members of the United Nations.

The "constructive engagement" remains indonvincing. It has
failed miserably to bring about any changes in South Africa. In fact, conditions have worsened as the apartheid regime has made use of international finance, weapons and technology to relentlessly pursue the apartheid master plan. We would suggest that the policy of the World Psychiatric Association (and that of many of its members) has also been one of constructive engagement, and that it too has failed to bring about any change in mental health care in South Africa. Black psychiatric patients have not benefitted at all from South Africa's many years' membership of international bodies like the World Psychiatric Association and the World Federation of Mental Health. How can the benefits of new developments in psychiatric care ever be passed onto them when they are not even provided with basic medical care, let alone psychiatric care. South Africa's psychiatrists do not even bother to ensure that they receive a physical examination prior to admission for long-term custodial care.

But not only is the constructive engagement argument fallacious on the grounds that it has had many, many years to prove itself and failed, but also because South Africa has shown its attitude to outside criticism and concerns to be one of complete intransigence. The response of apartheid's health chiefs to the report by the American Psychiatric Association (APA) amply demonstrates this: the findings were "categorically denied" and those making the criticisms were either mad or liars. Furthermore, "...the (APA) committee was informed by an elected official of the South African Government that if there were continued objections to Smith Mitchell facilities, they would be closed and blacks would have nothing." 70/

The facts are that the apartheid regime and those who are responsible for its health policy do not and will not listen to persuasion. Only weeks before the Vienna Congress of the World Psychiatric Association (WPA) in 1983, three young South Africans-Marcus Motaung, Jerry Mosololi and Simon Mogoerane were hanged by the Pretoria regime for taking up arms against apartheid. Appeals for clemency flooded in from every country in the world, including South Africa's traditional allies like the Governments of the United States and the United Kingdom, but the appeals were ignored and the three were executed for "high treason". It is folly to argue that by befriending South Africa you can persuade it to change.

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It is important to understand the reasons why South Africa attends international medical congresses and places so much importance on doing that. The exchange of scientific information is almost of a secondary nature - what really matters is that South Africa is present, that it has ambassadors at international gatherings to fly the flag of apartheid. These international congresses are of great political importance becauseas more and more international forums close their doors to South Africa, as South Africa becomes more isolated, any remaining links take on a diplomatic function and they are used to win friends and support for apartheid. That is why whenever one or other particularly stark fact or incident is exposed in the South African press, South African officials...
become very agitated - they rightly point out. that these exposures harm South Africa's image abroad and therefore undermine the credibility of its representatives at international gatherings.

When, for example, a South African newspaper published in 1979 a photograph of a black woman lying on the floor, handcuffed to a bed, the Minister of Health said: "The South African Government emphatically rejects this reprehensible misrepresentation" and "(this) could only harm the image of the health services in South Africa." 71/

Note it is the publication of the picture that is reprehensible, not the handcuffing of the woman on the floor. Similar sentiments were expressed by South Africa's health chiefs when the South African Medical and Dental Council (the statutory body responsible for doctors' conduct) refused to hold an inquiry into the actions of doctors who attended Steve Biko, a political prisoner murdered by the South African Security Police in September 1977. The Medical Association of South Africa (the professional association representing the vast majority of South Africa's doctors) said at the time:

"...it remains a matter of concern that in view of the widespread publicity received by the case, both locally and abroad, and its possible adverse effects on the future of medical services in this country, the practitioners concerned were not afforded the opportunity for an open inquiry into their conduct." 73/

A prominent member of the South African medical profession had this to say on the matter:

"As the matter stands now, our previously impeccable overseas has been placed in doubt. This can only lead to the closing of doors to the South African medical profession". 73/

The concern is not over the murder and torture of a political prisoner and the fact that doctors were involved in it, and did not intervene to stop it, but rather that the facts were known internationally and were harmful to South Africa's image abroad. As the international

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health community becomes more aware of the gross injustices of apartheid health care, South Africa's medical profession increasingly feels the threat of isolation.

Since the 1977 meeting in Haaii., the World Psychiatric Association (1PA) has been aware of the conditions and care for black patients in South Africa. No action was taken against South Africa in Hawaii, rather, the South Africans invited the American Psychiatric Association (APA) to send a team to the country "to see for themselves". The various press reports and the detailed report of the World Health Organization (WHO) were apparently felt to be insufficient grounds
for taking action. The American Psychiatric Association (APA) subsequently visited South Africa in 1978, and published its report in November 1979. In painstaking detail it verified the so-called "allegations" and "accusations" in the document of the World Health Organization (WHO), including all aspects previously reported by the World Health Organization (WHO).

But since the publication of the report by the American Psychiatric Association (APA), there has been no official action from the World Psychiatric Association (WPA). The South African Society remains a member of the organization and maintains bilateral relations with other members. There is, however, a growing international concern about this (see the resolution of the Royal College of Psychiatrists). At the Congress of the World Psychiatric Association (WPA) in Vienna in 1983 many delegates were unhappy when efforts to discuss South Africa were obstructed and prevented.

We believe that the World Psychiatric Association (WPA) and other international mental health bodies are faced with a stark choice. That there are gross and totally unacceptable inequalities in care for blacks and whites in South Africa is an exhaustively documented fact. That South Africa's psychiatrists and their organization collude and collaborate with this and justify it, is also a fact. The World Psychiatric Association (WPA) can either continue to allow South Africa's membership and in effect "look the other way", or it can decide to act with vigour and throw out the racist Society of Psychiatrists of South Africa (SPSA).

What other course of action lies open? Send another fact-finding mission to South Africa to document in greater detail the gross disparities in care, and then have these results "categorically denied" or "emphatically rejected" and justified on thin-veiled racist grounds? Such a course is clearly fruitless. We say throw them out-their continued presence in the World Psychiatric Association (WPA) damages the credibility and reputation of the organization in the eyes of the World. In recent years, another international health association, the World Medical Association, has refused to act against South Africa. Its reputation suffered greatly as a result of its determination to allow South Africa (and the Transkei) to be re-admitted as members. Moreover, many countries have resigned from the world body and Council of the World Health Organization (WHO) has terminated its consultative status with this organization. We call on you to look at these smiling ambassadors of apartheid. These are the people who live in apartheid society and say nothing about it. Every health statistic is an outrage, every finding of the reports on psychiatric care is an indictment of South African society, yet there are only bland, assurances from the Society of Psychiatrists of South Africa (SPSA) that all is well in their country. We ask you to think back to the 1930s and recall another regime which espoused superiority as its raison d'etre. The medical profession then too remained the willing servant of the prevailing ideology, and later, correctly in our view, was also held responsible for the terrible consequences of the Nazi fascism.
We ask you to recognize that a very similar process is occurring here and now in the 1980s in South Africa. Do not allow their three-piece suits and smiling faces to lull you into a false sense of security. Apartheid is real and it is happening now: black children are dying of malnutrition in the bantustans of South Africa and black mental patients are dying needlessly in South Africa's mental institutions. We say to the international psychiatric community: seize the opportunity now to take action against apartheid, add the considerable prestige and influence of your organizations to the fight against apartheid. Join the boycott campaign and break off relations with the Society of Psychiatrists of South Africa (SPSA). Expel the society from your membership and do not any longer invite to your country South Africa's psychiatrists or accept invitations to visit South Africa.

There is no doubt that the boycott is the correct strategy to adopt. This is why the apartheid regime and all those who benefit from exploitation in South Africa do vigorously oppose it. It is the reason why black South Africans, those who suffer under apartheid tyranny, have consistently called for a boycott of their country. In the words of Nelson Mandela who has been incarcerated in South Africa's jail for 22 years for his unrelenting determination to see a free and just society in South Africa:

"every effort to isolate South Africa adds strength to our struggle".

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AITM I

Recent reports in the South African press suggest that psychiatric services are being used increasingly to contain and moderate the adverse consequences of torture (solitary confinement and physical abuse) of political detainees. Although there were occasions in the past that political detainees were transferred to metal hospitals, such measures were rare and usually occurred in isolation. '1/.

Lately, there has been a sudden increase in the number of detainees admitted to psychiatric facilities and this new trend in the policy of the security police follows the death of Dr. Neil Aggett while in detention.

There is considerable evidence of serious and long-term psychological consequences following torture U1. It is therefore not surprising that many of apartheid's political victims have become psychiatric casualties when subjected to intense psychological and physical abuse. Certain aspects of police interrogation have been condemned by professional bodies from within South Africa, such as Lawyers for Human Rights, the South African Psychological Association and the Witwatersrand University Medical Faculty. .76/. Individual psychiatrists called upon to "treat" political detainees, and the psychiatric profession as a whole in South Africa, remain silent and acquiescent on this issue. South African psychiatrists and the Medical Association of South Africa are seen as accomplices in political repression - they refuse to denounce the psychological and physical injuries suffered by the victims of torture. Furthermore, this attitude is in direct contravention of the code of psychiatric ethics of the World Psychiatric Association, as embodied in the Declaration of Honolulu in 1977.
1. Mr. Thozamile Gqweta, the president of an independent black trade union organization (South African Allied Workers Union) was moved from detention to the psychiatric ward in Johannesburg General Hospital under police guard on 10 February 1982. He was in police detention from 8 December 1981, arrested under the notorious section 6 of the Terrorism Act which allows police to hold people indefinitely without charges. We developed a number of psychiatric symptoms as a result of intense interrogation and solitary confinement. At the time of his admission to hospital, he was severely depressed, anxious and was troubled by nightmares. He had difficulty speaking, had lost a lot of weight and also showed some loss of memory. When his brother visited him in hospital "he reported that Thozamile was unrecognisable." He remained under psychiatric treatment for about four weeks. Mr. Louis le Grange, Minister of Police, in reply to a parliamentary question on 5 March, admitted that Mr. Gqweta was suffering from "psychoses and ulcer." He was subsequently released on 3 March for "health reasons," but was rearrested the following day by the Ciskei Intelligence Service. He was subsequently receiving psychiatric care in East London. It has been suggested that Mr. Gqweta may well have suffered serious and extensive psychological damage as a result of the intense interrogation.

2. Dr. Liz Floyd, aged 26, common-law wife of Dr. Neil Aggett (who died while in custody) was admitted to the psychiatric ward at the Johannesburg General Hospital on 5 February 1982. She was transferred there from John Vorster Square police station where she was held in detention for three months. She also had long spells in solitary confinement, and she was thought to be "a suicide risk". She had collapsed after news of Dr. Aggett's death reached her. She received psychiatric care for seven weeks and was released in March 1982.

3. Mr. Sami Kikine, Secretary of South Africa's Allied Workers Union, was transferred from detention to St. Augustine's Psychiatric Hospital, Durban on 26 February 1982. He had been in police custody since November 1981. Family members who visited him in hospital found Mr. Kikine under heavy sedation and "in a bad psychological state". On his discharge from hospital on 3 March 1982, it was recommended that he should no longer be held in isolation cells.

4. Mr. Pravin Gordhan, an executive member of the Natal Indian Congress, was taken into police custody on 27 November 1981. He was also transferred to St. Augustine's Psychiatric Hospital in Durban on 18 March 1982. His relatives were refused permission to see him while in hospital. In an answer to a parliamentary question, the Minister of Police, Mr. Louis Le Grange, said that visitors were not allowed because "at this stage they may detrimentally influence the progress made with his interrogation." Dr. B.M.A. Buchan, district surgeon for Durban, subsequently expressed
"concern for all people in detention" at this time.

5. Mr. D. Farisani, another political detainee, was admitted twice to psychiatric facilities in Venda bantustan during February 1982. His second admission was with critical head injuries.

6. Ms. Esther Levitan, a 55 year old Black Sash member, was treated by psychiatrists while in police custody in Johannesburg in February 1982. She subsequently required psychiatric care after her discharge on 4 March 1982. She had previously never needed hospital treatment in her life.

ANDEX II
Chronology of events
1964
April 1975
1975-1976
March 1976
May 1976
March 1977
May 1977
September 1978
The World Health Assembly condemns the practice of apartheid and its adverse repercussions on the health. South Africa's membership is suspended.

Reports in South African press expose the appalling conditions in psychiatric hospitals for blacks. Allegations of a profit incentive deal between private companies and the Government.


World Psychiatric Association meeting in Hawaii criticises South Africa.

Delegation from International Red Cross visits mental hospitals in South Africa. American Psychiatric Association Committee travels to South Africa as a guest of Smith Mitchell and Co. and the South African Department of Health.
Evidence of political abuse of psychiatry in South Africa submitted to the Royal College of Psychiatrists 98/The Special Committee of the Royal College of Psychiatrists on Political Abuses of Psychiatry investigating allegations 9, International Conference on Apartheid and Health held in Brazzaville under the auspices of the World Health Organization (HO), World Congress of the World Psychiatric Association (WPA) in Vienna. Efforts by delegates to discuss the question of mental health in South Africa obstructed.

Footnotes
2. Ibid.
4. Ibid.
6. bid.
7. Ibid.

38. Ibid.

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78. Reply to the South African Ambassador to Washington - see footnote 36 79. Rand Daily Mail 6 March 1982 ,

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