

International responses by medical and psychological personnel to organised violence

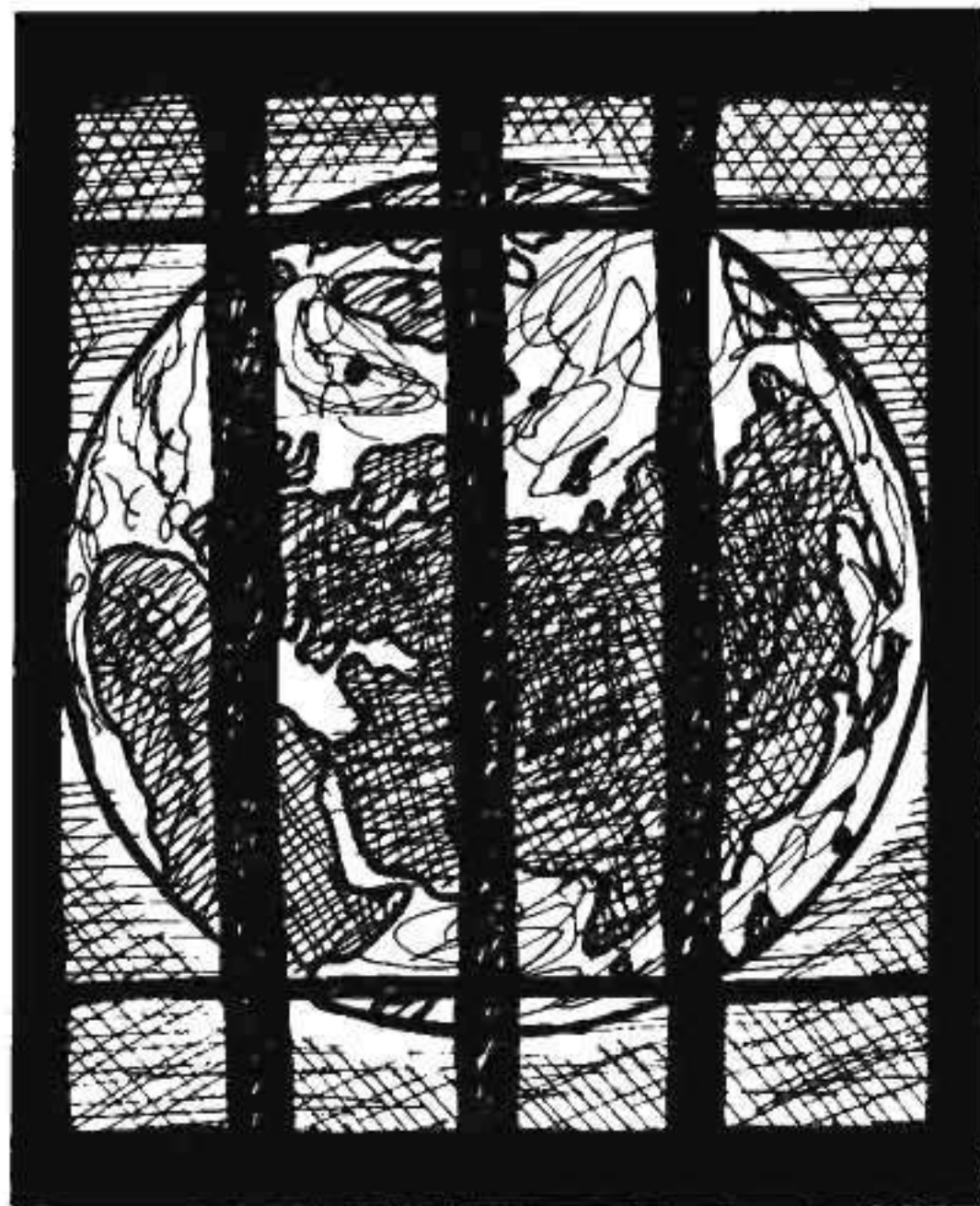
Organised violence by the state to control political opposition is not confined to South Africa. In fact various methods have been used in many parts of the world to maintain unpopular and oppressive governments. Detention with or without torture has been, and continues to be, a favoured response in many countries, however it is not the only approach. Other cynical methods have, for example, been to make people "disappear", to kill people in the streets and to force activists into exile.

The response to state violence by medical and psychological groups seems to have been as varied as there are political positions. There have been those who have formed part of the alliance of oppression and participated in torture teams and been part of state strategies. Others have turned a blind eye, while yet other practitioners have (sometimes at risk to themselves) treated people who have been tortured or affected by other means of state violence, and have actively opposed organised violence and political oppression in general.

Co-operation with the state

In many areas of the world there has been documented evidence that doctors, psychiatrists and other health practitioners have been actively involved with and assisted the state in acts which contravene medical ethics and have acted to help maintain repressive political orders.(1) The allegations levelled at various Chilean medical personnel by human rights organisations, (and validated by evidence presented to the Committee on Scientific Freedom and Responsibility of the American Association for

the Advancement of Science, Washington 1987), reflect some of the ways in which medical people can and have cooperated with the state. The following examples relate to active involvement or complicity with torture. Medical personnel were accused in Chile of: performing medical examinations on suspects before and after torture; attending torture sessions in order to intervene when a victim's life was in danger (or to advise whether the victim could withstand further torture); assisting interrogators through the administration of non-therapeutic drugs and the practice of hypnosis; and issuing false certificates of good health before the torture victim left the detention centre and was brought before a judge.



Many countries use detention to maintain repressive governments

Involvement of practitioners opposing repressive action

Over the years there have been many individuals and organisations in the medical and psychological fields who, rather than working with the state, have acted in support of struggles against oppression. Two countries which have faced state violence have been chosen as examples to show some of the responses from the medical and psychological professions. As will be seen, these responses reflect specific needs at particular historical points.

The Philippines

In the Philippines, popular government has been denied the people since (at least) the early '70s when President Marcos declared military rule. In this time, tens of thousands of people have been detained and many tortured. Amongst those detained were doctors arrested for providing medical care to "politically suspicious patients". In response to the oppression in the country and the established medical community's failure to take up health and human rights issues in the Philippines, a number of medical personnel

formed themselves into a group called the Medical Action Group. From small beginnings the group has expanded its membership, has offices in several centres and is involved with many projects. These include a network of primary health care projects, a prison medical care project, educational seminars and clinics for the treatment of torture victims. They also monitor the health conditions at detainee centres throughout the country and have managed to gain the victory of being able to provide medical care by civilians in the detention camps.

Under the auspices of the Medical Action Group is the Philippines Action Concerning Torture grouping (PACT). This group provides a clinic for the physical and psychological examination and treatment of former detainees, many of whom have been tortured. Workers at the centre report that many of the people coming in to the centre say that what they need most is not so much physical and psychological help and "rehabilitation" but to be surrounded by supportive and caring political people. As one person using the centre put it, "I don't need a therapist, I need a collective". This shows that although many people released from detention may be suffering physical and psychological effects they should not be seen as "patients", but rather need a particular kind of caring within an environment which is supportive to them and to their cause. This is not to say that they do not want or need medical and psychological help,



In some countries health workers have been accused of active participation in torture

but rather that the distanced "neutral" approach which many of the medical people convey is counter to the needs of the person. The doctor or therapist then must act as part of that person's "collective". As can be seen, PACT serves as more than just a professional service. They provide a personal and political support to the people who come through the centre.

Besides seeing ex-detainees themselves, the staff of PACT conduct seminars at hospitals and clinics throughout the country to educate health professionals about the physical and psychological effects of detention and torture.

Argentina

Until the mid '80s, Argentina was also under military rule and during this time, violence against the people was intense. Many thousands of people "disappeared" with no legal guarantees whatsoever and no contact with family or friends. There were said to be nearly 50 secret camps set up around the country where people were kept and tortured. Some of these people were later transferred to official prisons and their detention was acknowledged, while others were released. Many people, however, were taken away and have never been seen again. According to Amnesty International, over 5 000 people have never been accounted for.(2) Moreover, in order to avoid the junta, thousands of Argentinians fled the country to exile.

Though the military regime no longer rules in Argentina, the state violence has left scars which still need attention from health practitioners. In the first place, the many families of the "disappeared" still seek assistance. Though most disappearances have stopped, the psychological stress which families were put under in this process were severe and are long lasting, and intervention is still needed. With "disappearances" families are left with some hope that the disappeared person will someday reappear, and are thus often not able to go through the mourning process that is possible when there is a death. Even many years after a disappearance, many families are reluctant to give in to the fact that their loved ones are dead. As a result, they face ongoing psychological stress, hoping, and in many cases still hunting for the missing person. A group of psychologists, Equip de Asistencia Psicologica de Madres de Plazo De Mayo, offer ongoing support and therapeutic help for people in this position.

A second area where intervention has been seen to be necessary in Argentina has been with the flood of "returnees" who have come back from exile since military rule was ousted. People who leave a country because of the threat of persecution, manage to establish a life elsewhere. When they return to their country of origin they often face extreme stress. Before their exile, people fitted in and understood their "slot" in society but when they return they feel displaced and out of touch. The physical environment has often changed in their absence, but more importantly, social processes are likely



Burying a victim of apartheid - in cases where people have disappeared, families and friends are unable to go through the normal process of mourning that occurs when a person has died

to be different. It is often difficult for people to accept that life has continued and progressed without them. There are also problems of a more material nature such as the lack of accommodation and employment. While people expect to be reintroduced into the society with such essentials available to them, they are often disappointed.

The "Centro Medico Psicosocial" in Mendoza is one group which has addressed itself to this problem. Besides helping people with their medical and psychological problems by conventional means, the staff of the centre (mostly returnees themselves) have developed creative programmes to help people to reintegrate into the community. For example, they arrange hikes into the surrounding mountains where people are able to loosen up and talk about their problems with people in a similar position to themselves, as well as with others from the community who accompany them on the walk. This group has also started co-operatives of returnees and former detainees through which people can begin earning a living again, and again feel part of a supportive social grouping. This form of intervention has proved invaluable to the psychological and economic well being of those involved.

These two examples from the Philippines and Argentina bear testament to the hundreds of medical and psychological practitioners all over the world who have dedicated themselves to the support of individuals engaged in struggles against oppression.

References

1. The various editions on health practitioners compiled by the Committee on Scientific Freedom and Responsibility, American Association for the Advancement of Science, Washington, 1987.
2. *Amnesty International Report - Torture in the Eighties*, London, 1984.

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