



UNITED NATIONS CENTRE AGAINST *APARTHEID*

NOTES AND DOCUMENTS*

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THE PSYCHIATRY AND THE PSYCHOSOCIAL PATHOLOGY OF APARTHEID, 1948 - 1982

by

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The views expressed in the paper are those of the author.7

Contents

	<u>Page</u>
Introduction	
1. Black humiliation and white arrogance	3
2. Personality development (and polarization) of blacks and whites . . .	4
3. The psychiatric effects of the physical debility that results from <u>apartheid</u>	7
4. The role of the medical establishment in alleviating adverse health conditions	9
5. Mental health services under <u>apartheid</u>	12
6. The isolation and betrayal of the victims of <u>apartheid</u> by the world community, especially the West	16
7. Recommendations	17
Notes	19

Introduction

Apartheid is the notorious policy of the Afrikaner-Nationalist Government of South Africa which has held uninterrupted power since the almost-all-white general election of 1948. During the Second World War this Party voted against fighting Hitler. During the 1950s the electorate was purged of its Coloured and African male voters in the Cape Province by a 2/3 vote of both Houses, after unconstitutional "packing" of the Senate by the ruling Party, and is indeed all-white at this time. Currently there is a move afoot by the Government to allow Coloured and Indian people to vote for separate, new chambers of the Central Parliament and for individuals from these groups to be appointed to the President's Council, a purely advisory body. Whites would still retain complete power by virtue of their elected numbers and the President having the final say, in a dictatorial way. In this way the two other minority populations would be co-opted, 'bought off', in a not-so-clever scheme to keep the vast majority (70%) of the population, the indigenous Africans, powerless and peripheral in South African affairs. They are supposed to have voting and other rights in tiny, disconnected reserves called 'Bantu homelands', making up 13 per cent of the land mass and which are supposed to be in the process of becoming 'independent nation-states'. This policy is not accepted by any other country in the world but powerful financial interests and Nazi-type collaborators in the West are helping to bring about a possible 'de facto recognition' situation.

Throughout South Africa police repression is widespread. Decent people's homes are raided in the early hours of the morning and individuals held incommunicado in detention, without trial or habeas corpus, for up to a year or more, often in solitary confinement and under other methods of torture, before being tried or killed or banned or forced to leave the country. Some, like Dr. Neil Aggett in 1982, are driven to suicide by being interrogated continuously for periods of 62 hours or more and so 'broken' mentally, and forced to make written 'confessions' of anything the security police would like to 'prove'.

The two main black (but non-racial) political parties, the African National Congress and the Pan-Africanist Congress, were summarily banned and barred from further legal activity in 1960 1/ and their leaders are languishing (or chopping stones) on Robben Island and in other maximum-security prisons 2/.

In one of the largest mass human removal-schemes in the history of the world, three million African people, according to the Black Sash (a white liberal women's group in South Africa), have been forcibly moved from the 'white' areas of the country to the 'homelands', which

are not even economically viable, let alone politically or militarily. A further one million Indian and Coloured people have been moved from their ancestral homes and living areas in 'white' South Africa to new townships on the outskirts of cities and towns — to be out of the way but close enough to commute to work for the whites. About 1/2 of the Africans are 'temporary sojourners' in similar townships, some of which, like Soweto outside Johannesburg, have larger populations than their 'parent' cities.

All of this, and more, affects people in a myriad deleterious ways 3/
Some of the worst effects, directly or indirectly, are psychological and mental 5/ The psyche is surely the receptacle of the most painful and destructive features of apartheid. I will look at the following aspects of these effects:

- (1) The humiliation of blacks and the arrogance of whites;
- (2) The personality development (and polarization) of blacks and whites;
- (3) The psychiatric effects of the physical debility that results from apartheid;
- (4) The role of the medical establishment in alleviating adverse health conditions;
- (5) Mental health services under apartheid; and
- (6) The isolation and betrayal of the victims of apartheid by the Western world.

I will not only document some of the horrors of apartheid but will also:

- (7) Suggest decisive action to assist the victims and oppose the perpetrators of this most racist and inhuman system of government on earth.

1. Black humiliation and white arrogance

Before the arrival of whites in their country, Africans were proud, healthy, energetic people with their own system of government, laws and customs. 6/ Most of these qualities have been lost including most of their land, cattle, their pride and their way of life. 7/ And nothing meaningful has been provided with which to replace these important possessions. Africans are not permitted, as equal human beings, to participate in the central Government. They have been allotted small, unproductive, disconnected pieces of land which are just residential (mostly shanty) pools from which white authorities extract cheap contract-labour --- without the responsibility of caring or providing for these people when they become sick or disabled or old. They are deprived of family-life because the workers have to leave alone to work on contract for up to 11 months at a stretch in the rich 'white' area of South Africa. This leaves children fatherless and spouses partnerless. 8/

Apartheid says to the psyche of the African: "You are not a fellow human being, worthy of respect or any of the government services provided in all other similarly-wealthy countries. You are like animals, like cattle that can be herded here or there according to the wishes or dictates of whites. When you are too old or too sick you are sent out to pasture, to die or survive as best you can". This is a passive form of genocide. 9/

Although the deprivations of 'Coloureds' and Indians are not as total, they consist of varying degrees of similar humiliations. 10/ These people have also been removed from some of their ancestral living areas, given inferior schooling, kept out of the best universities, given lower job positions than less-qualified whites, and paid less. Their genuine political movements have been suppressed.

We have learned from the great Frantz Fanon 11/ what all this has done to the black person's pride, self-confidence and sense of self as a person. Let me also put it to you in the words of an African South African clinical psychologist. 12/

"Below the superficial and obvious crudeness of the practical application of 'Separate Development' there lies a very sophisticated and subtle tiger --- psychic manipulation.... If (an individual is) black, like myself, he begins to 'know' through various subtle ways, that.. (he/she) is 'by nature' inferior and incompetent... (while the) white man is 'by nature' competent and superior.... What gives (this observation) its nightmarish quality is the further thought that it may well take a 'second coming' (by which, of course, Manganyi implies a revolution) to undo the harm."

And he is right because, just as apartheid has worked to destroy, cripple, humiliate and diminish blacks, it has built the white person's ego up into such an arrogant, omnipotent-seeming one that it will indeed take a tremendous psychological shock, of one kind or another to make him/her change. A white person already feels something like this:

"Look what my historical and current political power have provided for me, 'from the cradle to the grave': the best obstetric care for my mother, the best neonatal, pediatric and nutritional care for me, the best schools, sport and recreational facilities 13/, wages, the vote (ah, yes, the vote), freedom of movement and speech (as long as I toe the line), freedom from tuberculosis. Even the best beaches are reserved for me. I can even push you around physically, kaffir (nigger), showing that I am stronger than you. I have grown bigger and your impi warriors have dwindled into mere specks. You do not feature in many prestigious positions or even on many sports fields. Besides, if you try to beat me up you know what our good judicial system will provide for you 14/ whereas if I beat or kill you or any of your white supporters everyone knows it is because you have 'forgotten your place' or 'engaged in subversive activities'. If you could even bring me to trial you know I will either be acquitted or my fine will be small, easy for a rich person like me to pay. 15/ There can be no doubt that it is right, God-given, that I should be your Baas (Boss, Master)."

The danger of the white-supremacist undergoing an injury to his narcissism in the not-too-distant future must be considered great. In plain language, 'pride comes before a fall'. A social order that produces the world's highest rate of homicide, suicide, alcoholism, divorce, family-disruption, prison-population numbers and capital punishment cannot survive much longer in its present form (a collective form of slavery) in the modern world.

2. Personality development (and polarization) of blacks and whites

Small children of all races are socially 'allowed' to play together, although this 'morally lax, naively liberal' practice does not extend into the school system, except in a few isolated private cases.

But then suddenly, at the critical phase of their development known as puberty, growing children discover that such good-natured and friendly contact is taboo, 'verbode'. "You must live/love/play/compete in your world, I in mine". Alienation accelerates from that point on. One's identity, in the Eriksonian sense, becomes intimately associated with one's racial categorization by the Nazi-like Race Classification Board.

One learns the difference between 'us' and 'them'. The white adolescent will soon graduate to all the powers and privileges of white adult society, the black adolescent will have none of these. "Each must learn to accept his assigned status in adult society in a mature, responsible manner".

Thus apartheid forces apart, and into ignorance of one another, even those people who would sincerely like to get to know those on the other side of the colour line. "The devil you know is better than the one you don't know. "I'm O.K., You're O.K." 16/ but They are NOT O.K.". Attempts by various multiracial church, student, political and sports groups to build co-operation have been severely restricted, banned or circumscribed in one way or another, partly because the Afrikaner Broederbond 17/ saw these as "the English-speaking whites banding together with blacks against the Afrikaner". The African students at the University of Natal Medical School have been the most recent victims of the ironically-named Extension of University Education Act. They now have to attend 'their own' medical school, the Medical University of South Africa (MEDUNSA) over their own objections and that of most of their previous faculty at Natal University.

In these ways the youth has been systematically programmed into separate social groupings. It has been deprived of the benefits described by psychologists like Gordon Allport who, in 'Controlling Group Prejudice' said:

"Only the type of contact that leads people to do things together is likely to result in changed attitudes...It is the co-operative striving for a goal that engenders solidarity" 18/.

But this is the kind of thinking that the Afrikaner Government regards as "subversive of the state; preaching overthrow of the social order (the South African Way of Life); promoting the aims of Communism" or "the sickly sentimental out-pourings of a soft, guilty, liberal conscience". So the race groups have become victims of what Freud 19/ and others have termed 'mob psychology', the primitive 'group mind' or 'the tyranny of the group': What I would never, as an individual, dream of doing to someone of a different race becomes, in the group (in which 'we are all agreed'), not only possible, probable or easy but imperative, my social 'duty'. Just like in Nazi Germany. Apartheid is certainly an example of what Erich Fromm has called malignant aggression 20/ and has been considered to be the root cause of the inflated suicide-figures, especially among blacks. 21/

There could not have been a more efficient Grand Design to foster and extend the cultural differences that existed historically in South Africa than the current Afrikaner-Nationalist policy and its so-called 'Christian' National Education philosophy and multinational sports framework. In this kind of climate interracial co-operation in any endeavour becomes very difficult and non-racialism is impossible. And the authoritarian Afrikaner,

as in W. A. DeKlerk's book 22/, is the boss. A few years ago, the then-Prime-Minister Vorster, who has never renounced the pro-Nazi activities he indulged in during the Second World War, publicly warned that if the rest of Africa was planning an invasion of South Africa it should think again because it would 'be eaten for breakfast'!

None of this makes for an easy transition towards a more just, democratic, non-racial, humanistic society. Just as the playing fields of the public boys' schools in England have been seen as the training grounds for the British military officers of the two World Wars, the separate (polarized) black and white education systems, residential areas, social and sporting structures can be seen as a preparation for the revolution that has already begun to unfold in and around the Republic of South Africa.

And it has left its mark on the individual personality structures within the various racial groupings in a differential way. In a fascinating study, a British-born clinical psychologist set up a research protocol in Cape Town in 1971, utilizing the M.M.P.I., the Rorschach test, an attitudinal F-scale based on Adorno's concept of fascism, and clinical interviews. 23/ He examined subjects from the African, Coloured, English-speaking white and Afrikaans-speaking white groups. Some of the results are startling. The Afrikaner nurses showed lack of creativity and staunchly conformist, unexplorative responses. They lacked sensitivity and depth of perception. They felt no need for anything to be different. In his highly favourable review of this book 24/ an expert on the psychiatric effects and treatment of the victims of political torture 25/ points out that Adolph Eichman was found by Hannah Arendt to have the same lack of imagination, the same clichéd responses to stimuli and questioning. This can be seen as one of the negative effects of the system on the slave masters and mistresses themselves.

This study also examines that old creation of Afrikanerdom, the secret, all-male Broederbond organization. Essentially, it is found to be a feudalistic, ultrafundamentalist group that has been the actual ruling power in the country, from behind the scenes, since 1948. Its current ruling élite is considered to have a psychopathic morality.

The Coloured subjects were found to be anxious, obsessional and quick to use the projective defence-mechanism. This cognitive and coping style is considered to be a function of the dilemma they have of identification with the potentially engulfing 'African masses' on the one hand, and the dominating Afrikaner élite on the other. English-speaking whites responded as anxious, frightened and hostile. The Africans had the most consistent and unequivocal perception of the reality surrounding them.

3. The Psychiatric effects of the physical debility that results from apartheid

The dichotomous conception of body and mind is entirely artificial. The brain is an integral part of the body and its chemical activities. In the past three decades the specific brain chemicals that are responsible for conveying nerve impulses of emotion, cognition, excitement, etc., have been discovered. 26/ The precursors of these neurotransmitters are some of the essential amino-acids in our protein food intake. 27/ Several of the B-vitamins and also vitamin C, to a lesser extent, are required for their optimal production and functioning. 28/ Now we know how and why pellagra causes depression and dementia — by a lack of the amino-acid tryptophan and vitamin B3 causing depletion of serotonin, one of these neurotransmitters. Kwashiorkor, and folic acid and vitamin B6 deficiencies 29/ cause similar effects. Vitamin B12 deficiency causes cerebral demyelination as well as spinal cord and peripheral nerve demyelination, thereby producing the psychoses, affective disturbances and dementia associated with this condition. 30/ And the mental effects can precede the development of anemia by up to eight years and so be seen as functional during this pre-anemic phase. Since vitamin C is required in the formation of the neurotransmitters dopamine and noradrenaline, we now know why scurvy-sufferers become apathetic and depressed. Again, the mental effects can precede the obvious physical signs or may be the only manifestations of the illness.

But most of this is a 'subterranean' reality for most blacks in South Africa as they, unlike the whites, do not have the luxury of serum vitamin-level tests unless they form part of an academic nutritional survey. Then, even when vast population-wide deficiencies of these substances are found, food-fortification such as that recommended by a joint expert committee of the United Nations Food and Agricultural Organization and the World Health Organization 31/ has not been implemented, although it would only cost about two cents per adult in the population per annum 32/ — because it is not the whites who would be the main beneficiaries of such a scheme. And milk formula is still being promoted despite the known hazards of this practice in poor, rural areas. 33/

Pellagra, a cheaply-preventable disease, has been virtually eliminated in all equivalently-wealthy countries but still caused 26,000 cases of psychosis in South Africa in 1976. Kwashiorkor still averages at least 60,000 new cases per year according to the same report, and tuberculosis the same number — leaving many children also physically and mentally crippled with chronic TB-meningitis, secondary epilepsy, etc. Anti-convulsant medications and oral contraceptives are now known to cause deficiencies of folic acid and vitamin B6. Yet these medications are dispensed without any regard to these finer details — in the case of the oral contraceptives the main thing is just to limit the black population-explosion, while at the same time whites are urged to have more children.

The Director of Health announced the possibility of forced sterilization in early November 1981, as broadcast on the B.B.C.'s World Service on short-wave radio.

Poorly-fed children cannot benefit from their schooling. 34/ Protein-malnutrition in the first five years of life can be crippling in terms of intelligence, ingenuity, creativity and behaviour. This occurs only in the case of black children as social welfare benefits in the world's 15th richest country are freely available to whites, who have the highest standard of living in the world.

South African medical and veterinary schools have done some of the world's best nutritional research as have the South African Medical Research Council and the Council for Scientific and Industrial Research. But the application of all this knowledge goes almost entirely to the white population. Heart transplants and other spectacular, expensive surgery is done in the cities (of which some recipients admittedly are black) and the Government boasts in the popular press (e.g., New York Times) that two billion dollars in food is exported annually, the world's 6th largest amount. But milk subsidies and expenditures on modern medications for the treatment of T.B. in blacks have been severely curtailed. In some areas, like Grahamstown, one-third of the live births do not reach their first birthday. This is much higher than in several African countries that are much poorer than South Africa, e.g., Botswana, Zambia, Nigeria and Zaire. Even some of the South African Government's own publications give damning evidence of the situation. That is why the Government is becoming more selective about which diseases are notifiable and which statistics are publishable. And by leaving the 'homelands' figures out of the calculations for the Republic of South Africa, they can produce "respectable" statistics. 35/ This is a very good way of using people's labour without providing the necessary support services. The latter are the responsibility of the 'homeland governments', 'stooges' appointed by the ruling white Nationalist Party. In South Africa, the wretched of the earth live within commuting distance of the world's richest gold, diamond and uranium mines and luxury holiday villas. And African children die like flies in the homelands while their mothers are caring and cooking for the children of wealthy whites in the cities. These facts affect people's minds -- giving all the more opportunity for this inhuman form of government to humiliate, destroy, reject and discard the black person.

On the wine farms of the Western Cape, where I was born and raised, the Coloured labourers are encouraged, from their teen years, to become hopeless alcoholics by paying them 4 to 8 times a day with 2 pints of an early form of wine called 'vaaljapie' in Afrikaans (one could translate this as 'Grey Jay'), in lieu of more money. This is known as the 'dopstelsel' (tot-system). Although at least one physician, a psychiatrist at the University of Cape Town, and others have written and spoken out against this system, no authorities and very few farmers have done anything about it. The victims are all puny, stunted individuals who are also

virtually slaves to their 'baas' (boss, master) because they cannot leave as they need their 'dop' constantly, for fear of going into delirium tremens. Farmers also often assault their farm-workers and sometimes the victims die as a result of their injuries. Some of these cases come to trial and are reported in the popular press, others do not.

These are all negative physical influences. We have not yet mentioned the relative absence of the benefit that sport can provide to both the human body and mind of blacks in South Africa. Since the Government's expenditure on sport for each white person in the population is over 100 times that spent on sports facilities for each black person, 36/ it is easy to understand why relatively few blacks get to participate in any sport, let alone the opportunity to reach international level. Almost all South African teams have an all-white composition (although whites are only 4 1/2 million out of a total population of 30 million. The vast majority of clubs are segregated by race, mixing only occurring at international and provincial levels of competition. Even the sports federations are divided along racial lines. 37/

Sport is one of man's prime sources of pleasure. It provides a sense of well-being and is one of the ways of 'turning on' without the use of drugs. It is ego-strengthening. Those who do not participate are often perceived, especially by those who do, as 'outsiders'. Sport sublimates aggression into socially accepted and admired behaviour. South Africa has one of the largest incidences of violent crime in the world. It is deprived of many of the opportunities for 'bonding' 38/ that are provided in sporting encounters. And golden opportunities for 'bridge-building' between the races have been forfeited because of the belief that inter-racial contact on the sports field would cause more friction than harmony.

4. The role of the medical establishment in alleviating adverse health conditions

What role has the general medical and health establishment played in trying to alleviate the situation? A very small one indeed. Admittedly, the South African Medical and Dental Council is lay- and Broederbond-controlled. But have the doctors ever complained of the latter draw-back? This is the body that declared the three doctors involved in the 'medical care' received by Mr. Steve Biko in the final days before he died in police detention-without-trial, in 1977, blameless.

The Medical Association of South Africa consists of doctors only and is open to doctors of all races. M.A.S.A. has also lobbied the Government and obtained equal salaries for hospital-employed physicians of all races, although higher positions tend to go to whites. But this is approximately the sum total of what M.A.S.A. has done for the cause of racial equality

in health care in South Africa -- and that mostly as a result of the criticism it received within the World Medical Association, which caused it to feel unwelcome, and so resigned from WMA in 1976.

M.A.S.A., which has had a Broederbond as its secretary-general for at least the past 10 years, essentially condoned the Medical and Dental Council white-wash of the role of the two-police-surgeons and a consultant in 'the Biko Affair'. Since then it has gone through various contortions in an attempt to either justify its original findings or try to prevent recurrences of cases like the spectacular Biko, Aggett, Floyd, Dipale, Hagan and other cases, including the mental health aspects, interrogation methods, solitary confinement, prisoners' diets, etc. 39/ But its attention to the differential levels of health care for whites and (especially rural) blacks in that wealthy country, have been either abysmally lacking or even supportive of the Government.

Two of the prime arenas within which this can be ascertained are: (1) the subject-matter of its annual congress; and (2) the articles, editorials, correspondence and advertisement sections of its official organ, the South African Medical Journal. A perusal of its Congress Programme of 1981 will show that its major focus is on Western diseases of over-consumption, war injuries of South African Defence Force troops, and other indulgences of the affluent white population. The Journal is slightly better, often including articles on tuberculosis, malnutrition and other diseases occurring commonly in the black population. But again, nothing is done to implement the solutions suggested, such as food-fortification, really attacking the problem of T.B. and other infectious diseases 40/ which South Africa could easily do, in a short time with sufficient will and if it didn't feel a 'need' to defend itself militarily and police-wise against its own black population.

All the picture-advertisements for pharmaceuticals feature only white people. 'Positions vacant' sometimes indicate whether a 'white' or 'non-white' doctor is required.

Since the psychiatrists are too small a section, they don't have their own congress or journal and their papers are included in the Congress and the Journal of M.A.S.A. To give an idea of editorial policy and practice, extracts of a letter-to-the-editor that was rejected, will be produced here. I wrote it in response to an editorial entitled "Psychiatry for Africa" 41/:

"Sir,..... As a small example, we could call them what they want to be called, namely Africans and not Bantus or Blacks (except as the latter term refers to all people who are not white). Why can't we even do something as simple and fundamental as that?

Secondly, we can stop being patronising and start trying to recognize the truths and beauty in the African concepts of the person, the family, the community, in health and disease - for example, the unity of body, mind and spirit, and of past, present and future, to name a couple of aspects.

Thirdly, we must start to recognize how we have brutalised the African population and instilled the understandable mistrust that they have for us. If there is any doctor-patient relationship that requires trust, mutual respect, honesty and openness, surely it is that between the psychiatrist (or other mental health professional) and his patient. How can that occur very often in South Africa today? One is even circumscribed by law as to what one can publish or criticise about anything related to mental health services -- possibly even this letter doesn't pass the censors, I don't know (since I'm no longer in the habit of constantly having to make sure whether what I have to say is acceptable in the eyes and ears of the Broederbond). Does anyone ask why this law exists?

We should allow ourselves to read what black psychiatrists/authors like Frantz Fanon ('Black Skins, White Masks' and 'The Wretched of the Earth') or a black South African psychologist like N. C. Manganyi ('Being-Black-in-the-World') have to say on this subject. Even being able to read 'lay' black writers and poets would be helpful. Being able to talk as friends and equals with a few black South Africans of any vocation would be invaluable. There are even some white South Africans who could be of some assistance if we could, or would, listen to, or read, what they have to say!

Fourthly and lastly, we should realise that the problem is not one of money or manpower (except in the obvious sense that all endeavours are). South Africa is the 16th richest country in the world, the whites have the highest standard of living in the world. But if you were a black physician could you become a psychiatrist in South Africa and face the personal agony of your black countrymen every hour of every day under the present circumstances? Perhaps that is why, while there is apparently not one black psychiatrist in South Africa, there are at least half a dozen black psychiatrists from South Africa in Ontario alone. When I pointed this out to the previous editor in a previous letter, he not only didn't publish the letter but completely missed the point and said this spoke well of the training facilities for blacks in South Africa! I agree, it does all add up to a rather daunting challenge".

If this relatively innocuous letter was rejected, how many others in similar vein have also been? But it is people overseas who are considered to have closed (anti-South-African) minds that won't see reason. It must

he admitted that a reasonable article on Psychiatry in Africa was published by the Journal the following year but it did not address the political context at all. 42/

In reaction to the demoralising, degrading and patronising actions of M.A.S.A., many black physicians have resigned 43/ and have joined with nurses and other health workers to form their own regional associations, with non-racial constitutions, nurse-pay-scale policies, etc. Recently these have combined to form a national organization 44/ in opposition to M.A.S.A. and the South African Nursing Association and the South African Board of Psychology, which is largely comprised of government appointees. And of course the liberation movements have their own health departments, based outside of South Africa.

It is to the eternal shame of the American Medical Association that its Executive was involved in a major way in the campaign to get M.A.S.A. re-admitted to the W.M.A., in September 1981 — and to get the 'Transkei' Medical Association, from a 'country' that is not recognized by any country other than South Africa (not even by the United States under the Reagan Administration), to be admitted for the first time. 45/ The A.M.A. membership was not informed of this process at any step along the way, despite strong, reasoned protests that were made to the all-white executive after their visit to South Africa in January 1979. Only after re-admission of M.A.S.A. was a 'fait accompli', with the help of the new weighted voting system and several other Western associations, including that of 'Cuba-in-exile', was this announced. M.A.S.A. was also given red-carpet treatment in the A.M.A.'s 'Medical News' with a huge article about the wonders of medicine for blacks in South Africa, complete with colour-photographs (like no other article in this newspaper). A detailed, certified-mail rebuttal, by myself, was not even acknowledged, let alone published. Since then the A.M.A. membership has not been informed that the World Health Organization has severed the affiliate status of W.M.A., and all the African associations have resigned from W.M.A. (making it the 'White Medical Association'). M.A.S.A. was so angry with the British Medical Association for opposing its re-admission that it severed its 36-year relationship with that organization, saying the B.M.A. was overly influenced by the Trades Union Congress, with which it is affiliated and which is anti-South-African. 46/

5. Mental health services under apartheid

These are even worse than the general medical and health services, especially in the rural areas. Ambulatory care facilities are virtually non-existent. 47/ Since there is only one qualified black psychiatrist known to be practising in the whole of South Africa (claims of 'seven' 48/ are unsubstantiated and unreliable), the ratio of black doctors to black patients in this branch of the medical profession is not 1:44,000 (as in the case of the African doctors and patients in the general medical field 49/ but 1:26-million!

Since the prevailing psychiatric and psychological practitioners in the country, with one or two exceptions, have been quite unforthcoming in reporting the racism and inequities in the system (partly for understandable reasons of their own self-interest and the prohibitions of the Mental Health Amendment Act -- if they are not blind to the situation, which they probably are to some extent: after all, they have to live with themselves and avoidance and denial would serve this function well), I will rely on the reports of:

- (a) The American Psychiatric Association (A.P.A.) Taskforce on South Africa (1979);
- (b) 'The Psychology of Apartheid', the 1981 publication of the 1971-8 study by the British-born psychologist Peter Lambley;
- (c) Popular press reports from South Africa in its own and the Western press;
- (d) The Reports of Platman and Thomas (1981-2 and 1982-3) and of Bloch (1978).

(a) The A.P.A. Report 50/

Most readers will be familiar with this report by now but I will just highlight the main points again. A blue-ribbon panel of four distinguished American psychiatrists visited the private (Smith-Mitchell) facilities that are contracted by the Department of Health for the custodial care of mostly black patients, on transfer from the public hospital system and, occasionally from emergency situations, jail-cells, etc. This group, consisting of two white men, a black man and a black woman, spent seventeen long and arduous days in South Africa in September 1978. They were invited by the South African Government following adverse publicity in the South African and overseas press in regard to these facilities, 51/ which was also reported on by WHO 52/ (1977).

The Americans were no doubt supposed to come and show all these reports to be false. To this end, obvious last-minute sprucing-up changes had been made when the team arrived at these facilities and the soles of their shoes got stuck on some of the newly-refinished floors! But they released a decidedly negative report to the A.P.A. Annual Meeting in May 1979. The inevitable, typical, angry, arrogant rebuttal by the South African authorities was published in 'Clinical Psychiatry News' in September 1979, accusing these conservative psychiatrists of promoting the interests of certain anti-South African pressure-groups! But, apparently, while there were few beds in evidence for black patients prior to the critical report, there were new beds -- but still no sheets! The chairperson of the taskforce announced in June of 1981 53/ that the A.P.A. had just received regulations promulgated by the South African Department of Health in November 1980 that "seem directed toward rectifying specific instances of medical neglect which our report

identified. One can only hope that these measures will be successfully implemented". Dr. Platman, the senior author of a later study 54/ has told me since his return from a further study, done in late 1982 and early 1983, that improvements have been minimal in the four years since the A.P.A. visit.

Dr. Stone and his Committee did find 'grossly inferior' medical and psychiatric care and a lack of basic essentials of habilitation for blacks, which are provided for whites. The most shocking finding was the high number of needless deaths. When interviewed, moreover, staff made no claim that adequate treatment was in fact given prior to their death but merely not recorded. Of the many black patients who slept on the floor, the Department of Health asserted: "Like so many other Africans...they prefer to sleep in that way". A majority of black patients answered 'yes' when asked if they'd been assaulted. No white patient had been assaulted or heard of any other white patient being assaulted. The violence that the committee uncovered "grows out of the mentality of apartheid, which treats non-whites as inferiors and accepts the degrading of their humanity as a matter of course....Apartheid, as we witnessed it in the black townships, the squatter communities and the 'homelands', as well as in the psychiatric facilities, has destructive implications for all the races of South Africa".

They were not allowed to make detailed investigations of the public, government-operated facilities but did not find evidence of the psychiatric facilities being used to incarcerate political dissenters (unlike Dr. Lambley, below). Dr. Stone said South Africa did not need to use such sophisticated oppressive techniques as psychiatry as it apparently had a variety of direct, brutal methods in jails, prisons, etc. Dr. Pinderhughes added that "families have been split and destroyed on a wholesale basis because non-working wives, children, old and sick family-members are restricted to distant, poverty-stricken, barren 'homelands'".

(b) "The psychology of apartheid, by Peter Lambley (1981)

This book also analyses the effect of apartheid on mental health institutions and comes up with some quite different findings. He worked at Valkenberg Hospital, the University Child Guidance Clinic and Groote Schuur Hospital, as well as being engaged in the private practice of psycho-therapy, in Cape Town. We are told that some hospitals tried bravely to offer a sensible and humane service, despite the colour-separation policy, but the racial issue was not discussed in therapy or research, contact with patients was superficial and isolated, the patient was made the victim and easily blamed for the difficulties of his/her situation, there were abuses of psychological testing and medical-legal reporting, over-dosing patients with psychotropic drugs, and the use of ECT and other treatments as punishment.

Nowhere is the systematic abuse of psychiatry and medicine seen by him to be more obvious than in the use of Valkenberg Hospital by the security police. He says that sometimes Coloured or African persons who were politically active were apprehended by the police, injected with drugs, certified by a co-operative police surgeon, and taken by ambulance to Valkenberg Hospital for 'treatment'. Some were diagnosed schizophrenic when this was not the case.

A specific example of this can be recorded from my own memory of press reports about the psychiatric findings on the man who stabbed Dr. Verwoerd to death in Parliament in Cape Town in 1966. The history of a delusional belief about a tape-worm he thought he had, was played up, at the expense of a likely motive for this assassination: he was a man who lived in the 'twilight zone' between being classified 'White' or 'Coloured' by the Race Classification Board and had near-relatives 'on both sides of the divide'. Since the victim was the architect 'par excellence' of a 'verkrampste' (rigid, narrow-minded) approach to the race question (even within the Nationalist Party) it is not hard to see that Mr. Tsafendas may have been striking at whom he perceived as the chief cause of his main conflict in life. But perhaps it was easier on white-South-Africa (and for one of its psychologists) to report the man as purely psychotic, without any possible rational motive for striking at its grandfather-figure.

(c) Popular-press reports in South Africa and elsewhere

Most of us are familiar with these, particularly with regard to the mental effects of the torture and beatings that detained political prisoners are subjected to e.g., the Steve Biko case 55/ and those of Barbara Hogan, Dr. Neil Aggett, Dr. Liz Floyd, Mr. Ernest Dipale and countless others. Fifty-three persons are known to have died in police detention under such circumstances in the past three decades, according to the International Defence and Aid Fund for Southern Africa. Some are killed, some are induced to commit suicide. Some, like Dr. Floyd, end up for periods in psychiatric hospitals or units. Of the few physicians and surgeons in South Africa who have spoken out against mental torture, physical torture, the deaths, etc., only one or two have been psychiatrists or psychologists. One is a neurologist (previously a neuro-psychiatrist). One is a celebrated heart-surgeon and another his heart-surgeon brother, who is now an opposition member of Parliament. One is a pediatrician. A few are deans or professors at the medical schools in Durban, Cape Town and Johannesburg. The Association of South African Psychiatrists has not only been silent about the inadequacies and abuses in the mental health system but a representative sample of them, living in Constantia, Fernwood or other luxury suburbs of Cape Town, have written to the Bulletin of the Royal College of Psychiatrists defending the system against criticism. Some of the signatories were British psychiatrists who had immigrated to South Africa in the past several years, despite all the publicity about the racism and other offensive aspects of apartheid over the past several decades.

Jail-cells are still common places of detention of mentally-ill black persons, prior to hospitalization, although alternate structures have been erected for this purpose (still not treatment-facilities).

(d) Reports of Platman and Thomas, 1982 and 1983, and Bloch, 1978

Rather than invite the A.P.A. Taskforce back for a follow-up study, the South African authorities preferred to have a British-born United States psychiatrist, who had practised medicine in Swaziland in 1963, do this, with the help of a nurse/counsellor. They issued a report and have just returned from a second visit. It does not appear that the South African Government is going to be any happier with them than they were with the 4-person American committee. They do indicate architectural improvements on a fairly large scale and the increased hiring of nurses and physicians (but not psychiatrists). There has not been much overall improvement in the standard and practice of psychiatry in the in-patient facilities and ambulatory (out-patient) care for blacks is still in its infancy in the cities and absent in the rural areas. They found mental health care to be extremely racially differential and that the Association of South African Psychiatrists and the Government's Department of Health had acted little or not at all on the recommendations of the A.P.A. Committee. And Dr. Platman told me that he had still (January, 1983) only found one black psychiatrist to be practising in South Africa in 1982/3, after a University of Cape Town psychiatrist-professor had told him there were seven. There were two in training.

Dr. Sidney Bloch, a British psychiatrist, co-author of a book on psychiatric ethics, 56/ co-editor of the Bulletin of the Royal College of Psychiatrists, and assistant editor of the British Journal of Psychiatry, made a private visit to the Smith Mitchell facilities in 1978 and made a report 57/ which was substantially in agreement with the findings of the A.P.A. Committee. An Edinburgh transcultural psychiatrist has led a lively correspondence-debate in the Lancet 58/ and the Bulletin of the Royal College of Psychiatrists (1982).

Yet neither the Royal College of Psychiatrists nor the A.P.A. have yet taken any decisive action vis-a-vis the Association of South African Psychiatrists in an attempt to get them to take some kind of stand, allowing for the limitations placed on them by the régime and the Mental Health Amendment Act.

6. The isolation and betrayal of the victims of apartheid by the world community, especially the West

One would not want to belittle in any way the efforts of thousands of people around the world who have worked long and hard to expose and censure and defeat apartheid, against the wealthy and powerful South African prop-

aganda-apparatus. However, if one has any concern for those who are still suffering under the system, 35 years after the current régime took power, one would want to focus instead on the failure of the world community to defeat that system. And on the collaboration with it by powerful economic and military interests in the 'Western world'.

Symbolic actions, pious (hypocritical) words have been fine, have given some moral support to the victims, and have exposed many of the excesses of the system; granted an air of respectability to the anti-apartheid movement everywhere in the world except the white-South-African society.

But it would seem that the full horror of apartheid has not penetrated the minds and hearts of most people, in much the same way as the full implications of 1930s Nazism did not 'get through' until after the War, when these crimes were exposed in the Nuremberg Trials. Apartheid has been declared a crime against humanity by the United Nations General Assembly but similar strong statements (and mandatory resultant sanctions) have consistently been vetoed in the Security Council by the Permanent Western Members, the United States, Britain and France. Especially the United States under Reagan, which was the only country to vote against sanctions against South Africa for its invasion of Angola, and which is fairly openly pursuing a policy of 'constructive engagement', which has done nothing to change the system. On the contrary, beneath certain superficial and cosmetic reforms, white power is becoming more firmly entrenched and the South African Defence Force has gained the acceptance it needed to invade neighbouring countries and even the Seychelles Islands, in the Indian Ocean. Liberation movement offices in London have been raided and blown up, and key figures have been assassinated, assaulted and harrassed elsewhere by South African agents.

We are not engaged in a personal morality or popularity contest but in the condemnation of a system that is right now brutalising and humiliating and depriving millions of our fellow humans on a daily basis, mentally as well as physically. When the South African holocaust is over, how many people are going to say "but I didn't know"? Will readers of this paper be among them?

7. Recommendations

So as not to smother potential actions in a mass of words, I will be brief (and therefore not all-inclusive).

(1) The entire system of apartheid must be opposed by all decent people at every opportunity (anything less, such as 'reforms' of the system, would merely be 'polishing the chains of the slaves').

(2) Each aspect of the system (e.g., mental health services, the medical profession, the sports structure) must be confronted/censured and/or boycotted/isolated at every opportunity by others in those fields around the world.

(3) The victims of apartheid, especially those who have fled the system and are refugees and/or deserters and/or freedom-fighters, should be supported in every possible way. Their liberation struggle should be seen for the 'just war' that it is.

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