



THE AVERSION PROJECT

Human rights abuses of gays and lesbians
in the South African Defence Force by
health workers during the apartheid era

Mikki van Zyl Jeanelle de Gruchy Sheila Lapinsky Simon Lewin Graeme Reid

Simply Said
& DONE

for Coalition for Lesbian and Gay Equality Gay and Lesbian Archives Health and Human Rights Project Centre
for Epidemiological Research in Southern Africa, South African Medical Research Council

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DEDICATION

We dedicate this project to all the people who shared their experiences with us—whether victims, family, friends or lovers—and those who survived in spite of having their basic human rights violated.

In particular, we think of the man known as Neil in this report, who died tragically the week before the report went into print.

We also think of all those who suffered abuses at the hands of health workers in the armed forces, but whose voices are not represented here.

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by health workers during the apartheid era.**

by

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Jeanelle de Gruchy
Sheila Lapinsky
Simon Lewin
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LIST OF ACRONYMS

ANC	African National Congress
BMJ	British Medical Journal
CGE	Commission on Gender Equality
DENOSA	Democratic Nursing Organisation of South Africa
DOH	Department of Health
ECC	End Conscription Campaign
GALA	Gay and Lesbian Archives
HHRP	Health and Human Rights Project
HPCSA	Health Professions Council of South Africa
HRC	Human Rights Commission
MASA	Medical Association of South Africa
MRC	Medical Research Council
NCGLE	National Coalition for Gay and Lesbian Equality
OLGA	Organisation for Lesbian and Gay Action
SACP	South African Communist Party
SADF	South African Defence Force
SAMA	South African Medical Association [before 1994]
SAMDC	South African Medical and Dental Council
SAMJ	South African Medical Journal
SAMS	South African Medical Services
SANDF	South African National Defence Force
SAPS	South African Police Service
TRC	Truth and Reconciliation Commission
UCT	University of Cape Town
UWC	University of Western Cape
Wits	University of the Witwatersrand

ABSTRACT

In this project, homosexuals spoke out about their experiences in the armed forces. In particular, they described how health workers had abused their powers. In the study, we used an extensive literature survey, and in-depth semi-structured interviews with survivors of abuse, friends and family of survivors, and health workers. We also held a workshop with relevant institutions to structure the recommendations to the report.

We attribute the occurrence of human rights abuses against homosexuals to the institutional context of the SADF, and the structural location of the SAMS, where many health workers showed loyalty first to the Department of Defence and apartheid ideology, and not to their professional ethics and the care of their patients.

We show how the effects of these human rights abuses affected the patients physically and psychologically. Many needed psychological counselling or therapy to restore their self-esteem.

The equality clause in the Bill of Rights of the South African Constitution (1996) guarantees people freedom of sexual orientation. The report makes recommendations on how these enshrined rights can be promoted actively by the SANDF, and national and professional health bodies to ensure that the highest standards of human rights practices are observed by their members. We suggest that homosexuals should receive visible support from institutions in the securing of equal human rights for all.

Part I : Background to the Study

CHAPTER 1 INTRODUCTION TO THE STUDY

In part I we give an overview of how the study came about and discuss the study design. In this chapter we discuss the start of the project, and give a brief overview of the scope of the research and our approach to the study area.

HOW THE RESEARCH PROJECT STARTED

During the period 1960 to 1991 many South Africans were conscripted into the SADF or became Permanent Force members. Our interest in the subject of human rights violations by health professionals of gays and lesbians in the military was sparked by reports cited in submissions to the health sector hearings of the South African Truth and Reconciliation Commission [TRC] in June 1997 (*Health and Human Rights Projects: Professional Accountability in South Africa*. Final Submission to the Truth and Reconciliation Commission. Prepared for the Hearings on the Health Sector, June 1997. December 1997). Preliminary research by the Health and Human Rights Project [HHRP] indicated that human rights violations had occurred, possibly on a wider scale than had hitherto been documented. There was evidence, for example, that gay conscripts were 'treated' for homosexuality using aversion therapy, and allegations that this 'treatment' was undertaken without their full consent. (Health and Human Rights Project, 1997) It was also alleged that many conscripts suffered long term psychological damage from these experiences.

The research team felt that such allegations needed exploration. There were a number of reasons for this. Firstly, the issue of human rights for homosexuals is of both personal and political concern to all the authors. While the entrenchment, within South Africa's new Bill of Rights, of protection against discrimination on the basis of sexual orientation is an enormous step forward for lesbians and gays in this country (The Constitution of the Republic of South Africa, 1996), it is not sufficient to ensure that such change will occur. One of the starting points for this study is the premise upon which the work of the TRC is based, that reconciliation and healing cannot occur in the absence of knowledge and understanding.

Secondly—as is the case in most other countries—the experiences of lesbians and gays in the military, and in other organisations of the state, are poorly documented. In the same way that many communities in South Africa during the apartheid era were excluded from the official history books and from the institutions of public culture, such as museums and archives, lesbian and gay experiences were also marginalised from the mainstream. This project aimed to contribute towards developing a historical picture of certain experiences of gays and lesbians in the armed forces by documenting the manner in which military health workers violated their human rights.

Thirdly, South Africa is engaged in a process of post-apartheid social change. The transformation of the military and the police service has sought to address previously disadvantaged groups, including gay men and lesbians. It was envisaged that research into past abuses in the military would assist with this process of transforming state institutions, by establishing a more detailed picture of the nature and extent of the human rights abuses committed by these institutions in the past.

Fourthly, this case study of human rights abuses in the military could contribute to our understanding of the way in which homosexuality has been historically constructed by the medical profession, and to help us understand how these perceptions continue to affect views on homosexuality today. This study attempted to put the spotlight on the health professions and encourage a re-evaluation of contemporary ethical conduct around the question of sexual orientation both in the military and in society more broadly.

Finally, it was envisaged that by documenting the history of gay and lesbian experience, and by making that information available to the broader public, the project would assist in promoting a culture of human rights in South Africa. It would also contribute to developing an awareness in the lesbian and gay communities, as well as the broader community, of the human rights violations suffered by gays and lesbians in the military. South Africa is the first country in the world to include a sexual orientation provision in its constitution. This legal commitment to the human rights of lesbians and gays needs to be translated into a social commitment to accepting lesbians and gays as equal members of society. This project aims to contribute to this social movement.

This study investigated and documented the alleged abuses of gays and lesbian in the military by health professionals. We interviewed survivors of medical abuse and their family or friends, as well as other individuals who could cast light on particular aspects of the research. The interviews give us a glimpse into the experiences of those allegedly abused by health professionals in the military.

SUBJECT AND SCOPE OF THE RESEARCH

The research is strongly inter-disciplinary, and draws on a wide diversity of academic disciplines. We use the sociological framework of gender studies and feminism to position the military as a sexist institution which emphasises a strong, and often mutually exclusive, boundary between masculinity and femininity. (Cock 1991a; Enloe 1988; Tatchell 1995) To understand homosexuality, we have drawn on queer theory and other forms of identity politics which assert that homosexual identity is developed at the interface between individual and history. (Clausen 1997; Kraak 1998; Weeks 1981)

We needed to refer to military sociology to understand the workings of structures of command, issues of security, (Cock and Nathan 1989) and policies on homosexuality. The other major field of influence in the study is our focus on health

and human rights, highlighting issues in medical ethics such as the complex nature of 'informed consent'. (Alderson and Goodey 1998)

We further examine the structures of accountability between the Department of Defence [SADF] and the Department of Health [DOH], and question the positioning of the South African Medical Services [SAMS] outside the network of accountability of the formal health sector.

Finally, we refer to the equality clause 9(3) in the Bill of Rights of the Constitution (Act 108 of 1996) for a reference point to situate all perspectives within the framework of a strong human rights principle.

APPROACH

The divergent disciplines brought with them various problems around definition—the question of 'who defines what'. These had various theoretical and empirical consequences in the research. As many linguists have argued from different perspectives, (Foucault 1970; Spender 1980; Kristeva 1974) those with the right to define are in particular dominant relations of power in discourse. Nowhere does this become more eloquent than when we discuss the changing definition of homosexuality in medical discourse. (Kirk and Kutchins 1992; Gonsiorek 1991; Ensink 1991) For this reason, many definitions in queer identity politics have become contested areas, as activists struggled to reclaim their right to definition. Since these controversies are still lodged in current discourses, they had an impact on the research.

Another problem with the hegemony of defining, touches on research ethics: how does the researcher affirm a person's interpretation of their own experiences as say 'non-homophobic', while using the information to argue that the informant was suffering abuse of human rights or dignity? We flag these situations, while consistently presenting our analyses within the context of the wider socio-historical environment. However, we do recognise that at an individual level, some people might not perceive themselves as victims, but agents with some degree of control over their social environment, regardless of the social constraints acting directly on them.

A third area of definition which sometimes created tension between the research group and informants was over what would be done with the findings. In some instances, the abuses about which they were speaking had made informants feel extremely powerless, and they somehow saw participating in the research as being able to offer them some redress, by at least naming the perpetrators. Hence at least four informants became upset and angry when they were told that the perpetrators would remain anonymous—as they themselves would—in the research report.

In this research we use definitions that are widely acceptable and understood. Where appropriate, we discuss them as contested areas. This is a strategic decision to ensure that our research will be included in debates regarding these issues.

Lastly, we have tried to give a brief but comprehensive sense of the historical times in which our informants found themselves. We have tried to let their voices be a tangible presence in the report, so that our readers can be touched by the profoundly human dimension of our research. We hope that we have succeeded in capturing the diversity of their experiences.

In the next chapter we detail the methods used to elicit the historical context of the study period, and the personal experiences of our informants.

Part I : Background to the Study

CHAPTER 2 THE STUDY DESIGN

In the previous chapter we covered the impetus that gave rise to the study. In this chapter looks at the composition of the research team, and the rationale for the study. We also discuss the scope of the research, the research methods and some of the difficulties arising during the research process.

THE PROJECT TEAM

Reference team

Graeme Reid is the co-ordinator of the Gay and Lesbian Archives [GALA] in the Historical Papers Collection: University of the Witwatersrand. GALA strives to provide a permanent home for the wide range of material relating to lesbian and gay experience in South Africa and to make this material accessible. His academic interests are in the field of Social Anthropology where the focus of his MA thesis research has been on issues of identity, sexuality and religion. He was the administrator to the project on behalf of the funders.

Simon Lewin is a researcher at the Medical Research Council [MRC] of South Africa and the London School of Hygiene and Tropical Medicine, UK. His academic interests include health systems research, health and human rights and public health policy analysis. He was involved in the conception and design of the study and contributed to data interpretation and revision of the report.

Sheila Lapinsky is a Human Resource Development Manager in the Western Cape Provincial Health Department. Her involvement in the Lesbian and Gay Community spans some 15 years. She has been actively involved in progressive lesbian and gay organisations (Organisation for Lesbian and Gay Action [OLGA]; National Coalition for Gay and Lesbian Equality [NCGLE]) whose main focus was the political struggle for equal rights for lesbians, gay men, bisexuals and transgendered persons. Sheila has been equally active in political organisations such as the African National Congress [ANC] and the South African Communist Party [SACP] where she is committed to mainstreaming lesbian and gay issues. Her interest in human rights and military issues stems from involvement in the End Conscription Campaign [ECC] during the 1980s.

Jeanelle de Gruchy was a research fellow with the Health and Human Rights Project [HHRP]. The HHRP researched the involvement of health professionals in human rights abuses during apartheid. Through advocacy, training and public awareness, the HHRP has advocated for the development of a culture of accountability and respect for human rights within the health professions. Jeanelle, a medical doctor,

has worked in the field of psychiatry, and has completed an MA dissertation that focused on issues of psychiatry, race and gender.

Researcher

Mikki van Zyl has lectured in Media Studies, Sociology and Criminology. She did her M.Phil on feminist sexual politics, and was active in women's organisations during the anti-apartheid struggle. She has been involved in many research projects related to gender and sexuality, and has researched and published widely on violence against women. She also has extensive experience in crisis counselling, bringing her qualitative research skills in sensitive or painful issues to the project. For many years she worked as a trainer using participatory research methods for policy formulation in gender and development.

Backup team

Without the advice and support of the many people who are named in the acknowledgements, this research would have been the poorer. As part of the *Simply Said and Done* team, Pauline Mitchell was indispensable.

Research proposal and report

Jeanelle de Gruchy, Sheila Lapinsky, Simon Lewin and Graeme Reid developed the original research question and wrote the research protocol. Mikki van Zyl undertook the fieldwork, primary data analysis and drafted the final report. All the authors participated in the interpretation of the data and editing of the report.

RATIONALE

The research was conceived and conducted within the framework of ensuring human rights for lesbians and gays. Information relating to human rights abuses of homosexuals in the armed forces during the apartheid era, inspired us to gather qualitative data on human rights abuses against gays and lesbians by health professionals. We use a post-modernist understanding of identity formation and discourse theory, and employ thematic analyses to interpret our findings.

Our limited resources did not allow for further action to be taken on the basis of the research. It was hoped that the data could be used as a resource: by organisations working around human rights issues for lesbians and gay men such as Triangle Project, the National Coalition for Gay and Lesbian Equality [NCGLE]; other institutions and organisations concerned with state security like the South African Medical Services [SAMS], South African National Defence Force [SANDF], South African Police Service [SAPS]; and health professions organisations like the Health Professions Council of South Africa [HPCSA], Democratic Nursing Organisation of South Africa [DENOSA], Department of Health [DOH].

PROJECT AIMS

1. To investigate and document the violations of human rights experienced by gays and lesbians in the military as a result of the actions of health workers.
2. To examine the institutional context, including explicit and implicit policies, both within the military, and the health professions which allowed these abuses by health professionals to occur.
3. To investigate and document the effects, both in the short and long term, of these abuses on survivors.
4. To contribute to reconstructing the experiences of gay conscripts and gay and lesbian Permanent Force members during the apartheid era.
5. To raise the awareness of the gay and lesbian community and the broader community, including the health professions, regarding the violations of human rights suffered by gays and lesbians in the military.

DISJUNCTION BETWEEN RESEARCH IN THEORY AND IN PRACTICE

There is an inevitable disjunction between a theoretical conception of research as documented in a proposal, and the way in which it finally evolves in practice. Firstly, the conceptual demarcation of an area for investigation such as 'human rights violations experienced by gays and lesbians in the military as a result of the actions of health workers', is of necessity narrowly focused when compared with the broader context of an informant's life experiences.

When one uses qualitative methods such as semi-structured interviews, there is a certain skill required in mediating the tension between meeting the research agenda, while allowing the informant to speak freely and fully around a topic. Especially when the research concerns intimate and sensitive issues, it may take a while before the informant can trust the researcher sufficiently with their traumatic experiences. It must be understood that an informant also has an agenda which frequently is not congruent with that of the researcher (Roberts 1981:11, Oakley 1981:42)

Because the research concerned intimate and sensitive material, the researcher was chosen because she had previous experience in research on potentially painful issues, and was competent to provide crisis counselling should the need arise. In addition, counsellors or institutions who were willing to provide further counselling, were available should informants have needed them. None felt the need for using these services at the time of the interviews.

Another constraint on the research was that there was a shortfall of about 20% in the funding—and as it was done a year later than expected, cost of living expenses had also increased. Unfortunately the budget did not accommodate commercial advertising of the project, so publicity for the project relied largely on word of mouth, announcements at public events, and sporadic advertising in the mainstream media when it stimulated a particular journalist's interest.

In documenting the effects of their experiences with health workers on our informants, we used qualitative methods which did not include any review of medical assessments of our informants. [Aim 3] Being semi-structured qualitative interviews, they form case studies which give us impressions of the military milieu into which different people entered at different times. Each person's experience is necessarily unique, but we note the themes which recur across time and place. [Aim 4] The extensive qualitative documentation in *Resister* magazine which covered our study period, provided a supportive chronological framework within which to contextualise our small sample.

Funding shortages allowed for organising one workshop only (26 July 1999) with different interest groups to help us strategise around some of the findings and make recommendations [Aim 5]. The deputy minister of Defence has shown great interest in the project, and though she could not attend the workshop, is reading all the material. Other significant representatives were from the Medical Research Council [MRC], the Health and Human Rights Project [HHRP], the Public Health Department at the University of Cape Town [UCT], the head of the Gender Equity Unit at the University of Western Cape [UWC], and Triangle Project.

The report will be sent to as many people as possible within the financial constraints, and sold at cost to those who want to buy it.

LIMITATIONS

This research project was a short-term undertaking with limited funding, and established that some medical workers in psychiatric units in the SADF had perpetrated human rights abuses against some homosexuals during the apartheid era. The research spanned the period from 1967 to 1991, while there was universal conscription for white males over the age of 16. During this period, recruitment in the Permanent Force, of white men and women, and coloured, Indian and black men increased. The conditions in the psychiatric wards varied over this time, according to the historical demands of the political conflict. As the scale and location of conflict increased and spread, the psychiatric wards were increasingly faced with combat related disorders.

DEFINITIONS

Human rights violations

For the purposes of this research, we defined a human rights abuse as any intervention based on labelling homosexuality as a deviance, and providing treatment for conversion to heterosexuality.

Homosexuals, gays and lesbians

We concur with definitions that perceive sexuality as a range of possibilities, not only for populations, but also for individuals during their lifetime. The ideology of heterosexism has delimited various norms of gender and sexuality within western

culture, with homosexuality positioned as the apparent polar opposite of heterosexuality. The creation of homosexuality as deviance has resulted in denial, stigmatisation, and invisibility of homosexuality. (Herek 1992:93) The question of homosexuality is complicated by the notion of someone 'discovering' their homosexuality by 'coming out'. It is also further confounded if one asks whether it is based on an identity, feelings or behaviour. The term 'homosexual' has a broader relevance historically, and less political connotations than 'gay' or 'lesbian'. (Clausen 1997:19) We use it to describe instances of same-sex behaviour when a 'gay' or 'lesbian' identity might not be claimed by the individuals involved. We use the term 'homosexual' when it refers to men and women, but use the sex disaggregated terms of 'gay' and 'lesbian' when the distinction is required.

Therefore, for the purposes of this study, homosexuals and gay men and lesbians included:

- men or women in the military, including conscripts and Permanent Force members who defined themselves as gay, lesbian or bisexual
- men or women in the military, including conscripts and Permanent Force members, who may have had sex with same-sex partners, but do not consider themselves lesbian or gay.

Apartheid era

The apartheid era officially lasted from 1948 to 1994, but the period we studied covered the time when there was universal conscription for white males (1967 to 1991).

METHODS AND RESEARCH TOOLS

Literature surveys and archival research covered a range of topics including gender studies, sexual politics, identity politics and gay and lesbian studies. We also had to consult literature on military sociology—structures of command and policies on homosexuality. In medical sociology we focused on the pathologising of homosexuality, notions of informed consent and health and human rights. We located the existence of homosexuality in the South African Defence Force [SADF] within a historical context, which included the struggles for equality by lesbian and gay activists.

Rationale for the qualitative approach

The interviews gave us qualitative research data. They were open-ended and inclusive to get information from informants that we may not have asked.

Within qualitative studies sampling is not performed in order to derive a group representative of a larger population to which the results can be generalised, as is the case in quantitative research. Furthermore, the sample is not selected in order to satisfy statistical requirements of randomness. The sample is rather selected to serve a specific purpose, hence the use of the term 'purposive sampling' in qualitative methodology ... used 'when one wants to learn something about certain select cases without needing to generalise to all such cases.

[quoted in letter from the Project Team to the MRC Ethics Committee (Feb 98)]

Workshops are goal-directed, and allow participants to focus on select topics. (Maconachie and Van Zyl 1994:14) In a workshop held at the beginning of the data gathering phase, members of the research team met to discuss the aims, methods, sampling, and accountability. The second workshop focused on discussing the findings of the research and making recommendations for the report, as well as the dissemination of the research.

Publicity

We relied on word of mouth and through email address lists for publicising the project. Further we made over a hundred calls and sent faxes (see Appendix E) to journalists in the commercial media, and designed pamphlets (see Appendix F) to be handed out at gatherings for gays and lesbians where likely informants might be present.

The interviews

We conducted seventeen in-depth semi-structured personal interviews, either face to face or telephonically. For many of the face to face interviews, with the explicit consent of the informant, the research assistant was also present to take notes. Many of the interviews were secured due to a snowballing effect of references from other interviewees or contacts. Seventeen interviews yielded 20 overlapping categories:

- survivors of abuse by health professionals in the military [6]
- family / friends of survivors [5]
- health professionals who worked in SAMS [4]
- other relevant informants [5]

The interviews were conducted according to feminist criteria (Oakley 1981:58) where the interview is not only seen as a one-way process, with the informant answering the research questions. The interviewer's position on sexual orientation as a basic human right was openly acknowledged, as was her lesbian identity. The interview also does not conform to a relationship where it is assumed that no personal interest will develop. Consequently, there were core questions which were asked, often as an introduction to the interview, but generally the researcher allowed the informant to speak reasonably freely on their experiences.

The researcher / interviewer was fluently bilingual in Afrikaans and English, and conducted the interviews in whatever language the interviewees preferred. Given the research focus, it was highly unlikely that any informants would not speak one of these two languages fluently. Where interviews recorded in Afrikaans were quoted in the research report, they were translated into idiomatic English, preserving the sense of what was said.

Questions

The researcher did all the interviews, and followed a basic outline for questions. (see Appendix A) They were not necessarily conducted in the same order, and if it seemed irrelevant, they were not asked. Hence, the interviews did not follow a formal format of asking the questions. The research assistant made notes of significant issues arising during any of the interviews. These provided the basis for reconstructing the context of the interview later.

Information sheets (see Appendix B) were given to informants, and consent forms (see Appendix C) were signed by every informant who was interviewed personally. Interviews were taped, transcribed, and edited for anonymity. In all the personal interviews, informants had an opportunity to check the transcription of the tapes, and to amend or add information to their interviews.

Some people who were interviewed telephonically did not sign consent forms, but every person whose information was recorded was asked whether they consented to the information being recorded. In all cases, what was recorded was then read back to the informant, to consent verbally, or the typed up versions were sent by post, fax or email, together with a consent form. Many who had promised to return them by post, failed to do so. It was assumed that they would have contacted the researcher if there were any amendments—as some did—because they all had a contact address, telephone numbers and an email address for the researcher.

Introducing our sample

Our sample had overlapping categories. For example, a conscript may have been working in SAMS. We interviewed three parents of men who were committed to a psychiatric ward. One was the father of a man whom we also interviewed, and the others were the mother and father of a son who has subsequently died. It is fairly certain that one was not gay, and did not receive aversion therapy, but the other might have had electric shock aversion therapy, and might have been gay. [See discussion further down] Another man was the lover of a conscript who had received electric shock aversion therapy, and two told us of their own experiences of undergoing aversion therapy. A man who had undergone 200 sessions of electric shock aversion therapy, but not during his army training, was also interviewed to give a perspective to the notion of 'informed consent' in a homophobic society.

We spoke to a gay man who was given chemical treatments, causing him to become impotent for the rest of his life. Another interview turned out to be based on a misunderstanding—the man we saw, whom we thought had been given some treatment in the psychiatric ward, had not been committed—a fact which only materialised during the interview. We interviewed one psychologist who had witnessed some electric shock aversion therapy and a man who was a head of a military psychology unit during his conscription. Another psychologist had worked with one of the psychiatrists who had tried to convert homosexuals by using aversion therapy.

A lay counsellor who had spoken to many gay conscripts about their experiences in the SADF was also interviewed. Further, we interviewed a gay doctor, and another straight conscript working in SAMS.

Finally, we interviewed one lesbian who was dishonourably discharged from the navy, ostensibly for going AWOL, but actually for being homosexual. We spoke to another who was sent for psychological counselling after a member of her platoon made a complaint to their officer about conversations she overheard relating to lesbianism.

All our informants were white, and although there were other races in the military, our interviews are consistent with the proportions of 'races' present in the armed forces at the time. Had we interviewed persons of other races, we might have recorded qualitatively different experiences.

RESEARCH ETHICS: CONFIDENTIALITY AND CONSENT

Informants were generally contacted by phone before a face to face interview was set up. In the telephone conversation they were usually told what the research was about, who was conducting it, what would be done with it, and assured of the confidentiality of their identities. They were informed that the names of all participants and perpetrators would remain anonymous in the research report. They were asked if they wanted to participate, and then asked for their permission to make tape recordings of their interviews, and told that the tapes would subsequently be housed

at the Gay and Lesbian Archives at Wits University. Transcripts using their pseudonyms would also be lodged at GALA and the Health and Human Rights Project [HHRP]. This meant their identities would be protected, and that they would sign consent forms for the material to be used in the specified manner for the research. Two people refused to have their interviews taped, but signed the consent forms after checking and re-checking the transcripts of their interviews. One person submitted their own tape recording by post, and signed a consent form after checking and adding to their transcript. Every participant was sent an executive summary of the research report at the end of the research.

Support for interviewees

We were aware of the ethical considerations necessary in researching human rights abuses. The researcher and interviewer was a trained crisis counsellor, and was ready to give immediate counselling if needed. Where further counselling was needed around issues raised in the research, referrals were made to counsellors at local institutions or organisations who had been alerted, and were on specific standby for the project.

DATA ANALYSIS

INTERVIEWS

As soon as possible after an interview had been conducted, the tape would be transcribed. Any notes pertaining to the context of the interview would be inserted at the start of the transcript.

A three-tier schedule for a content analysis of the transcripts was constructed, based broadly on the aims of the research. Because the interviewing process usually proceeded from a general inquiry about the military environment to the more specific experiences of human rights abuses, we organised it as follows: we covered aim 4 first, then aim 2, followed by aim 1 and 3, and finally aim 5.

Finally we categorised the workshop information under various headings that arose during the process of discussion.

Experiences of gays and lesbians in the armed forces (aim 4)

In this category we addressed experiences relating to sexual orientation and acts of homophobia.

Sexual Orientation

Under this sub-grouping, we classified accounts relating to people exploring their sexuality, realising they were homosexual, coming out and realising that there were others like them.

General attitudes to homosexuals, and societal homophobia

Attitudes to homosexuals ranged from extreme homophobia to curiosity. In this section we collected statements about people's experiences of sometimes extreme

and pervasive homophobia, but also of some good experiences. This alerted us to the complexity of the military environment for gays and lesbians, and the potential contradictions in the way people regarded homosexuality.

We also uncovered gross human rights abuses in the form of beatings, torture, sexual humiliations and sexual assault against gays, because they were gay. We realised how the language of the military was cast in masculine / feminine polarisation.

Here people also recounted their experiences and beliefs of homosexuality being perceived as sin, crime and disease.

Institutional context and policies (aim 2)

In this category we classified references to all the policies, both implicit and explicit, and became aware of the informal policing suffered by homosexuals.

Institutional homophobia (implicit policies)

This sub-category overlapped qualitatively with the general homophobia present in the armed forces, but focused on the areas where we perceived it to be institutional rather than societal.

Explicit policies

In this sub-group we classified references to explicit army policies, protocols, and the medical policies. We also included explanations of homosexuality as security risks, and as reasons for discharge from the Permanent Force.

Conduct of health professionals (aim 1)

In this section we classified accounts focusing on the main aim of the research—everything concerning the informants' experiences relating to health workers and treatment for homosexuality.

Information

Under this sub-heading we classified accounts about the information that was given to 'patients' or their parents / guardians, and some matters relating to 'informed consent'.

Coercion

In this sub-section, we noted accounts of 'informed consent' in the context of coercion.

Experiences

This sub-division held most of the informants' experiences of medical treatment, and how they felt about it.

Health Professionals

Under this sub-heading we classified the conduct of health professionals, as experienced by the informants—whether negative or positive. Many of the information came from health professionals themselves.

The Psychiatric wards

From our information, we realised the need for a sub-category which contained explanations for the general milieu of the psychiatric wards—so often people who resisted the army for political reasons ended up there.

Long— and short-term effects (aim 3)

Under this heading we tabulated all the effects, both physical, and psychological on our informants—parents, soldiers, medical professionals alike. We also recorded people's feelings of wanting retribution and revenge.

Effects

We recorded extensive and wide-ranging lists of the psychological effects of treatment—mostly ego-destructive.

Revenge

In this sub-group we put accounts of anger and revenge.

Recommendations (aim 5)

We had asked informants to make recommendations for the future, and classified their contributions under this heading. These were combined with those of the workshop to construct chapter 5 of the report.

WORKSHOPS

One workshop was held at the start of the research to consolidate the process amongst the research team. The aims, methods and sampling were discussed, as were the systems of accountability, from which the contract between the reference team and the researcher was drawn up.

Another workshop was held before the report was finally completed, so that interested parties could help us strategise the dissemination of the findings of the research.

We invited the deputy minister of Defence, who pledged her support for the project even though she could not attend the workshop. We included the people from the Public Health Departments in the Western Cape Provincial office, and at the University of Cape Town. The Medical Research Council, the Health and Human Rights Project, Triangle Project and the Gender Equity Unit from the University of Western Cape also attended. Various people including the local press have given their support in the further dissemination of the research.

The workshop information was classified as follows:

Medical ethical questions related to informed consent, treatment protocols, client / patient confidentiality, and providing information. Next came issues related to codes of conduct and referral procedures, which took us further to a category for systems of accountability focused on the relationship between SAMS, SADF, and SAMA. Here we covered disciplinary procedures and avenues of redress. Next we addressed policy issues at both institutional levels, and advocacy at a societal level.

LITERATURE AND ARCHIVAL MATERIALS

Throughout the project relevant literature and archival sources were used to contextualise and broaden our understanding of the findings from the interviews.

Summary

Once all the interview material and workshop outcomes had been classified under the various themes, it was incorporated into the structured outline for the final report. Our literature review, and particularly the material in *Resister* magazine, provided a foundation for part II, chapter 3 'Homosexuality in Context'. The interview material was incorporated mostly into parts II and III of the report, 'Homosexuality in the Armed Forces' and 'Solutions Offered'—especially chapters 4 and 5, where the voices of our informants are strongest. The workshop information on the other hand, was used particularly in part III: 'The Way Forward', chapters 5 and 6—'Solutions Offered' and 'Recommendations'.

METHODOLOGICAL ISSUES

'In' or 'out' of the closet

During our investigation, many of our informants were open about their sexual orientation, but there were several instances where the question of gay identity remained uncertain. For example, one informant never admitted that he was gay (or straight), even though he knew the research was being conducted by organisations concerned with lesbian and gay equality. He also did not want to be interviewed, though he spoke to us on the telephone. He appeared to have been given aversion therapy according to a psychologist who was working in the unit at the time, but that could have been for reasons other than being gay. He himself does not remember the time, except that he was very heavily sedated and drugged. He had seen the psychologist subsequently, who was ethically obliged to retain client confidentiality. This demonstrates the stigma and possible invisibility that many homosexuals suffer through society's homophobia.

Contact: ... I had also spoken with a psychologist who confirmed that he had received aversion therapy, and though she did not say so outright (client confidentiality), I gathered from non-verbal clues that he may be gay, and given treatment for homosexuality. He never gave the slightest indication that he may be gay.

Interview notes:IV6

Whether our informant is or is not gay is not the issue. This example demonstrates the difficulty of using a definition based on gay identity, when fear of homophobia might have kept people in the closet, or prevented them from talking to us.

Sampling

The problem of definitions affected our sampling, as was demonstrated above. Another definition that proved elusive was 'abuse by health care workers'. One of our informants was referred by a friend of his, and even though we clearly stated the purpose and scope of research on the telephone while setting up the interview (see Appendix B), we only discovered during the interview that the man had suffered abuse by the armed forces, but not by health workers. We believe it was a misunderstanding based on innuendo and a desire for confidentiality—we felt wary of probing the nature of his experiences in the first contact. A similar situation arose with a lesbian who was keen to tell her story after seeing the pamphlet. This confirms the TRC principle that people who have been abused should be allowed to tell their stories in order for reconciliation to take place.

Expectations and agendas

Several difficult situations relating to different expectations and agendas arose between the research team and the informants.

The above examples illustrate another factor related to gay life: people's need to disclose their hurt and pain to sympathetic listeners. In spite of numerous explanations of the purpose, scope and limitations of the research, the researcher

endured some difficulties from one of the informants who wanted his case to be taken further.

The parents of a son who died (his death was unrelated to the army), but who came back from the psychiatric ward a disturbed person, wanted to see the doctor exposed. All the men who had suffered aversion therapy or hormone therapy wanted to expose their abusers. Since all the people named in the research remained anonymous, this could not happen.

When people open up their wounds, they expect something back. By engaging in a research process, we are raising their expectations—and often the research brief will not fulfil them.

Dependency

In one case, the informant conducted a year-long correspondence with the researcher. It took nine months before the details of his suffering emerged. During this period he was under psychiatric care, but still relied on the researcher as a support system. He was angry at the conclusion of the research when he would have liked support to take his case further. This fell outside the scope of the research, and was made clear from the start. The writing of the report gave the researcher an opportunity to start concluding the relationship. Tragically, he died just before the research report was printed.

Action

We anticipate that the dissemination of the research in the right places will lead to it being acted upon by interested individuals and relevant institutions.

CONCLUSION

We used a variety of research methods to fulfil the aims of this project. We have succeeded in eliciting a diversity of voices about the treatment of homosexuals in the armed forces, and the human rights abuses suffered at the hands of health workers. In the next part, we contextualise homosexuality theoretically, describe the historical milieu of the study, and document the experiences of our informants.

Part II : Homosexuality in the Armed Forces

CHAPTER 3 CONCEPTUAL OVERVIEW: HOMOSEXUALITY IN CONTEXT

In part II we locate the experiences of our informants in their historical context. In this chapter we discuss the emergence of 'homosexuality' as an apparently discrete social entity, and position the concept historically as a socially relevant signifier. We then show how homosexuality disrupts discourses of sexuality which rely on biologically essentialist ideologies based on simplistic correlations between sex and gender. We further explore the patriarchal construction of gender and sexuality within institutions such as the medical and military spheres. Finally we contextualise the articulation of SADF military policies on homosexuality, and practices in the SAMS over the period 1967 to 1991. We adhere to a post-modernist view that sees sexuality and gender constructed in discourses, and queer theory as a view that takes strategic cognisance of those constructions.

"The real issue confronting our society today is not why people seek love and understanding as they do, but why some are unable to love and understand at all."

Haldeman (1991:160) quoting Bryant Welch (1990)

THE CONSTRUCTION OF HOMOSEXUALITY AS DEVIANCE

In this section we demonstrate how biologically determined ideologies of gender formed the basis for a construction of homosexuality as deviance.

Sexuality forms part of highly complex social discourses which derive their meanings from their historical contexts. These discourses channel and maintain relations of power, so it is important to understand how they construct and organise sexualities, their social expression and their prescribed norms. (Foucault 1979) One needs further to examine how different social subjects are located in relation to each other inside those discourses: how certain aspects become centralised, and others marginalised.

We do not view sex as 'an overpowering force in the individual that shapes personal [and] social life'. (Weeks 1981:2) Yet we are critically aware of the dangers in conceptually trying to fix the language of the body, as many contemporary conceptualisations of sexualities have deep cultural roots in naturalistic discourses, and there are complex tensions around how people experience their sexuality and how—or whether—they talk about it.

... dit het gebeur voor my besef dat ek gay is ... mens besluit nie, jy word so gebore.¹

IV12:8

1. ... that happened before I realised that I was gay ... one doesn't decide, one is born like that

Definitions of homosexuality

In *Sex, Politics and Society* (1981) Weeks traces the historical emergence of definitions of homosexuality in England. He argues that it is important

to distinguish between, on the one hand, homosexual behaviour, and on the other homosexual roles, categorisations and identities.

Weeks 1981:97

Cultural responses to homosexual behaviour vary enormously from culture to culture and over time. In Western Europe, the definition of homosexuality was first based on an act, and later developed into a cultural identity which kept transforming with the development of social movements over the last century.

Sodomy was criminalised as an act 'against nature' between men, and between men and women. (Weeks 1981:99) But as homosexual subcultures emerged in the cities in Europe and North America during the late seventeenth and eighteenth centuries, the 'morality crusades' focused on males. In the armed forces many men were executed, because buggery was 'treated as seriously as desertion, mutiny or murder'. (Weeks 1981:100)² By the last quarter of the nineteenth century there was still no clear definition of 'a homosexual identity', but during this century the idea of homosexuality had shifted from a particular sexual practice to a new category of social subject.

This proved problematic for both the legal and medical spheres, since they had enormous influence (and vested interests) in the development of the terminology and definitions which made up the discourse of sexuality—and homosexuality as a 'deviance'. The concept of a historically changing social identity is more elusive, and more difficult to subject to social control than an act.

In discourses of social control, the focus on homosexuality was almost exclusively on men. There are few references to women relating to each other in a sexual—or romantic—context. During the seventeenth and eighteenth centuries it appeared briefly in literature, (Ensink 1991:6) but no institutional definitions were developed. The centralising of male sexuality, and the emphasis on reproduction, made women's sexuality, and women's affectionate relations with other women largely invisible. Thus lesbianism eluded legislators, but simultaneously its silence in history was perpetuated. Conversely, homosexuality for men entered the historical arena as a deviance, and not as men's love for other men.

Gender and Sexuality

Gender ideologies underpin discourses on sexuality. During the early twentieth century they were firmly rooted in biological concepts of masculinity and femininity, with reproduction as the apparent *raison d'être* for sexual intercourse. Marriage and 'the' heterosexual nuclear family were the normalised social institutions to secure it. However, a broad historical view of social stratification—systems of social control

2. Weeks references A.N. Gilbert, 'Buggery and the British Navy 1700–1861' *Journal of Social History*, Vol 10, No 1, Fall 1976

and authority—shows that these values of sexual asymmetry³ in modern industrialised cultures are neither biologically determined, nor socially inevitable. (Bleier 1984:160) Gender theorists have argued that conceptions of femininity deriving from this contribute to women's subordination. (Van Zyl 1988:41) What is frequently not addressed in these explanations, is how certain masculinities devolve from these constructions.

The official moralistic discourses of the late nineteenth century in Britain (Weeks 1981:84ff) which linked oppositions of virtue / vice, cleanliness / filth, civilised / primitive, positioned 'others'—for example, women and the working class—differently and marginalised in relation to usually white, middle-class men. (Mort1983:37)⁴ Thus a private and 'forbidden' construction of masculine sexualities—heterosexual as well as homosexual—focused on encounters with prostitutes and members of the working class. The opposition between, for example, the 'virtuous wife and the 'depraved prostitute' created its own meaning of masculine 'sexual pleasure'. (Mort 1983:38) This construction of an 'irregular' masculine sexuality influenced the meaning of masculine desire as an apparently irrepressible 'biological' drive in the male to experience sexual pleasure. It also became the axis around which numerous official discourses were ranged on the social control of gender and sexuality, and sexual pleasure as deviance.

At the turn of the century, 'sexual pleasure' already occupied an area of contested morality, but most sexual policing of the private arena was conducted through institutions supposedly safeguarding social mores, such as religious institutions. Because 'sex for pleasure' was constructed around a male agent, female sexuality for pleasure—and consequently female homosexuality—was socially, but not necessarily culturally, invisible. It also had the effect of emphasising male homosexuality as quintessentially sexual. These distinctions become very significant when we analyse the articulation of homosexuality in a traditionally masculine terrain—such as the armed forces.

Sexuality fell under institutionalised social control of 'morality' through heterosexual marriage, ostensibly for reproductive purposes, as the normative reference point. (Weeks 1981:99) This normative puritanism was perpetuated and maintained through laws criminalising 'sex for pleasure'—prostitution, sodomy, and for about a hundred years any acts that could indicate homosexual affinity between men.

At the turn of the nineteenth century, homosexuality and the homosexual subject became incorporated into legal, medical and psychological discourses for categorisation. (Weeks 1981:102; LeVay 1996) More significantly, this period saw the seedlings for political mobilisation around a queer identity in the late twentieth century. Terms for homosexuality started emerging—'homosexuals', 'inverts'—leading to 'gay' or 'lesbian' after the 1970s. Homosexuals themselves started using some of these terms and inventing or appropriating others to name and re-name

3. The observation of physiological differences between males and females gives rise to biologically essentialist notions of causality, where sex role differentiation is apparently determined by sexual physiology.

4. These same polarisations were also prevalent in the military ideology of South Africa during the study period.

themselves. For instance, a word which has been around for the best part of this century to describe homosexuals—'queer'—now arguably also covers a range of sexualities which even blur any clear-cut boundaries between heterosexuality and homosexuality. Because of sexism in society, women's and men's homosexuality cannot necessarily be contextualised in the same way or analysed with the same tools.

Homosexual identities

There is rough agreement that by the mid-nineteenth century modern male homosexual identities were emerging within northern anglo-american cultures, but lesbian identities became visible much later. (Clausen 1997:64)

Political and cultural mobilisation around homosexuality which started in the last century culminated in the latter half of this century. In response to the dominant homophobic discourses, pro-homosexual movements appeared in the wake of human rights struggles. There were debates within the scientific⁵ and legal discourses, but on the other hand people who identified themselves as homosexuals also began to claim their own visibility through styles and sub-cultures.

Several other historic movements around sexuality contributed to the current conceptions of politics, culture and gender in queer identity. Greater tolerance of libertarianism occurred after each of the World Wars. These wars had major impacts on the cultural fabric of society, as existing culture, class and gender relations were disrupted by the economics and political imperatives of war. There was also a decline in the influence of the churches on secular morality. Increasingly scientific and legal discourses became the rationale on which social policy was based—an apparently objective 'truth'. (Van Zyl 1988:157–165)

By the middle of the twentieth century 'sexuality' had been incorporated into many scientific and medical discourses. Debates centred around familial ideologies and conjugal sexuality, and at a broader political level population control informed discourses on fertility. They almost all assumed heterosexuality as the norm, and adhered to biological constructions of gender. The condom, introduced as a prophylactic for venereal diseases, was in demand during the 1930s as a contraceptive device, and gave rise to the introduction of the contraceptive pill. This arguably freed heterosexual women to experiment sexually during the period of liberalism and individualism following the late 1960s.

Criticisms from within the women's movement claimed that no significant liberation had occurred in the construction of sexuality for women, since the eroticisation of domination and subordination was embedded in heterosexual relations through the centralisation of 'male' desire in patriarchal discourses. They argued that many gay men also eroticised power differences around class, age or race. (Jeffreys 1990:146) It also implied that lesbians and gay men had different political agendas.

5. LeVay 1996 describes these movements in considerable detail in *Queer Science*.

Rifts appeared in the feminist movement around the construction of women's sexuality. Divisions also appeared among gay men—particularly in the light of the AIDS crisis—who contested the 'promiscuous' construction of masculine sexuality.⁶ These conflicts again centred on attempts to 'fix' sexualities (and gender), but they only affirmed that sexualities are not essential, but socially constructed—even constructed differently for one individual at different times. It was within these gaps that queer culture emerged as a broad social movement representing a diversity of sexual constructions not accommodated by the mainstream.

The deviance of pleasurable sex

Underlying all the social institutions and their attempts to control sexuality is a concern with population control. In spite of increasing scientific, medical and psychological views that emphasised people's sexuality as an expression of desire and pleasure, the notion that sexual intercourse was intended centrally for procreation persisted. Thus sexuality was located within biologically determined notions of what is 'natural'—trapped firmly in the heterosexual nuclear family.

The standard argument that 'homosexuality is not natural' because sex is intended for procreation, would mostly gain an admission from heterosexuals that in most of their sexual activities they spend an inordinate amount of energy in trying **not to procreate**. Hence the basis for labelling homosexuality as deviant goes back to its puritanical roots in religion, and is paradoxical to modern thinking on sexuality as fulfilment of desire.

Conclusion

Over the last century a conceptual struggle has occurred in locating sexuality as desire within the mainstream. Biologically determined constructions of gender located feminine males and masculine females as deviants. Sexism made women historically more invisible than men, consequently, as homosexuals, gay men were foregrounded while lesbians remained invisible, resulting in the social control of homosexuality being focused on men.

MEDICAL DISCOURSE

This section describes how conceptual struggles around sexuality as desire in medical discourses ranged between biological versus cultural constructions of human beings. It also shows how the medicalisation of homosexuality as disease benefited scientists.

Many people believe that 'biology is destiny', but even the words they use are cultural lenses which have already filtered their thoughts—selecting, combining and excluding elements which they think are not historically or culturally relevant.

6. While accessing the internet, the researcher tried to find academic information on homosexuals in the armed forces—it was both frustrating and an incredible waste of time and money to discover that approximately 90% of the searches yielded gay pornography!

Biology is a genetic and physiological potential which is socially influenced and defined; it changes and develops in interaction with and response to our minds and environment, as our behaviours do ... it can define possibilities, but not determine them, it is never irrelevant, but also not determinant. For each person, brain—body—mind—behaviours—environment form a complex entity, the parts of which are inextricable from each other; the parts and the whole are ceaselessly interacting and changing and carry within themselves the entire history of their interactions.

Bleier 1984:52

Since about the thirteenth century, secrets of sexual desire had been whispered in the ears of priests in confessionals. According to Foucault (1979), this milieu shaped the entry of sexuality into discourse as a search for 'truth'. For homosexuals this 'truth' was in the realm of 'transgression', and confessing became the process of therapy. The psychiatric couch then became the secular confessional—confidentiality behind closed doors—and in medical categorisation the transgression slipped easily from 'sin' to 'disease', and a mental pathology was set in motion. (Bleier 1984:177)

Medical Definitions of Homosexuality

Ever since Sigmund Freud (1905) contested his contemporaries' predisposition towards biological explanations of sexuality, homosexuality has been prominent in the psychiatric, psychological and medical discourses of this century. He proposed that sexuality was culturally constructed, and found that homosexual people showed no other remarkable deviations from the normal, merely a deviation of the cultural norm. Unfortunately, he himself later fell into the trap of making a norm normative. (cited in Ensink 1991:13)

The extensive categorisation and analysis of homosexuality took various directions: many scientists kept to biologically determined views of sexuality, while others went along with theories postulating that homosexuality was culturally constructed. Many believed that homosexuality was a physical or mental disorder that could somehow be cured, and they set about developing techniques to change homosexuals into heterosexuals. Altogether, many scientists from different disciplines—anthropology, sociology, biology, psychology and psychiatry—were part of the enquiry into, mostly, male homosexuality.

Throughout the period when homosexuality was under scrutiny, the predominant questions asked were: (Curtis and Taket 1996:54)

- Are homosexuals sick?
- How can homosexuality be diagnosed?
- What causes homosexuality?

Since the beginning of the twentieth century there were dissenting views by a number of people. Havelock Ellis and Magnus Hirschfeld (like Freud in 1905) claimed that homosexuality was a variation of normal human sexuality. Alfred Kinsey's studies of sexual behaviour in 1947 and 1953 made a marked contribution towards breaking the simplistic normal / abnormal dichotomy in labelling human sexuality heterosexual or homosexual, and preferring to explain sexual orientation

differences as a matter of degree. They explicitly rejected the view that homosexuality was a sign of psychopathology. (Curtis and Taket 1996:55)

In 1951 another group, using a biological basis for sexuality, did cross-cultural analyses, as well as studying monkeys. They concluded that

... homosexual responsiveness found in humans reflected our 'fundamental mammalian heritage', refuting an argument that homosexuality was pathological because it violated a biological directive.

Ford and Beach 1951 cited in Curtis and Taket 1996:55

Many therapists assumed the mental illness model of homosexuality, and then set out to 'prove' it. Their samples frequently consisted of their clients, or people who were incarcerated in institutions such as prisons. In contrast, Hooker during 1957 chose homosexuals in the community as her sample. Judges were unable to distinguish between heterosexuals and homosexuals in her matched pairs on the basis of test results for social adjustment. (Curtis and Taket 1996:56)

In the meantime, the definition and diagnosis of homosexuality as spelled out in the Diagnostic and Statistical Manual of Mental Disorders [DSM] published by the American Psychiatric Association, had a new definition of homosexuality for each new edition. DSM-I (1952) listed it with 'other sexual deviations' and included it among the sociopathic personality disturbances. In the revised edition of 1968 [DSM-II] it was still listed with 'other sexual deviations', but called a 'non-psychotic mental disorder'. By the time DSM-III was due in the 1970s, struggles to have homosexuality removed as a mental disorder had taken place. After much lobbying on both sides of the fence, a show of hands led to homosexuality being removed as a mental disorder from DSM-III (1980), but it was replaced with Ego-Dystonic Homosexuality. In the revised edition, DSM-III R (1987) it too had slipped quietly into obscurity.

However, the World Health Organisation's International Classification of Diseases [ICD], used by British psychologists, still classified homosexuality as a disease in ICD-9 (1977). According to Kirk and Kutchins (1992:209) each revision changes the categories, and within a 14-year period four different editions—and definitions of homosexuality—would have been operative. (1992:213) They elucidate the benefits for scientists of medicalising human behaviour.

The expanding scope of mental health, advanced through an ever-growing list of official diagnoses of mental disorders, produces two important political gains for psychiatry: First, if increasing numbers of people have definable mental disorders, the mental health professions can argue that increasing funds should be allocated to conduct research and provide treatment for them. ... [A]n expanding list of mental disorders that contains everything, including low intelligence, tobacco dependence ... caffeine intoxication, and childhood misconduct, offers an ideology for understanding a potpourri of dysfunctional or devalued behaviours as medical disorders rather than as diverse forms of social deviance. This trend to medicalise deviance has a long history. (Conrad & Schneider 1980) Diagnostic decisions routinely made in mental health organisations for reimbursement purposes institutionalise this medicalisation in a way that cannot be easily reversed.

Kirk and Kutchins 1992:238

Even though the definitions of homosexuality generally refer to both men and women, they are usually based on work with men (unless otherwise specified). From

the outset, lesbianism has caused problems in the categorisations and studies, exposing its patriarchal origins.

Psychoanalysts like Abraham and sexologists like Krafft-Ebing explicitly linked the (pathological) lesbian with the feminist.

Curtis and Taket 1996:51

The biological researchers have of necessity separated the sexes and behaviours—thereby having to conduct different studies for females and males. Therapists likewise have had to put forward different explanations. It is therefore not surprising that the treatments developed are not necessarily alike for males and females.

Treatment for Homosexuality

The whole discourse surrounding the production of ever more elaborate nosologies pathologising general human behaviour undoubtedly benefits the numerous therapeutic professions. Therefore, the removal of homosexuality as a mental illness from DSM did not prevent the scores of people concerned with converting homosexuals to heterosexuals from practising their therapies. But assuming that one accepted the nosology of DSM, there are still three concerns which arise from the practice of conversion therapies: (Haldeman 1991:149)

- It had been shown fairly reliably through empirical studies that these therapies don't work.
- There are ethical questions around the practice of techniques that are not therapeutically credited by the professional regulating bodies.
- Finally, people who are targets for such therapies could be mentally fragile as a result of society's homophobia.

Conversion therapies took a variety of forms, but all were based on the premise that to have a homosexual orientation was somehow wrong. From within the psychoanalytic tradition long-term therapy was advocated. There is no conclusive evidence that major shifts towards heterosexuality are achieved.

What, then, is the intended goal of treatment ... if a 'solid heterosexual shift' is defined as one in which a 'happily married' person may engage in 'more than occasional' homosexual encounters ...? This reiterates one of the major objections to conversion studies: these interventions do not shift sexual orientation at all. Rather, they instruct or coerce heterosexual activity in a minority of subjects, which is not the same as reversing sexual orientation.

Haldeman 1991:151

In behavioural therapy it was believed that if homosexual behaviour could be extinguished and heterosexual behaviour substituted, sexual orientation would change.

Such early behavioural studies primarily employed aversive conditioning techniques, usually involving electric shock or nausea-inducing drugs during presentation of same-sex erotic visual stimuli. Typically, the cessation of the aversive stimuli would be accompanied by the

presentation of opposite-sex erotic visual stimuli, to supposedly strengthen heterosexual feelings⁷

Haldeman 1991:152

Most studies using aversion techniques showed that they might inhibit homosexual responsiveness. One of the informants in our study mentioned that it rather induced the eroticisation of pain.

[F]ortunately I think with the therapy that I've had subsequently that I managed to get over that kind of dangerous thing between pleasure, pain and sexuality. So I haven't actually ended up as a complete raving sado-masochist.

IV1:4

Haldeman (1991:153) calls such methods 'torture', where the person starts to become fearful, shamed, and conflicted as a result of therapy. Moreover, he claims that none of the therapists asks whether the treatment could be harmful, and not only to the client, but to any person they become involved with in their belief that the conversion was 'successful'. At 19 Colin underwent aversion therapy.

Determined to put men out of his life after a failed suicide attempt at 21, he led a celibate life. This continued into the first seven years of his ten-year marriage. Colin married Diane when he was 27 ... The conjugal couple visited ... a psychosexual consultant, in the hope that she could help them resurrect their sexually defunct and, therefore, childless, marriage... inevitably, the marriage did break down.

At last, 37-year old Colin accepted fully his homosexuality and came out.

Gay Times 1996:31

Within the biomedical sphere, various treatments have been used since early in this century. Surgical castrations of homosexual men have been done through various techniques: transplanting of testicular tissue from a heterosexual man into a castrated patient during the years 1916–1921 all failed. Since 1962 hypothalamotomies were performed on men in mental institutions or prisons. There is uncertainty to the effects of this surgery, but it was prohibited in Germany. (Silverstein 1991:107)

Another technique was based on the assumption that homosexuality was due to abnormalities in the balance of male and female hormones. It was found that both males and females injected with hormones were unlikely to show any change of orientation after puberty. Biomedical researchers are currently focusing on genetic factors and prenatal hormone development. (Silverstein 1991:110)

Conclusion

The major concern for advocates of human rights is whether any therapy focusing on homosexuality has ever de-pathologised homosexuality, and whatever the motive, whether biomedical research would re-pathologise it. It is homophobia in society and among therapists that needs to be addressed. Homosexuals should be able to enter therapy to address problems such as depression without having their therapist focus on sexual orientation—after all, a depressed heterosexual isn't. Furthermore,

7. These heterosexual images were frequently of a pornographic kind (*Scope* centrefolds were used in South Africa, *Mail & Guardian* 20–26/6/97), and from a feminist perspective one must enquire exactly what kind of heterosexual relations these therapists had in mind.

therapists stand in potentially powerful relations to clients who usually enter therapy when they feel vulnerable. The issue is therefore not only one of individual approach, but of broader ethical concern at an institutional level.

MILITARISM—GENDER AND SEXUALITY

In this section we address the manner in which the ideology of militarism centralises certain constructions of masculinity. The patriarchal delimitation of femininity is incorporated conditionally into the mainstream as an inferior position, but also marginalised as ‘the other’—the threat to masculinity.

The History of Western society is predominantly a history of warfare and conquering. (Lerner 1979) It is a history of certain men, while most women apparently remain invisible, and a centring of particular masculine endeavours, where feminine labour becomes marginalised or invisible. But when all the threads are unravelled, the military machine’s dependence and reliance on women becomes evident. (Enloe 1988:xxxix) Militarism depends explicitly and implicitly on notions of masculinity and femininity—where femininity needs to be marginalised so masculinity can be exalted. (Enloe 1988:xviii)⁸

The armed forces are bastions of traditionalism, reproducing historically specific gendered categories of the sexes. No other government department is so closely aligned with state power and notions of national security. (Enloe 1988:9) In the name of ‘state security’ it reproduces and maintains a system of gender inequality, and if necessary resorts to repressive force if its hegemony becomes threatened. (Van Zyl 1988:73)

Misogyny and hatred of the feminine

In apparently exclusively male institutions with a strong ethos of macho masculinity, such as the armed forces, the dynamics of gender become focused in a variety of ways—usually antagonistically. What is perceived to be under threat are particular notions of masculinity, hence femininity is constructed and maintained as ‘the other’.

[A] few people from various bases resorted to sex changes or trans-gendered lives on leaving the defence force, having had a really false and slanted view of machismo instilled into them.

IV17:2

This division is also based on the opposition of ‘order’ / ‘chaos’, where ‘order’ encompasses authoritarianism, hierarchy and discipline, and refers implicitly to the type of centralised control embodied in military structures.

In perpetuating a particular construction of masculinity, the military is also faced with men’s sexuality, presumed to be ‘naturally’ predatory and insistent. Wherever wars have been recorded, there have been women as ‘camp followers’, fulfilling various ‘feminine’ services such as cleaning, cooking, nursing—and inevitably sexual servicing. (Enloe 1988:5) Feminine homosexual men also become identified with these roles.

Sexual release was deemed necessary to maintain the soldiers’ morale. Women who serviced the men usually did not form part of the formal military hierarchy, and they

8. To quote a feminist slogan: Only someone with a very small mind needs to make others feel small in order to make itself feel big.

were controlled by being labelled 'dirty' whores when it became expedient. Different armies found different solutions, but all were attempts to try and control sexuality. (Enloe 1988:18–45) One of the most pervasive strategies in the last century, particularly in anglophone countries, was to medicalise the problem. Women who were suspected of being prostitutes in places where soldiers were based, could be forcibly subjected to medical examinations for venereal diseases. The military were caught on a cleft stick around sexuality: steeped in debates on 'healthy' men's sex drives, soldiers' morale and sexually transmitted diseases, prostitution became camouflaged under the general topic of 'health'. (Enloe 1988:27)

Another paradox presents itself around sexuality: What does it mean to be a man's man in an exclusively man's world?

Rape is obviously not an exclusive preserve of military men. But it may be that there are aspects of the military institution and ideology which greatly increase the pressure on militarised men to 'perform' sexually, whether they have a sexual 'need' or emotional feelings or not. First, military men live more exclusively among other men than do most men (except perhaps prisoners), and thus are subjected 24 hrs a day to pressures to conform to standards of 'masculine' behaviour. Second, military officialdom seeks to make men feel secure within the cocoon of the 'military family', while it simultaneously encourages men as soldiers to see the rest of the world as chaotic, fearsome and needing to be controlled or conquered. Trying to cope with the confusion and dangers of warfare, military men, more than most men, feel the need to have 'buddies'. But to acquire buddies a soldier has to prove he is trustworthy, able to face death and violence while remaining 'cool'. Thus, while a militarised man needs a buddy, a friend to whom he can reveal his fears and vulnerability, he can only earn buddies by proving he is a 'man', that he isn't squeamish in the face of violence. Such contradictory pressures can make it especially hard to say 'no' to gang rapes.

Enloe 1988:35–36

Conclusion

Understanding the militarist construction of masculinity as male-identified, and violent, lies at the root of comprehending both the homophobia and the implicit homophilia in the SADF. This is how South African conscripts had to come face to face with themselves as men.

Ovambo and Herero women were raped and gang-raped, and the rule of the crowd or group ... everybody ... even gay men, or latent or closeted gay men, were forced to join in this. This seemed to have been highly traumatic for some people.

IV14:3

THE MILITARISATION OF SOUTH AFRICA

In this section we link the discourse of militarism with the construction of aggressive masculinity in South Africa, and the explicitly sexist gender ideology operating in the SADF.

One of the defining features of South Africa as a society engaged in war is that the battlefield comprehends the entire society.

Cock 1989:51

In the modern world the military institution of a country is closely identified with the state and governance. (Enloe 1983:11) In South Africa the government represented a small minority of South Africans, but the armed forces were used to coerce millions

of people into submission through violence. By the late 1980s South Africa was a highly militarised society at war with its own people.

The SADF encouraged masculinity in the form of gross brutality, human rights abuses, and the commission of crimes. Stories abound of soldiers behaving inhumanely as a matter of habit when they were in the operational area.

A lot of guys were really perverted, they would burst into a kraal and steal whatever they could. Sometimes they would try and have sex with the women, just casually strip them.

... We kicked his head in, and then we went round and we smashed up this old guy and beat him up—we laid into him with a bat and a stick. We smashed up a woman too. We really went crazy.

... That was just one of the many incidents that we had.

How many incidents of beating up did you see?

Well, I would say every time we went on patrol there were two, three incidents. We had to sort of control ourselves, but once we went across the border into Angola it was free rein.

Resister No.57:15

After completing his national service, this man was called up to do a 'camp' in Soweto. Here he saw the same senseless brutality repeated.

The police were like Koevoet on the border, exactly the same. I couldn't believe they were carrying out such intense operations on harmless civilians ... carried out with the same viciousness. ... For no reason.

Resister No.57:17

The milieu of the military created a context where brutality and violence were the order of the day—all part of a **man's work**. An atmosphere of exclusive macho omnipotence led to a feeling that 'anything goes'. Cloaked under secrecy in the name of 'national security', the boundaries between controlled 'manly' heroics and rampant brutality wore thin and often disappeared.

Consistently conscripts who had escaped the reach of the army spoke about the criminal activities 'allowed' and 'encouraged' in the army: the torture of captives—whether soldiers or civilians, wide-scale perpetuation of rape, sexual assault, assault and murder. When there is no effective prosecution and punishment for a crime, one is led to believe that it is no longer considered a 'crime'. Also when senior officers command such crimes, no matter that they are illegal, peer pressure and the isolation of the operational area, made conscripts obey.

I had been brainwashed by that training. I was completely fucking aggro ... they used to take us ... into a pub ... into civilian life and for confidence training we had to fight. Just break up everything, fuck up the civilians ... Obviously the commandant would go with you. ... You'd be in civilian clothes ... somebody's got a woman and you start hanging onto this woman until he gets aggravated by it and then start fucking the whole place up. Only in white bars ... At this stage it was natural, I was aggro. I hated fucking civilians.

Resister No.65:9

After describing his years of active service, this man started having nightmares as his conscience nagged at him.

I started seeing atrocities committed against the people of Angola ... that had fuck-all to do with the war ... I constantly had to stop my team from getting out of hand. They wanted to cause havoc in the villages. They wanted to rampage, fire, rape ... apparently this was normal for them ... I was used to it as well, but I began to realise that these people had got nothing to do with the war.

Many soldiers were convicted of criminal offences, for which they received sentences so laughable, that they in effect gave the message that what they were doing was not criminal. Most men are severely affected by such experiences, and have difficulty adapting to civilian life. Anti-social behaviour and crime is common, and violence becomes a habitual means of dealing with others. The Vietnam experience taught the USA that many soldiers cannot adapt—

Regimentation, lack of privacy and emphasis on conventional masculinity have been cited as factors which predispose 'military men' to violently abusive behaviour. Military men also tend to inflict more potentially lethal injuries on their victims.

Shupe, Stavey and Hazelwood 1987 cited in *Resister* No.65:13

These are the kind of human landmines exploding in South African civil society today.

SA Militarised—on the front and at home

In militarism, gender is played out symbolically in another set of interdependent oppositions: the 'frontline' where 'men engage in combat', and the 'home front' which is being protected from 'the enemy'. Yet, in a society involved in war, the whole society is implicated in the military machine. National budgets are allocated to arms, not to education or health, but exact figures for defence spending are notoriously difficult to access because of the purpose and nature of defence activity. (Archer 1989:244) By 1984, South African troops were being deployed extensively in the townships, and it became apparent that the 'frontline' was actually at home.

By 1985 the South African State Security establishment responded to this grassroots resistance by replacing the 'total strategy' of control from above to a 'winning hearts and minds' programme [WHAM].

Realising that it was resistance from below that limited the effectiveness of 'total strategy', the state has now turned to strategies aimed at radically reshaping the moral, cultural, religious, political and material underpinnings of civil society in the black townships.

Swilling and Phillips 1989:144

The SADF depended on white males as 'manpower'—a term which is both race and sex specific. (Cock 1989:51) The escalating war also meant recruiting more 'manpower' for the army. In maintaining the bastions of white supremacy, the logical 'pool' which had been carried along on the ideological tide of 'total onslaught' was white women. White women were lured into the apartheid army to take up non-combatant posts, so that men could be 'freed' for combat roles.

The number of women in the Permanent Force increased from 0,6% in February 1973 to 5.9% in July 1977. In 1977 there were 741 women (excluding nurses) in the Permanent Force and 6 000 in the Commando's.

Resister No.14:14

Many white women had participated in the escalating militarisation of society through material and ideological support of the 'men on the border'. However, their position was clearly articulated by Colonel L.J. Holtzhausen:

Remember, the woman must remain a woman and keep on allowing her man to feel like a man because the men are fighting throughout our country not for material things but for their women, children and loved ones.

Paratus February 1984 cited in Cock 1989:54

Thus militarism reproduces certain gender roles which link males to masculinity, and femininity as the 'natural' corollary to females. It is also a construction of violent masculinity which underlies the brutal treatment given to, and suffered by soldiers during basic training. (Cock 1989:55)

One day, I don't know what he did, but they made him do push-ups over a water-hole. Of course after a while he got tired, and he started to fall into this water all the time. They broke him actually that night. And in half an hour he was supposed to get all his clothes clean again.

IV12:4

Gender and sexuality often played a role in the ritual humiliations through a focus on genitals.

There were other sort of separate rituals where people were tied to trees and had shoe polish rubbed round their genitals and then the whole regiment or whoever / platoon or whatever could come and inspect the person's genitals.

IV14:3

Even the direct incorporation of women into the SADF only smudged the traditional construction of gender roles. Women were still excluded from the 'real' work or war, combat and killing. What was emphasised in recruiting women, was patriotism and self-improvement in the form of self-discipline, independence and self-reliance, but the broader sexual division of labour was maintained.

Although women in the SADF are not used in combat, they are no longer relegated to the traditional female roles of medical and welfare work. They are involved in telecommunications and signals, logistics and finance, military policing and instructional activity.

Cock 1989:61

Traditional femininity in physical appearance was also important.

With good grooming any woman can look as good in her uniform as out of it.

Paratus, May 1979 cited in Cock 1989:60

No, I do not like stockings, and I do not like dresses and skirts, but if I have to I will. I was very proud of my uniform, so it was a different story. In uniform I will.

IV15:6

Though the ideology of femininity ran strong in the official discourses, on the ground, many women were also given the 'macho' treatment—typical of the military—dealt out to the men.

[W]hen we used to do push-ups [the woman in charge of us] used to stand on my back. In the dormitory I was tied up and they put polish on me and Windowlene and everything. I threw my clothes away because I couldn't wash them.

IV15:1

While women retain the appearance of femininity, they are not deemed a threat, but lesbians seem to be the most feared. Proportionately far more lesbians are expelled from the armed forces of Britain and the USA than gay men. (Enloe 1988:141;143) In the 1980s there was a trend to implement sexual desegregation in the British and USA armed forces. Another perceived 'threat' against masculinity that emerged in

this process, was the visibility of women's solidarity—or was it men's reaction against feeling excluded? Barbara and Anne were both expelled for lesbianism.

Barbara: The blokes don't like the women being so close-knit and together so much!

Anne: Men soldiers don't respect WRACs at all. If you're in it, you're a lesbian or a slut. And there's a real pressure to sleep with men ... they had a list of the WRACs pinned up and a tick system on whether they thought you were gay or straight—on the basis of who *they'd* slept with, of course ...

Enloe 1988:142

Conclusion

In the discourse of militarism, a certain type of masculinity is privileged. The entry of women into the military, and the presence of women and homosexuals disrupts and confuses these simplistic constructions of gender. The armed forces respond as they inevitably do—when the hegemony of masculinity and dominance is apparently threatened, coercion and violence become the means of control. (Van Zyl 1988:191)

THE INDEFENSIBLE POLICY OF APARTHEID

In this section we give an overview of the two decades of the 1970s and 1980s, and how South Africa became increasingly militarised—economically, politically, socially and ideologically. We show how the conscription laws bear witness to the increased mobilisation of South Africa's youth in a 'total strategy' geared to combat 'the total onslaught'. We also describe the historical background to the social control of homosexuality in South Africa.

The era

It is a matter of record that after the Nationalist Party came to power in 1948, they were involved in a consistent and systematic policy of stripping black South Africans of their human rights, and defending this policy with legislation, guns and violence. Elsewhere in Africa, throughout the 1960s and 1970s African countries were becoming decolonised—often through the actions of liberation movements.

Zimbabwe was engaged in a liberation war, and the first guerrillas had entered Namibia in August 1965 to liberate their country. (Weaver 1989:91) In 1967 'the SADF moved over to full conscription for white men in response to the launching of armed struggles in Namibia, Zimbabwe, Angola and Mozambique'. (Cawthra 1986:63) When a military coup on 25 April 1974 in Portugal overturned the right-wing Salazar / Caetano dictatorship, protesting Portuguese military involvement in the colonies, the scene was similarly set for the rapid decolonisation of Mozambique and Angola.

Already deployed in Namibia since 1972, (Weaver 1989:90), the SADF now faced hostile governments in Angola and Mozambique. The independence of Angola also gave the People's Liberation Army of Namibia [PLAN], the military wing of South West African People's Organisation [SWAPO] a direct route from Angola to set up a foothold at home. Thus in 1975 started a long period of conflict by South Africans in that region. It was only late in the 1980s that the end of these wars were in sight. By

1989 South Africa was considering withdrawing its troops from Angola and implementing the United Nations Resolution 435 which confirmed that South Africa's occupation of Namibia was illegal. At that time, South Africa had already been in an advanced state of war in the region for over 14 years.

By the late 1970s, Angola and Mozambique were granted independence, and civilian uprisings in Soweto in 1976 had escalated into a public tragedy. Feeling the pressure from every side, a new political and military rhetoric emerged in the second half of the 1970s from the South African state.

[There is] a 'total onslaught' against the country and its inhabitants ... involving so many different fronts, unknown to the South African experience, that it has gained the telling but horrifying name of the total war. This ... has brought with it new methods and new techniques which in turn have to be met by total countermeasures".

Defence Minister Magnus Malan (1977) quoted in Cock & Nathan 1989:xiii

The 'total strategy' devised to meet the 'total onslaught' consisted of the steady militarisation of South African society—affecting every facet of society, and every South African. The 'total strategy' was developed as a means to uphold and defend the racist government of white minority rule, and its iniquitous apartheid policies.

Conscription

The chronology of conscription laws speaks volumes about the steady militarisation of South Africa. It is also a barometer of increasing resistance to apartheid, both inside and outside the country. Conscription applied to white males only, though there were many rumours in the media at various times during the study period that the state was thinking of conscription for white women, and coloured and Indian men. (Cock 1989:65) Since 1796 there were different stages of coloured people participating in South Africa's armies. (*Resister* 59:18) In the 1960s the Cape Corps and Indian Corps were established, and in 1968 compulsory registration of cadets in the Western Cape was perceived as a forerunner to conscription. However, the communities resisted, and less than 40% obeyed, so the scheme was shut down in 1978. (*Resister* 38:21) While coloured and Indian soldiers were being trained for combat in the 1970s, by 1975 the first African troops were recruited into the 'ethnic' battalions, followed by standing armies in four 'independent homelands' by 1980 (*Resister* 5: 20). The selling of the tricameral parliament to whites included promises to conscript coloured and Indian people (obligations for getting voting rights), but it was never enforced. Nevertheless the black units expanded into the 1980s, and many black men joined the armed forces. The conscription of white women was discussed during the late 1980s, but was never effected. However, through the extensive militarisation of South African society about 5.5% of the Permanent Force in 1989 consisted of white women.

TABLE: CONSCRIPTION FOR WHITE MALES

DATE	TYPE	DURATION
1957	Defence Amendment Act defines ballot system of conscription.	Nine months national service.
1967	Universal conscription for white males.	Nine months national service.
1972	National service increased	Twelve months national service plus 19 days per year for 5 years in Citizen Force
1975	Increase in Citizen Force duty	Three-month tours of operational duty for CF
1977	National service increased	24 months followed by 240 days in CF over eight years (excluding operational duty).
1982	Increase in Citizen Force duty	Increased to 720 days over 12 years. Compulsory commando service introduced.
Apr 1989	Reduction in Citizen Force duty	Decreased to half.
Dec 1989	National service reduced	From 2 yrs to 1 yr

Permanent Force (PF): Regular, full-time career force. Women joining the armed forces would be part of the Permanent Force.

Citizen Force (CF): Part-time force subject to conscription commitments. Legally this includes those doing their national service, but it popularly refers only to those doing periods of duty after they have completed their initial national service.

National Service: White, male conscripts of 18 years and older, undergoing their initial training and service for the required duration.

Commando's: Locally based militia responsible for the defence of the areas in which they are based. Until 1982 a volunteer force, but later measures introduced for conscription.

Controlled National Reserve: All ex-SA Defence Force members and conscripts who had finished all previous service commitments were transferred to this reserve until the age of 65.

(Resister No.19:12–15)

Afrikaner ideology, law and homosexuality

The twin cornerstones of apartheid ideology was white Afrikaner nationalism, and a rationale for it based on Christianity as interpreted by the major Afrikaner churches. Both shared a conservative biologicistic construction of gender which also permeated the armed forces. In its rationalisation of its actions the Nationalist Party claimed that it was a citizen's religious duty to support the government, as it claimed its authority to rule from God—therefore the SADF had likewise gained its authority from God.

Military Chaplains try to turn conscripts towards a 'Christianity' designed to sanction the actions they are told to carry out, and to legitimise the SADF's role in defence of apartheid.

Resister No.56:8

Within this persecutory and punitive religious framework, homosexuality was considered a sin, or worse—evil, and it was the task of the army chaplains to set homosexuals on the road to blissful heterosexuality.

The long European tradition of outlawing sodomy was reflected in the colonialist legislation inherited by South Africa. State control of sexuality fell under the common law, and in statute, under the Immorality Act, 23 of 1957—renamed the Sexual Offences Act in 1998 (Snyman 1989:381), which incidentally also outlawed miscegenation. During the late 1960s there was a societal focus on homosexuality—a government Select Committee was established to hear recommendations on an amendment to the clauses relating to homosexuality in the Immorality Act. Debates around homosexuality in South Africa were sparked by the passing of a law in 1967 in England decriminalising homosexual acts in private between consenting males above 21. (Snyman 1989:378)

Precedents in court cases, and opinions in legal textbooks supported the view that homosexuality should be decriminalised. (Snyman 1989:378) The majority of professional and academic legal and psychiatric institutions tendering recommendations to the parliamentary Select Committee also believed that homosexuality was not a choice. Therefore homosexual relations in private between consenting adults should be decriminalised, as the law was an invasion of privacy. Many believed that the law should concentrate on the protection of minors, and outlaw prostitution.

Judge J.H. Steyn (D154–171) felt that acts between private consenting adults was not a threat to the community, and therefore should be decriminalised. Only the Faculty of Law at the University of Pretoria believed that it was a 'disease' and medically treatable, and that somehow youth should be prevented from 'catching' it. (GALA B189) The Psychology Department (E13–14) there believed that it was not treatable, and that homosexuals were vulnerable to blackmail due to its criminalisation.

In spite of the numerous submissions urging the decriminalisation of homosexuality, the government retained the prohibition against sodomy, and criminalised other affectionate behaviour between men, for which a maximum gaol sentence of two years could be passed. Like their British counterparts in 1921, they did not succeed in criminalising lesbianism, though it also came under discussion. The legislation that

perpetuated male homosexuality as a crime, was the foundation for much of the blackmail and homophobic abuse that was perpetrated against homosexuals in the armed forces.

Conclusion

During the two decades of the 1970s and 1980s it became apparent that the apartheid regime was under increasing threat from the outside world as well as from inside South Africa's borders. As the ideological tools of propaganda and censorship failed to buy allegiance, the state resorted to steadily increasing repression through draconian legislation and armed conflict.

MEDICAL POLICY IN THE SAMS

In this section we link the authoritarianism which dominated the SADF with the functioning of medical services in the armed forces. We focus on how health workers were confronted with conflicting loyalties to the state versus their patients.

The South African Medical Services [SAMS] provided the medical capacity needed by the South African Defence Force [SADF]. This service was listed as one of the units in the Department of Defence alongside the army, navy, air force and special forces. (Phillips 1989:21) Health professionals in the SAMS were drawn from both the Permanent Force as well as through conscription, and included doctors, nurses, psychiatrists and psychologists. However, they fell under the line command of military ranking. Medical personnel could not disobey a 'lawful' command. This created a great potential for a contradiction between medical ethics and the military. (HHRP, TRC submission)

During the years under question, various reports attest to the fact that in practice, the SADF respected none of the official documents or treaties regarding the medical treatment of human beings, nor the ethics of medical personnel. Ample evidence exists for the manner in which hospitals and medical vehicles were razed in raids inside Angola. It appears that the SADF thought its doctors were not subject to the Hippocratic Oath, nor to the Tokyo Declaration (of which South Africa was a signatory) banning doctors from participating in any form of torture. (*Resister* No.46:4)

It is generally accepted that the South African Medical Corps, the medical arm of the SADF, is a non combatant unit within the meaning of the Geneva Convention on War. In a case recorded by MILCOM, a non-combatant conscript who applied for a transfer tot the Medical Corps, was told by Brig. C.J. Lloyd (now OC SWA Command) that: 'The Medical Services are reluctant to accept him in their Corps. They consider themselves to be combatant.'

Resister No.10:21

Many doctors in the operational area have been implicated in the torture of captives. They supervised the use of electric shock treatments as well as the administering of drugs, including habit-forming drugs such as morphine. (*Resister* No. 23:11)

In March 1987 the Surgeon General was forced to convene a formal board of inquiry into allegations by civilian doctors of 'widespread and gross negligence and

incompetence at Voortrekkerhoogte's 1 Military Hospital'. (*Resister* No.53:17) The findings were not published.

Perhaps the single document that most accurately sums up the attitude in psychiatry at 1 Military Hospital at Voortrekkerhoogte from 1971 to 1985, is in *Resister* No. 47:11–17. We quote from it in detail, as it confirms in virtually every respect what our informants told us—both victims and 'perpetrators'. (see Appendix G for full text)

In the late 1960s a new ward was created ... to cater for the need of conscripts and members of the Permanent Force with psychological problems

RESISTER has conducted a series of interviews with former national servicemen who were either medical personnel or 'patients' in the military psychiatric wards between 1971 and July 1985. It became clear that the practice of psychiatry in the SADF has been closely wedded to the preoccupation of the military authorities to eliminate patterns of behaviour which do not conform to SADF discipline and the apartheid war effort. Even conscripts who refused to be posted for active service or attempted to conscientiously object on grounds of their opposition to apartheid have been committed to these wards. Army psychologists have found their motivations incomprehensible and labelled them as potentially 'disturbed'.

Resister No.47:11

In particular, long after the DSM-III had scrapped homosexuality from its register of 'diseases' (Kirk and Kutchins 1992), and long after aversion therapy had been discredited as a 'cure' for homosexuality—1967 in Britain (*Gay Times* 1996)—the psychiatrists in the SADF were still practising their outdated views on gay soldiers. Like so many experiments with such techniques in the past, they were used on a 'captive' audience.

Bed space at [these wards] catered for around 40 patients ... between 30 and 40 per cent of the occupants are – according to the definitions of the army – 'drug' users. ... Another 10–15 per cent are gay. It is unlikely that in civilian life either category would find themselves in psychiatric care and their presence in the wards is solely a reflection of the SADF's attitudes.

The remaining patients (between 50 and 55 per cent) ... include genuinely disturbed people (many of them fresh from traumatic combat experiences), alcoholics and people with clinical disorders ... also ... several conscripts who have ... resisted aspects of military service ... such as wearing uniforms or being sent to the border [A]rmy doctors and social workers who took this as evidence of being disturbed.

Resister No.47:13

In these wards, some gay conscripts were given aversion therapy by electric shock. This description gives a clear indication of the degree to which the army medical personnel were allowed to abuse their power to diagnose and treat. Even though the SAMS was represented on the South African Medical and Dental Council [SAMDC], the Biko case illustrates how state security organs influenced the workings of the SAMDC. There were close links between, for example, the SAMDC, the SAMS and other state security organs. All of these institutions colluded with, and indeed helped to formulate in some instances, state policy and turned a blind eye to human rights abuses.

Thus the complicity of health professionals in violations of human rights was not the isolated actions of a few 'bad apples', but rather the inevitable result of an environment in which human rights abuses could be condoned by the medical establishment.

De Gruchy *et al* 1998:977

Moreover, being a department within a state security institution itself, many doctors in the SAMS were able to put themselves outside the reach of the country's professional body. The conscripts were caught in a 'total institution'⁹ from which they could not escape. Here they suffered 'treatment' which had long been outdated, and went totally unchecked by any system of accountability, and with no hint of reference to basic medical ethics.

Conclusion

Health workers in the SAMS were expected to be loyal first to the state and its ideologies. It meant that some doctors flagrantly ignored terms from the Geneva Convention and Tokyo Declaration, and certainly showed no accountability to the national professional councils, nor best current practices. The stage was set for human rights abuses of patients under the care of such doctors.

STRUGGLES FOR CONTROL OF CONCEPTUAL SPACE

In this section we show how cultural struggles by gay and lesbians succeeded in challenging dominant definitions of homosexuality as a deviance, and ensured that non-discrimination on the basis of sexual orientation was enshrined in the South African Constitution.

The manner in which homosexuality passed through the sexual discourses of the last century, reached a phase of conscious reflection with the emergence of the queer movement in the 1980s and 1990s. (Ensink 1991:3;26) During the late nineteenth century homosexuality was identified as a sphere for social control, and intensive labelling and categorisation occurred. Then followed the next approximately fifty years of detailing, describing and analysing. This process went with extensive strategies for social control.

The logical outcome of dominant institutions perpetuating particular dominant ideologies¹⁰ is that they become the foundation for a conceptual creation of deviance, and implicitly legitimise persecution of 'the other'. Hence struggles around homosexuality have been focused on combating widespread institutionalised homophobia. Many have had strategies based on cultural struggles of creating social visibility of homosexuals. Others have focused on lobbying and advocacy of formal institutions such as professional medical and psychological bodies (Kirk and Kutchins 1992), and lobbying for legislative changes.

It is debatable whether the lobbying of the Gay Activist Alliance succeeded in declassifying homosexuality as a mental illness in DSM-III on the grounds of social

9. Erving Goffman introduced this term to describe an institution where occupants' or inmates' lives are regulated round the clock by institutional rules. Examples of total institutions would be prisons, hospitals, the military etc.

10. I will use a structural definition of ideology that derives from Marxist and Feminist approaches to cultural studies: i.e. ideology is a particular set of assumptions about how the world works, that is taken for granted, and perpetuated by the dominant social institutions. It also works to maintain those institutions. [Tomaselli, Keyan & Van Zyl, Mikki 1985 "The Structuring of Popular Memory in South African Cinema and Television Texts" in Haines & Buijs (eds) *The Struggle for Social and Economic Space: Urbanisation in Twentieth South Africa*. Institute for Social and Economic Research, University of Durban-Westville.]

science research. It is more likely that it was in keeping with the changing social values for greater egalitarianism —the black civil rights movement and the women’s liberation struggles were being waged on the grounds of race and sex. (Silverstein 1991:105)

In reaction to the homophobia, the gay liberation movement of the 1970s reclaimed and redefined the categories, descriptions and analyses. However, in doing this, they recreated the discourse of divisions on which they were premised—heterosexual opposed to homosexual. But in the process of creating homosexual identities, a clarification happened around orientation, feelings, behaviour and identity.

Feminism and the civil liberties struggles also highlighted the individual subject’s social identity as a site of struggle. This opened the way for the identity politics which underpinned much of the gay liberation struggles from the 1970s. At different times and in different places these struggles were variously aimed at undoing the labels of homosexuality as ‘sin’, ‘crime’ or ‘disease’.

[I]t was just finally “Thank heavens, I’m finally with a bunch of people ...” You know, I was a moffie¹¹ from when I can remember. So it was actually given a name, and there were people like me So there was no doubt.

IV2:4

The queer movement started in the 1980s, reflecting an awareness of the discourses of naming and identifying. It made visible the presence of a multitude and a confusion of identities, and succeeded in what it set out to do—muddy the gender and sexual waters. In political mobilisation it encompassed a wide range of groupings, including groups that apparently had no political ‘home’—lesbian sado-masochists and monogamous gay men. For the first time the gender system was being undermined from every side. It acknowledged that human sexuality was diverse and playful, and that there was a potential for it to change and accommodate diversity at both individual and social levels.

In South Africa the end of the anti-apartheid struggle represented an opportunity for broader demands for lesbians and gays based on democracy and human rights.

Activists ... ensured that what had become known as “the equality clause” – which outlaws the discrimination on the basis of sexual orientation – was included in the interim constitution. They used the argument – irrefutable in the light of South Africa’s history – that human rights were indivisible

Jara and Lapinsky 1998:52

This was the beginning of a new era of visibility and acceptance for homosexuals in South Africa, but the cultural residues of homosexuality as ‘sin, crime and disease’ still lie deeply woven into the existing social fabric. However, the positive attitudes symbolised in a ‘rainbow’ nation—a celebration of diversity and difference—could spell some hope for the future.

11. ‘Moffie’ is an Afrikaans term used to denote a homosexual person. Over the years it has been reclaimed by homosexuals to refer to themselves.

Conclusion

It is through a long history of organisation and struggle that homosexuals have won battles against labelling and discrimination. Two very different goals relevant to this research were achieved through cultural struggles: the first when homosexuality was declassified in DSM-III, and the second when sexual orientation was enshrined as a human right in South Africa's Constitution (1996).

HOMOSEXUALITY IS HERE TO STAY

In this section we conclude that human sexuality contributes positively to people's lives when expressed in mutually supportive relationships, regardless of the sexes of those partners.

Because homosexuals face social stigmatisation, they may experience psychological stress and lack of self acceptance. Their acceptance of same-sex feelings and the process of coming out forms part of a unique psychological development towards a gay or lesbian identity. An environment of strong social, peer group and family support, can facilitate difficulties during this process. (Gonsiorek and Rudolph 1991:165) In an environment which is strongly homophobic, people may have homosexual feelings and behave in homosexual ways, but feel ashamed to acknowledge it. The general social environment of South Africa from the late 1960s to the late 1980s was socially repressive. Because the armed forces were one of the repressive instruments of the state, they amplified the repressive ideologies of Afrikaner Christian Nationalism. One of these was a particular construction of gender and masculinity, with homophobia as one of its outlets.

Discourses of sexuality have presented homosexuality as a deviance, while the modern struggles against human rights abuses in the world affirm qualitative criteria for human relationships, and the right to self-determination for individuals.

Sexuality is increasingly recognised as a strong human force that makes a positive contribution to health, when it is allowed expression in the context of caring, supportive, mutually consensual relationships. Member States should endorse the view that, in accordance with fundamental human rights, consenting adults can decide how to lead a healthy sexual life. Important differences in cultural values and traditions continue to exist between countries and in populations, but the rights of individuals to self-determination in choice of sexual orientation must also be considered. The challenge for health promotion is to support positive expressions of sexuality in a manner sensitive to cultural values. This means taking action to support the rights of all adults to form sexual relationships with consenting partners of their own choice, and to promote respect and tolerance for individuals' decisions in this matter.

WHO/EURO 1993a:77–8 cited in Curtis and Taket 1996:53–4

Homophobia harms not only the homosexual people themselves, but also the people who are significant in their lives. If a gay man marries to satisfy society's prejudice, he isn't the only one who is unhappy, but spreads unhappiness to his wife and children too.

Die gemeenskap beskou dit as 'n abnormaliteit, en as gevolg daarvan is daar so baie mense wat ... dan tog maar trou en kinders kry, en sielsongelukkig is, en hulle huweliksmaat

sielsingelukkig maak. [O]ns dink nie altyd in terme van die ander persoon in daardie verhouding nie, wat dit aan daardie persoon doen nie.¹²

IV4:10

Historical records of homosexuality go back as far as recorded history, and span many cultures. Perhaps we will finally see a wide-scale acceptance of homosexuality in the new millennium, as people start appreciating the values of healthy consensual sex for mutual pleasure.

The next chapter will integrate the experiences of our informants within the historical situation sketched above.

12. Tr: The community perceives it as an abnormality, and as a result many people get married and have children in spite of being homosexual, and are unhappy to the depths of their soul, and make their spouse profoundly unhappy. We often don't think of the other person in such a relationship, what it does to that person.

Part II : Homosexuality in the Armed Forces

CHAPTER 4 FINDINGS: HUMAN RIGHTS ABUSES AGAINST GAYS AND LESBIANS BY HEALTH WORKERS

In the last chapter we gave an overview of the relevant conceptual and historical issues. In this chapter we look at the milieu in which our informants found themselves, and what they say about it. According to army policy, homosexual people were banned from the Permanent Force, but national servicemen could not be exempted from their duty because of being gay. They were perceived as deviants, but at the same time, niches existed where homosexuality was not only tolerated, but thrived in various forms in the armed forces. We show some of the gaps between SADF policy and this reality.

On the other hand, the SADF was an authoritarian Christian national institution situated in a homophobic society, which also left vast scope for untethered homophobia. The policy recommended that homosexuals, if discovered, should be sent for 'treatment'—often with a psychologist or psychiatrist—usually with the goal of converting them to heterosexuality. We discuss this 'treatment' from the point of view of the 'patients', as well as the health personnel who worked in the South African Medical Services [SAMS]. We show how a homophobic policy that was subject to many contradictory priorities, led to sometimes gross human rights abuses, not only of homosexuals, but of their families as well. It is also clear that health workers were faced with the dilemma of dual loyalties, a choice between the SADF and its allegiance to the state ideologies, or their patients.

POLICY ON HOMOSEXUALITY IN THE ARMED FORCES

In this section we expose the contradictions generated between reality and the policy against homosexuality in the armed forces. Homosexuality in the Permanent Force and in the National Service was treated differently, though in both it was seen as a security risk.

South Africa was a radically divided society where the apartheid government tried stubbornly, against historical inevitability, to maintain the privileges of a white minority. The consequences for the South African people was a society polarised along various differentials such as race, class, religion, sex, and political ideology—many enforced and maintained by law.

In general, men in the armed forces were also subject to the law regarding sodomy and indecent behaviour between men, as spelt out in the Immorality Act Amendment of 1968. Members of the forces could be reported to the South African Police, and prosecuted in a criminal court. However, the SADF generally preferred to deal with matters on their own terms.

The armed forces were also in somewhat of a dilemma when faced with the conscription of gay recruits. At no time was homosexuality deemed a reason to be exempted from conscription, but there was nonetheless an explicit and implicit understanding that homosexuality was regarded as a 'gedragsafwyking'¹³. Regardless of this 'behavioural disorder', gay men were still perceived to be suitable 'cannon fodder'. Throughout the period studied, homosexuality was regarded as a disqualification for service in the Permanent Force, for both women and men, but not for National Servicemen.

A Restricted Policy Directive issued on 28 April 1982 summarises SADF policy towards homosexuality at that time:

Beleidsbeslissing: Alle moontlike stappe moet geneem word om die verskynsel van homoseksualisme / lesbieïsme [sic] in die SA Weermag te bekamp. Tydens die werwingsproses moet veral sorg gedra word dat persone met sulke gedragsafwykings nie tot die Staande Mag toegelaat word nie. Uitvoering hieraan moet gegee word ooreenkomstig die riglyne in Aanhangsel A.¹⁴

Beleidsdirektief No HSAW/1/13/82¹⁵

This directive was signed by the General C.L. Viljoen, head of the Army. It mentions that due to the increasing permissiveness of society, homosexuality seemed to be on the increase—likewise in the armed forces. (Appx A: Nos 2 & 3) It also discusses the fact that homosexuality undermines discipline and makes homosexuals vulnerable to extortion, leading to security risks. (Appx A: No.4) It directs a discreet investigation where members are suspected of homosexuality. (Appx A: No 6)

Conscripts

Under No. 9 (a) and (b) it details the procedures for dealing with conscripts. Since gay conscripts were not given army exemption for homosexuality, they were *de facto* captives and potential victims of the system from the moment they reported for their national service.

George, who was conscripted by ballot, did his army training in 1965.

We were given lectures, one of the six or seven capital offences for which you could be executed in the army, by court martial, was homosexuality. ...

Officially it was against the law and that was it. They certainly didn't go to any trouble to find out what your orientation was.

IV3:2

Ruan Malan qualified as a Clinical Psychologist in 1981 and was the head psychologist at one of the military hospitals in the last two years of his national service during 1984 – 1987.

Die prosedure wat hulle gevolg het met nasionale dienspligtiges was om met die nuwe innames by elke sentrum 'n mediese ondersoek te doen. Ons was ook daar om enige sielkundige

13. Tr: Behavioural disorder.

14. Appendix A details the procedures for implementing this policy directive.

15. Tr: Policy decision: All possible steps must be taken to combat the phenomenon of homosexuality / or lesbianism in the Army. During the recruitment process care must be taken that persons with such behavioural disorders are not admitted to the Permanent Force. The guidelines in Appendix A should be followed to ensure the enactment of this policy. Policy Directive No HSAW/1/13/82

kwessies aan te spreek. Ons het dan gewoonlik 'n vinnige evaluasie gedoen, en slegs as ons gevoel het daar moet 'n meer deeglike ondersoek gedoen word, het ons die persoon gestuur vir meer evaluering in die hospitaal. ...

Die aanmeldbare sielkundige gevalle was vir ander sake soos depressie en selfmoord. Die evalueringsbeleid was dat mense nie vrystelling gegee is op grond van homoseksualiteit nie.¹⁶

IV11:1

Permanent Force

Under No. 8 it gives procedures (a) to (e) to be followed when a Permanent Force member is found to be homosexual. If the original interviewing officer suspects that an applicant may be homosexual, they must refer the matter to a clinical psychologist at one of the medical commands or military hospitals. (No.8(a)) If someone is suspected of homosexuality after joining the Permanent Force, such a member should be informed by an officer that the suspicion exists. All cases should be reported to the 'AMI' (OATI). The case will then be treated by 'professionele lede van die SAGD asook ... kapelane'¹⁷, and their 'sekuriteitsbevoegheid'¹⁸ will be reassessed. (No.8(e))

Because women were not conscripted, they would join the armed forces as members of the Permanent Force. In No. 1 of the Appendix the directive conflates 'homoseksualisme' with 'lebieïsme', but later makes a telling distinction under No.8 (b) and (c).

Die aspirant instruktrise wat onvoorwaardelik met die manlike instrukteur identifiseer, en wat sonder behoud van vroulike verfyndheid die manlike houding en optrede naboots, moet nie as instruktrises aangewend word nie.¹⁹

Aanhangsel A: 8(c)

Hilary joined the navy in 1983 in order to save money to go to university. At her initial interview she was seen by a man whom she later knew to be gay.

I had to go for selection interviews ... I was interviewed by Robert

Tr: The procedure they followed with national servicemen was to do a medical examination with every new intake. We were there to address any psychological issues. We usually did a quick evaluation, and only if we felt that a more thorough investigation was warranted, would we send the person for further evaluation at the hospital. ... The notifiable psychological cases were those concerning depression and suicide. The policy for evaluations was that there was no exemption granted for homosexuality.

16. Tr: professional members of the SAMS as well as ... chaplains ...

17. Tr: security clearance

18. Tr: Aspiring [female] instructors that identify unconditionally with male instructors, and copy masculine attitudes and behaviour without any feminine refinement, should not be appointed as instructors.

Robert was Vincent's lover?

Ja, he was doing his military service, and he had to ask this question "Are you homosexual?" at which point I said "No" and he said "No?" and he twinkled back at me, and I twinkled back at him, and that was that.

Homosexuality wasn't allowed in the PF?

No. It wasn't ... you see, it wasn't that it wasn't allowed, it was that it had to be noted because it was a security risk. ... I don't think there was ... a very clear understanding of what to do with moffies in the Permanent Force. But it was a standard question, and I don't think they would have known what to say if someone had said "yes". They would have just refused them entry or something.

Was it expected that you'd lie?

Yes. Well, Robert and I sort of recognised each other as family, and later he certainly said "O God, all that rubbish!"

IV2:1

The argument about homosexuals being a security risk is probably the most hackneyed and illogical argument still being toted by armed forces around the world who still prevent homosexuals from joining. (Mills, Roger & Mann, Kevin 1995:86; Rivera 1991:87; and Zeeman 1993,1995,1996) The homosexual who is out of the closet cannot be blackmailed with it. This straight man also realises that only when one has something to hide does it have any power to be used against one.

There was a Lieutenant who wanted to ... become an intelligence officer. During his interview they asked him: 'Did you ever have sex with men?' He said 'Yes' he is in love with a man right now and is involved in a sexual relationship with a man. So he was turned down for intelligence because there was some story that gay men could be blackmailed easily and that could be used against them. Why I don't know. He was also stripped of his rank as Lieutenant, and he was a candidate officer and he had no unit to go to.

IV10:5

The process by which Hilary was reported and sent for counselling is indicative of some of the ambivalence about homosexuality in the navy.

Gay, homosexual, lesbian, people like me, were actually there ... so we started talking about homosexuality. We had a lieutenant and two petty officers in charge of us. The two petty officers were four square dykes ... 'Tinkerbelle' [who] was 6'4" and wore size 11 men's boots and PO Pan [called] 'Peter'. And the lieutenant that was in charge of us was a nice sweet young married girl of about 24, who clearly had religious objections to this homosexuality thing. ... But she never actively looked. She knew about Tinkerbelle and Peter. She also wasn't stupid.

[One] woman went and told her "there's all this discussion, and you'd better sort it out". That put the lieutenant in a bit of a difficult position because she was prodded into doing something about it. So she proceeded to give us a lecture, and to call us in one by one ... including a couple of straight girls who were just open to discussion. And before we went, I just remember Tinkerbelle pulling me inside her little office and saying "Don't tell her a word!" And I said "Why? Why shouldn't I, what's wrong with it?"

"No, no, no, you can't ... don't tell her, don't tell her, you'll get us all into trouble". She had this complete fear.

Anyway, [the lieutenant] called me into the office and said "Are you homosexual?" so I said "Yes!" She said "Oh, please, I'm giving you a chance to change your mind, about telling me this. Please don't tell me this". And I think she would have been happy if I'd said "No", but I was a nineteen-year-old and full of myself, and I said "No, I am!" ... So she said Oh well, she's going to have to send me off to counselling. Did I know that this was wrong and I said "I don't think that this is wrong".

So Tinkerbelle and them didn't?

No, but it was known. Tinkerbelle was the most qualified petty officer in the whole of the armed forces ... and she never rose beyond a Chief Petty Officer. ... Because she was gay ... oh ja. Anyway, she was furious with me for actually saying ... it was mixed feelings ... oh you've got the courage to do this, sort of new wave of bloody lesbians coming in and ruining everything.

Anyway, then we got told by the lieutenant that we had to go for counselling and that it's on our files. Then she hauled in a commander ... the moral authority of our higher officer male figure. And he was a sweet little old grandfather, and the last thing he wanted to do was talk to this bunch of young women who could be his grandchildren about the evils and sins of homosexuality. So, he was really uncomfortable ... saying "Well, it's against God's law". Then he started with the security risk thing, so my first thought was, if you're out to everybody, what kind of security risk is it. And of course we joked after that ... If the doings in Pyjama Park [Da Gama Park—navy accommodation] were known, it was more of a security risk among those bloody straights than ever among the moffies.

IV2:4

It's obvious that the focus is not actually security, but the threat that homosexuality poses to a masculine heterosexist ideology. In the British armed forces, most sex crimes are heterosexual, even though consenting homosexual sex constitutes a crime.

[M]ost sex crimes the Redcaps deal with are heterosexual. In 1994 they dealt with a total of 183 rapes, attempted rapes and indecent assaults.

Mills and Mann 1995:87

In the Australian army where there is no policy against homosexuals joining, the principle for their code of conduct around sexuality emphasises that sexual acts under coercion, whether amongst same sex or different sex partners, are crimes and security risks. (Hall 1995)

It is generalised homophobia and the homophobic attitude of the armed forces that would make homosexuals vulnerable to coercion.

I feel if you are in touch with what you believe in, you'll never become a threat. And if people know, or want to know about you, you'll never become a threat.

IV15:6

Conclusion

The policy on homosexuality in the armed forces was uneven in rationale as well as implementation, but its presence legitimated the homophobic environment where the persecution of homosexuals could go unchecked.

EXPERIENCING HOMOSEXUALITY IN THE ARMED FORCES

In this section we examine how the dynamics of a militarist masculinity impacted on people's lives through creating a homophobic environment in the SADF where many people suspected of homosexuality suffered fear and persecution.

People's experiences of homosexuality in the armed forces varied widely, for heterosexuals and homosexuals alike. The diversity of these experiences can be ascribed to the numerous other issues and tensions related to the war, conscription and resistance.

...coping in a very anti-gay sort of environment—which is what, of course, the army is.

IV1:1

[I was] in a platoon that was entirely gay. ... The army didn't know what to do with us and so we got away with an awful lot that the military would not really want to admit to.

IV17:1

As the mobilisation increased both in the operational areas as well as in the townships, resistance to military service became more organised and publicised. Many young men went to the army because they felt the choice of exile or prison too overwhelming. They consequently sought every opportunity during their training to baulk against authority. Aligning with gays was one way of showing resistance to the hyper-masculinity of the army.

Yes, I do think [support of gays was part of their resistance] In the military you have to take orders morning noon and night and there's very little way of expressing any kind of dissent. I think, realising that some people were gay, at least unofficially accepted, but not officially accepted, almost gave one a hyper-sensitivity and hyper-appreciation of their sexuality. The gayness almost became a symbol around which one expressed dissent towards what was happening.

IV8:2

Within its framework of masculinity, overindulgence in alcohol was seen as 'normal' for the men—either as 'youthful excess' or as a coping strategy.

The handling of trauma in the SADF ... was giving him as much alcohol as he wishes. The barmen merely got an order to supply the person with as much alcohol as he wanted, for at least an evening. And he was a hero for a night—having survived, or having done some brave thing, or witnessed something horrible—to try and get over it.

IV14:3

Other forms of resistance or survival included the use of other drugs—mostly smoking 'dagga' (marijuana). The army also had a policy of treatment for 'drug addicts'. (SADF: Olckers 1980) Anybody who earned the label 'deviant' for a number of possibilities was sent to the psychiatric wards to be 'cured'. Here, mostly mentally stable people were incarcerated with others who were in severe mental distress.

I was a liberal and they had this enormous hatred towards me.

Resister No.53:16

There are many cases of all kinds where the 'treatment' they had in these wards scarred the men for the rest of their lives.

Now you see it, now you don't

Throughout the years 1965 to 1987, (the study period covered by the informants) there appears to have been an uneven application of the policy against homosexuality, both in the Permanent Force, as well as amongst national servicemen. Zeeland (1993, 1995, 1996) argues strongly that the armed forces are bastions of masculinity, and would necessarily attract men who are attracted to men. This is no less true for the South African Defence Force.

Well, the army—like boarding school and other all male environments—have an element of homosexuality in them anyway. There certainly was a fair amount of it going on.

IV3:2

In the masculine world of the armed forces, where even certain masculinities are elusive, femininity poses a dilemma.

On the one hand, the military has internal and external needs for its women soldiers not to seem to violate conventional gender norms; they must be 'feminine', that is, smiling, pretty and heterosexual, even while being loyal and competent. ... On the other hand, lesbians aren't new to the armed forces.

Enloe 1988:141

Because of the aura of masculinity in the armed forces, it is likely to attract women who have strong masculine characteristics, whether lesbian or not.

Being tomboyish, being in the sports line it is normally assumed. But not all people are gay that are tomboyish.

IV15:1

From the point of view of homosexuals themselves, the uneven application of the policy also provided niches of respite from a homophobic environment. But from the point of view of military discipline the questions arises: "What kind of policy is this?"

There was never any action taken as far as I know. Things went on, and there was never any action taken about homosexuality. ... My guess is if they caught you at it publicly they'd do something to you.

IV3:2

After joining the Permanent Force in 1980, then leaving and being called up again for national service in 1984/5, Charles—a man who identifies as gay—landed first in a completely homophobic environment.

At Oudtshoorn it was very hard. You know I am not the army type. Gays were very suppressed there. You kept quiet about it. It was a torrid time.

IV12:1

Later he landed in a gay-friendly one, where he believes the commander himself was also gay.

It was actually great, because the commandant was very liberal and he sort of put gays all together. He looked after us. What he did, was when we were supposed to move to a tent, he picked out the straights from the bungalow, and put us in the bungalow, and the straights in the tent.

IV12:4

A straight Afrikaner man, Karel, had never really thought about homosexuality until he came into contact with gays during his national service. He was in the South African Medical Services (SAMS) from 1986 to 1988.

I'm basically a straight boy who knew very little about gay people, and perhaps the neighbour's son behaved a bit effeminate ... but I didn't know more than that Gay people didn't really exist for me. Then when we ended up being conscripted ... of 50 people in our platoon, about 7 people explicitly identified themselves as gay.

IV10:2

He captures many of the general dynamics in the army at the time, in describing what went on in his own working environment.

There is no one view or one policy because there were so many different command structures—so many different experiences.

[W]hen I reported to the psychology institute, all the section heads introduced themselves and told you what was happening in their sections. One of them, Major Brian Rainey was probably one of the biggest queens that I've ever met, and openly introduced himself as such. He had absolutely no qualms about being gay and he was a major in the unit. Also he would prefer it if gay guys worked in his unit ... I think his position as a major was dependent on two things. Firstly he ran his section with absolute efficiency ... the Colonel could appreciate his hard work.

So in that case it was rather an informal bargaining for acceptance, and it's almost as if he was a broker for gay people in our unit

IV10:4

The Christian national framework within which the armed forces operated set the tone for widespread homophobia. But woven through the structures, ambivalences manifested in the form of men dressing up in drag, and supposedly straight men participating in same sex acts—whether seriously or as jokes.

Being queer will not exempt you from National Service, but, within the SADF, homosexuality is a chargeable offence and anti-gay discrimination is encouraged. Yet at the same time there is an open tradition of drag as part of the troops' entertainment.

Krouse 1994:209

Krouse argues that drag symbolises the ambivalence around sexuality, while reinforcing gender roles. Drag represents the queer fantasy of feminine privilege, it means 'not to fight or perform harsh duties', (Krouse 1994:213) but it also plays into homophobia, because in patriarchy, womanliness is synonymous with weakness and underachievement.

[N]ot every gay is arrested and tried, or insulted and assaulted. But there is an ever-present threat ... it is an open discouragement of any form of queer behaviour ... a form of hidden terrorism against gays prevails which permeates every echelon of the military environment.

Krouse 1994:211

[T]here were pockets of great queens who were accepted and got the sewing and the cooking—people who were labelled 'women' and acted the part.

IV14:4

The film *Sando to Samantha*, (Dir. Lewis 1997) is the portrait of a coloured drag artist who gets conscripted.²⁰ S/he has various liaisons in the army, but s/he is feminised, and her/his masculine partners mostly remain safely anonymous. It shows how in this all-male environment, there is a range of masculinities. Men who were stereotypically masculine could engage in same-sex sex, without fear of labelling. Many were married, and would not have seen themselves as having a gay identity.

I also found out subsequently that there were a number of people who were gay but who preferred not to come out, and they kept it quiet and kept it secret. There were also a number of bisexual people in our platoon. People who were married, but who happily engaged in sexual relations with men during their military training.

IV10:2

Many feminine men who could as easily have been homosexual as heterosexual, were villified with homophobic insults.

During basics, the humiliation of gays was very, very common. They were called awful names like *holnaaier*, *poefter*, *moffie* ... They were often made the scapegoat. [D]uring the initial period the whole troops, everybody was called *julle slegte moffies* / *trassies*, all sorts of demeaning words that were not good for the gay person out of the closet, or in the closet.

IV14:2

19. As a minor, s/he was recruited by his/her mother, who thought the army would 'make a man' out of him/her.

In a conversation which followed the interview, Karel noted that the army was renowned as a place where men could have sex change operations.²¹

There was a guy in our unit who was a transsexual. He was one of the most popular guys. What I found strange is that he wanted to be a woman, but he still wanted sex with women. He was very popular because he was a total non-conformist. He managed to keep quiet about his transsexualism.

IV10:6

For reasons known only to the commanders who ordered it, there were incidents where men were forced to engage sexually with one another. Neil provided counselling for many gay men from a Christian background, and inevitably heard stories about incidents during their national service.

A person in military intelligence told ... a story of how bonding between troops was encouraged for certain cohesion, and things like circle jerk-offs happened ... and more happened on a one-to-one basis. [T]heir theory was that a man would more easily ... in a problem situation salvage or try to help such a comrade.

IV14:3

There were also frequent rumours of sexual assault and coercion.

That oral sex and homosexual anal sex happened on a one-to-one person is undeniable. Sometimes it was forced, and sometimes it was a mutual agreement. Sometimes with a heterosexual man just trying to get it off ... energy or frustration.

IV14:4

At Maritzkop camp ... an NCO ... forced [servicemen] to drop their trousers and 'commit indecent sexual acts' with each other.

Resister No. 17:19

Sometimes these cruelties were construed as 'jokes'.

Another situation was where an officer told a 'troepie'²² to get undressed and then told another one to get into bed with him. He wanted to joke around with male to male sex. There was a complaint but nothing came of it.

IV10:6

The variety of ways in which homosexuality was integrated into life in the armed forces, means that certainly at some levels people recognised it as a social and historical inevitability. At the same time it left a wide gap for commanders and troops to deal with homosexuality at their own discretion.

Skynbaar is mense wat in seksuele aksie 'on the job' gevang is, voor dié keuse gestel: Óf ONS reken met jou af, óf ons gee die saak aan die siviele polisie. Onthou, daar was die destydse wet op onnatuurlike seksdade vir sodomie het die moontlikheid van 2 jaar in die tronk gehou ... en 'n geruineerde lewe met probleme om ooit weer 'gerehabiliteer' te word en vir ewig met die addisionele stigma en probleem van 'n kriminele rekord saam te leef was 'n helse werklikheid.. [H]ierdie alternatief was dikwels dan die begin van intense psigiese en fisiese marteling in

20. This was confirmed by a participant in the 'recommendations' workshop. The researcher is further aware of one high-ranking medical officer presently at a military hospital who had a sex change operation through the army.

Afrikanerisation of 'troop', meaning 'serviceman'.

detensie barakke. Daar was 'n kaptein wat van sy medaljes met die bajonet gestroop was, en sy troepe moes daarop trap. Ek dink nie hy was die uitsondering op die reël nie.²³

PC5:4

The coercion and random prosecution / persecution which pervaded the camps at large, was also used to force homosexuals to go for psychiatric treatment, where no vestige of the ethics of 'Informed Consent' operated. While these tacit discretionary powers occasionally worked in favour of homosexuals, it also allowed opportunities for rampant homophobia to blossom into gross human rights abuses.

Labelling

Mostly, people were on the brink of adulthood when they entered the armed forces. At a time when many young people are preoccupied with sex, some could have been struggling with a homosexual identity and 'coming out'. Many adopted a gay or lesbian identity later on, but for some, their experiences in the army confirmed their feelings. Some of persecution recounted to us was by other homosexuals, afraid to be caught themselves. Some were identified and asked to inform on others. In the armed forces many homosexuals were subject to cruel processes of labelling and persecution.

The most consistent label, inside and outside the army, was that homosexuality was a sin and evil. Any homosexual person who was religious, was confronted by their own 'unnaturalness'. To a young person still uncertain about a matter which they had undoubtedly had very little, and if any, only biased information on, made them vulnerable to labelling themselves: 'I am deviant'. The law labelled male homosexuals criminals, religion made it a sin, and the medical profession treated it as a disease.

The authoritarianism of the broader society allowed them to accept the condemnation of the church, and to place their trust in a medical profession which offered them a 'cure'.

A trying time: the bridge to adulthood

Over the study period, a massive intensification of the war occurred. Zimbabwe became independent in 1980, and the liberation struggles in Namibia and Angola were making steady advances. The apartheid regime's rising desperation responded not only with increased force and brutality against 'the enemy', but also with major drives at ideological militarisation. Part of the 'total onslaught' rhetoric involved publishing reams of war propaganda, (Cawthra 1986:44) and to involve as many other civil media for the militarisation of the society as a whole. Conscripts were

21. Tr: Apparently people caught in sexual action 'on the job, were given this choice: Either WE deal with you, or we give your case to the civil police. Remember, in those days the law on unnatural sexual acts for sodomy meant you could possibly serve a 2-year sentence in jail ... and a ruined life with the additional stigma and problem of a criminal record to live with forever more, was a hell of a reality. This alternative was therefore the beginning of intense psychological and physical torture in the Detention Barracks. There was a captain who was stripped of his medals with a bayonet, and his troops had to trample on them. I don't think he was the exception to prove the rule.

subjected to intensive 'ideological indoctrination through lectures, films and videos'.
(Cawthra 1986:44)

Section 63 of the Defence Act [1957] requires every male citizen to apply to the SADF registering office for registration at the beginning of the year in which he becomes 16 years old.

Satchwell 1989:41

The process of registration was usually done through school when a boy was fifteen. It meant he was eligible for national service as soon as he left school, usually around the age of 17 or 18. As an alternative to national service for boys, and perhaps a career move for girls, recruits for the Permanent Force would also tend to join straight after school. At this age, young people's minds are usually preoccupied with sex. For young people who might be gay or lesbian, it could be a trying time: they become aware that their sexuality is different from the majority, and moreover regarded as deviant.

Clive was unsure of his sexuality when he was conscripted from July 1973 to April 1974.

Well, I was very young ... I turned 18 in the army that year. I think it was about then that I realised that the experiences at high school with other boys, were now actually clearly my orientation.

IV1:1

Hilary felt comfortable to explore her sexuality in the navy.

At that time I was exploring my sexuality. I mean, Robert [the recruiting officer, who was gay] might have recognised me, I certainly had not at that time.

How old were you then?

Eighteen, actually I'd just turned 19

This was straight out of school?

Ja. But it seemed to me quite an interestingly sort of safe environment with which to start exploring my sexuality. There was no room to sort of act on it in basics.

IV2:2

Linda knew all along that she was gay.

All my life I've been gay.

IV15:10

Young people brought up in a strict Christian setting experienced this discovery with varying degrees of dismay and dread. Thinus became a minister in an Afrikaans church and left when he realised after about fifteen years that his homosexuality was not going to disappear, and that his identity was incompatible with the church's teachings.

My kennis van homoseksualiteit was ongelooflik beperk gewees. Dit is maar die ervaring wat ek self beleef het en nie regtig gewees het wat met my aangaan nie. Die bietjie inligting wat ek gehad het was die enkele dinge wat mens gekry het in artikels, ... beperk tot tydskrifte soos Huisgenoot—gewoonlik 'n baie eensydige soort van inligting. Die gevolg is dat ek het regtig

gedink daar is iets geweldig verkeerd met my. Ek het geglo dat ek ... ook vanuit 'n geloofs oogpunt ... dat ek boos en sleg is. Soos dat die warmste klip in die hel vir my gereserveerd is.²⁴

IV4:2

During the last half of the 1980s, resistance to conscription was peaking.

In December 1984, ... over 90% of army detentions were the result of individuals attempting to get out of military duties.

Cawthra 1986:45

Amongst the troops, in some places resistance to army ideology took on the flavour of siding with gays—but not too loudly! It is also noteworthy that the men in this platoon had most likely completed a university education, so were somewhat older than the run of the mill conscript, and having probably had some initial sexual experiences.

I remember once there were some religious people ... this is the most explicitly anti-gay thing that I can remember in the military ... Religious instruction is compulsory and there is no way of getting away from it. Either they were from the Dutch Reformed Church or the Gereformeerde Kerk. They came to speak to us about the Bible and gayness. What the guy said was, basically if you're a gay guy, it is contrary to the scriptures, and that you should not practice your sexuality, but remain celibate. Afterwards there was a helluva row ... people saying he's got no right to tell anyone to be celibate. He's got no right to judge people's sexuality, and the Bible is not there to condemn people. So there was a helluva row afterwards, but no one confronted him explicitly and said listen you are speaking nonsense.

IV8:3

22. Tr: My knowledge of homosexuality was incredibly limited. It was only the feeling I experienced, and I didn't know what was wrong with me. The little bit of information were the few bits that one found in magazine articles, ... limited to magazines like the *Huisgenoot* [an Afrikaans family magazine]—usually very biased information. The result was that I really thought there was something terribly wrong with me. I believed ... also from the religious aspect ... that I was evil and bad. Like that the hottest rock in hell was reserved especially for me.

Gender stereotyping: Persecution justified

If people—of whatever sexual persuasion—conformed to the gender stereotypes prescribed by the army, they might remain invisible. But if you were a male or female with characteristics of the opposite gender stereotype, people could label you ‘gay’, and make you suffer for it. From the start Linda was labelled a lesbian by the navy—apparently because she had a very short haircut—and was given hell.

[S]he called me the punk rocker from Durban, and from day one she picked on me. I know people believed in initiation. They tried to break me, but they never broke me.

IV15:1

Charles was similarly tortured when he was doing basic training.

It was terrible, absolutely terrible. Bietjie skraal gebou en so aan, en nou moet jy 'n groter ou op jou skouers laai en hardloop²⁵—which I couldn't do. That's when my feet broke down. My voete het platgeval.²⁶

IV12:4

Linda was aware of her identity as a lesbian when she joined the navy in 1982, but she wanted to make a career in the navy, and never told anyone about it. She was never asked, but was harassed throughout the three years she was there.

And at the security clearance, did they ask you at that point whether you were gay?

No.

So they just assumed?

They just assumed, yes.

IV15:1

... and later in the research interview ...

Did they ever ask you if you were gay? Did they ever put that on record?

Yes, they did ask me again, and then I said “What?!” I made as though I didn't know what they were talking about, you know. And then of course I used my tomboyishness, I had to, because that is the only way out. What else?

So you never, ever confessed to them that you were gay?

No.

Did they ever give you evidence of something. Like, okay, we saw you with this girl.

No, they had no proof whatsoever.

IV15:1

In spite of many claims by scientists about the origins of homosexuality, there is still no way to ‘prove’ someone’s sexuality—and certainly the SADF did not have a definitive test. Their conclusions about someone’s homosexuality could only be based on gender stereotyping, or someone’s behaviour, or if the person admitted or claimed it themselves.

People who were labelled gay who actually weren't gay, suffered equally. It was decided by the army who was gay. Your own insistence that you were not gay was not sufficient. Your own definition did not count.

23. Tr: Small physique and so on, and now you have to carry a bigger guy on your shoulders and run.

24. Tr: My arches collapsed.

It is also well known that in single sex quarters, many same sex liaisons happen between people who would claim to be heterosexual. So, not even a person's actions are necessarily proof of homosexuality. It is only if a person adopts a homosexual identity—for example lesbian, gay, transsexual, queer, or bisexual—and claims it publicly that it will be known. Yet, if the army decided you were gay, you were.

Captive casualties: abuse of gays and lesbians

The general atmosphere of homophobia in society, and the strong emphasis on masculinity among males in the armed forces, meant that general homophobia and abuse of gays was rife. Being 'deviants' and captive in an authoritarian system, they had to endure. Few would have had the courage (or foolishness?) to come out of the closet in this milieu, even if they were 'out' to themselves and their friends. If they were suspected, the system turned a blind eye to the harsh punishments meted out by fellow service personnel and rank alike, and offered them no protection.

I started talking to Tinkerbelle and to PO Peter and to another PO, who'd been there for ten years. And they had suffered serious overt prejudice about their lesbianism. When it came to performance reviews, they did really, really well at their job, but it was their character—and it was the homosexual nature of their character.

IV2:6

They had to survive on their own.

[I]n a truck between two detention centres a gay man was repeatedly burnt with cigarettes. I counselled him for three years He was highly traumatised by the whole experience. I do not say that a senior officer commanded this. It is just that when people are in a small basic space together, anything can happen.

IV14:2

Some didn't. Many conscripts tried to commit suicide, and a fair number succeeded. It is impossible to say how many of them could have been gay. One conscript found himself in a largely gay environment.

Interestingly, at the time, a large part of the SAMS contingent was also gay, which provided a bit of a support system. It was from them that we heard the stories of the suicides and (in a few cases) the reasons for the suicides. We were very aware of the number of gay-related suicides (4 that I know of for certain, and then a few more probables).

IV17:1

There were also many suspicious deaths covered up by the army. It is well-nigh impossible to say how many victims were gay.

'Rape'—a weapon of masculinity

Many people mistakenly name the sexual assault of one man on another as 'homosexual', but if one accepts the feminist interpretation (Van Zyl 1987:142) that rape is not about sex or sexuality, but about power and gender, then it is a gendered crime of assault. In a sexist and homophobic society the victim is feminised through penetration, and this brands the male victim, but often not the perpetrator of such an assault, as homosexual. Anal sexual assault was frequently used as a form of torture, for soldiers in Detention Barracks, hapless civilians in South Africa and from villages in the operational areas, and captive soldiers. 'Rape' also formed part of the persecution of gays.

There were also many rapes. It happened to me. I was very young. I was a very naïve little boy who came from Cape Town. It was my first experience and it was one of the most disastrous experiences that ever happened to me.

Resister No. 53:16

'Outing' as persecution

Because of societal homophobia, often one of the most difficult things in a homosexual person's life is to tell their family and friends. It is usually distressing for all concerned, as the knowledge can fundamentally change their relationships. Combined with the stresses of conscription for the family, it could be a very traumatic event. If a gay man had somehow been exposed during his service, the army had no qualms about 'outing' the person to their parents. Chaplains and psychiatrists were foremost in this process of maintaining the apartheid ideology notions of 'deviance'. For many religious homosexuals, their first approach would be to confess to a chaplain, who would—sometimes unintentionally—set the ball rolling for 'outing' the person.

"We have to tell your parents about this little problem." So he [the psychiatrist] made me tell my parents in his office, which was a bit traumatic.

Power, power, authority, I'm terrified of it. Terrified of them. I remember at the time calling the priest, at the parish ... and talking to him, saying to him "Look, I have big problems about telling my parents about this".

IV1:4

The religious dogmatists often seemed the most brutal.

They come from a strange religion which seems to say: 'If gays are going to hell anyway, then it's okay if you ... give gays hell on earth—that God will sanction such attitudes and behaviour and deeds'.

IV5:4

Casting the first stone: brutal masculinity as protection

Leading the pack in abuse, was often a strategy for saving one's own skin. In order to hide their own orientation, some gays and lesbians participated in homophobic acts against others.

The Able Seaman in charge of me, I saw her in bed with a SWAN. And I never said anything because I don't hurt my own people. But she in turn hurt me.

It may sound nasty, because I knew she was gay—but one Saturday afternoon she was out with an army chap. I laughed at her, and said “Well, what are you doing with a man?”

IV15:10

In order to expose Linda, a psychologist ‘befriended’ her, and tried to entrap her by pretending to be gay herself. A gay PO warned her.

I found out that she had a boyfriend. All the time she kept on saying she has a boyfriend and she’s pretending to be straight, but she’s gay. And I thought “Wait a minute. What is an officer doing with a Sea Miss?” I mean, you don’t normally mix officers with the junior ranks, and then I realised ... Also another PO at the time said to me “Watch out for these people”.

IV15:3

On the pretext of ‘making a man’ out of you, beatings were standard currency in the so-called disciplinary routine of the army.

... as sort of a bonding, often the gay person would be the scapegoat and he would be beaten up by the rest of the group to build some cohesion. Sometimes gays who were in the closet joined in the beatings on the exposed gay man—or the person accused of being gay—and later suffered rather lots of guilt as a result thereof.

IV14:2

The worst choices facing gays was when they were asked to inform on their mates, so they themselves could escape prosecution.

He ... said to me that if I told him who was gay in the Defence Force then I could stay on, otherwise I would be dishonourably discharged.

IV15:2

Conclusion

The military milieu was constructed as masculine terrain—with femininity symbolised as the ambivalent ‘other’, both despised but also coveted. Hence some men could engage in sexual relations with other men without being labelled gay, and drag queens could play with their masculinity under the guise of femininity. But for youngsters still coming to terms with their sexuality, the prospect of being homosexual held the threat of pervasive humiliation, harassment and even sexual assault. For many, their apparent passport to safety, acceptance and ‘normality’ was to inform on other homosexuals.

PSYCHIATRY IN THE SADF

In this section we show how anybody who was labelled ‘deviant’ for reasons ranging from political resistance to being homosexual ran the risk of being sent to the psychiatric wards to be ‘cured’—made to conform / assent to the dominant ideologies of racism, sexism and heterosexism in the army.

In the eyes of the army, deviance took a variety of forms. If one resisted military duty in any form, one was regarded as ‘not right in the head’. For instance people objecting to serving in the army on the basis of ethical or political convictions, were either sent to Detention Barracks for severe punishment, or to the psychiatric ward for a ‘change of mind’.

Resistance to military duty

The banning of the End Conscription Campaign [ECC] in 1988 (Nathan 1989:308) was a measure of how many liberal white South Africans were opposed to militarisation. Conscripts tried many ploys not to do military tasks, and just to finish their tour of duty without incident. They did not want to die for something they did not believe in.

We were unaware of what was happening, and we heard over the radio about the fighting. The next day 200 medical orderlies went from Pretoria. That's the first time we knew something was happening. For a long time, they were sending troops in, and there was a flow of people... the doctors said that just about everyone in the Battalion reported sick and just wanted to do one thing, which was to go home.

IV10:3

People who were considered 'trouble-makers' were sent to the psychiatric unit. A conscript who had objected on a moral basis to conscription was sent to see a psychiatrist in the military hospital.

The first thing that happens to everyone there is that you're put on Valium.

There are about 15 to 20 people in the ward all the time—there's a high turnover of patients ... None of them had psychological problems, most were just sensitive and intelligent. It seemed to me that it was just their sensitivity that got them into shit.

Every Tuesday they have a panel and everyone has to go before it. You walk in and sit down and you are supposed to talk to them. I said I wasn't prepared to talk under those circumstances. [T]he man [psychiatrist] in charge, said I should go. I afterwards learned that when I walked out he said, "I don't care about that man, he's a conscientious objector. I am a soldier before I am a psychiatrist".

I can't fully explain my impression of Ward 22—there was a strange atmosphere. It was like probing into people for the wrong reasons. I was there for two weeks and at the end of it they said there was nothing wrong with me.

Resister No.25:19

Mark did not want to serve in the SADF, so he consistently went AWOL. After a torrid time of being sexually assaulted ('raped') and beaten up in DB, Mark tried to commit suicide. A lieutenant offered him a rifle to blow his brains out. He was transferred to the psychiatric unit at one military hospital, where he was chained to the bed and subjected to shock treatment (*Resister* No.53:17) He was transferred to another military hospital and suffered further abuse. He was told by an orderly: "Your kind should be locked and chained for the rest of your life".

Conclusion

Commanders appear to have used the psychiatric units as punitive measures to force a variety of 'deviants' and dissenters to conform. Merely being there carried the label of 'mental instability', and sedation would keep them quiet. While some doctors were using their rank to do the ideological work of the army, they neglected their medical responsibilities towards those who had been damaged by the war.

WORKING IN THE SAMS

In this section we discuss the structure of the SAMS, and the differences between Permanent Force and conscripted doctors. We give an overview of the attitudes

prevailing in the psychiatric wards, and how the issues changed as the war intensified.

Servicemen who were doctors faced many ethical dilemmas. Their positions were privileged by comparison to other servicemen, but in the end they were 'one of them'—also just conscripts. The doctors who were part of the Permanent Force were a different breed altogether. Having opted for a career in the armed forces, they fitted into the authoritarianism, hierarchy and ideology propounded by the SADF. Since a medical degree gave them certain status, they would soon achieve the higher ranks, and the power that went with it.

Structurally the SAMS fell under the Department of Defence, (Phillips 1989:21) and though health professionals working for them would still be responsible to their respective professional medical bodies, accountability seems to lapsed from both sides. Although all registered health professionals are accountable for their professional conduct to the relevant professional body e.g. SAMDC, SANC the official hierarchy and the peer group pressure operating in the armed forces made it difficult for doctors to maintain their ethical standards. They were obliged to follow international conventions relating to professional practice, such as the Geneva Convention, but contrary to what most doctors believed about preserving life when they took the Hippocratic Oath, the SADF felt that medics should be combatants.

For health workers and medical personnel, there are specific concerns as the SADF uses medical personnel in all aspects of its repressive activities, including torture.

Resister No.46:4

The Psychiatric Wards—Changing People's Minds

It was known that certain doctors were implicated in cases of torturing captives. In 1989 a 'Torture manual' allegedly used in the SADF was sent to the *New Nation*. It was clear that mental workers such as psychologists and psychiatrists had contributed towards the preparation of the manual. (*Resister No.63:18*) A psychologist said the following about one of his colleagues in the army:

He is suspected of participating in developing torture techniques for applying to 'terrorists'. He was particularly fond of administering 'truth drugs'.

IV13:1

He aligned himself with power, and became a very powerful figure himself—'Die Kolonel'. He had everyone jumping for him. Only once does it appear that someone scared him, it was when a soldier's wife contacted [his] wife, but nothing came of it.

IV13:1

Many accounts speak of unsympathetic and unqualified staff in the psychiatric units.

Aside from the trained psychologist ... none of the remaining personnel in 1985 were qualified. The daily running of the wards was entrusted to a ranking military officer, Capt. Versluys. Falling under her were nurses—medical students and interns doing their military service—and orderlies seconded from the regular forces. Patients describe Versluys as a 'fascist' who maintained a consistently hostile and unsympathetic attitude to her charges. Although she was trained as a psychiatrist in 1985, her main concern was the maintenance of discipline in the ward. ...

The orderlies were seconded from military units as part of the their duties. Their attitudes varied—many were hostile, shouting orders at and verbally abusing patients. Orderlies were armed with pistols at all times. One serviceman ... who worked as an assistant to the

psychologist in 1983, said that there was continual tension between the qualified medical staff and military officers over the handling of patients in the wards, with the higher ranking military officials having considerable say.

Some of the patients found that the medical students on duty had little professional commitment to their work. They regarded it as part of their national service, to be got through as swiftly and painlessly as possible. In some cases this extended into a contempt for the 'patients'.

Resister No.47:12

The psychological debris of war

People who were already suffering the pain of South Africa's militarisation, deserved better than the treatment they generally received in the psychiatric units. Antipathy towards psychiatric complaints could have reflected broader tensions regarding psychiatry as a science. (Kirk & Kutchins 1992:10ff) It was part of 'soft' medicine, supposed to deal with the emotional state of the patients. In the masculine environment of the military, anyone admitting to an emotional vulnerability could be seen as 'weak'. As a result, real distress could be dismissed as 'hysterical'²⁷ behaviour. The consequences were sometimes fatal.

In September 1980 ... a national serviceman was admitted to the ward, after having taken an overdose of disprins. Although his blood pressure was checked, no attempt was made to remove the poisons from his system. The following day he was forced to get up for inspection and, like the other patients, was not permitted to lie down during the daylight hours. Unable to stand, he was left out in the hospital garden for the day. He had fits of vomiting. In the evening his fellow patients informed the medic that his breathing had become abnormal. The medic took little notice and asked to be called only if there was a change in his condition. His breathing stopped at 2 a.m. There was no oxygen in the ward and the qualified doctor called by the medic turned up an hour later. The other patients were instructed to keep quiet about what they had seen.

Resister No.47:12

Murder

The doctors in the armed forces were frequently accused of conspiring to conceal crimes such as murders of servicemen. One of the effects of war psychosis is 'episodes of severe rage and violent impulses towards what may be indiscriminate targets' (Sandler 1989:81) This could also encompass a disregard for human life, even that of your 'own'. Early on in the war—1978, the case of a twenty-year old young man who was beaten to death in Detention Barracks after having fallen asleep while on switchboard duty, made the headlines. Later *Resisters* abound with reports of army cover-ups of causes of deaths. The army doctors tried to cover up the causes of Arnold Lewin's death, but a second post mortem ordered by his dissatisfied parents concluded that he had died from a pulmonary haemorrhage as a result of being beaten with a blunt instrument on the chest. (*Resister* No.5:9)

Suicide

Throughout the period under question, suicides, attempted suicides, and failed suicides were less of a concern than an embarrassment for the army. This often seemed to be last option for conscripts who were horrified by what they were witnessing and felt there was no other way out.

25. 'Hysterical' is derived from the Greek word meaning womb, thus believed to be a feminine condition.

It was only in May 1981 that suicide became a 'notifiable disease' in the SADF. At the time, it was recorded that about 14 military personnel committed suicide in a year. The question of suicide was discussed at a conference of military chaplains held in August 1981. (*Resister* No.16:17) But in March 1986 the official figures released for 1985 stood at 35. (*Resister* No. 43:11)

By 1986 the figure rose to 429 (all official figures)—almost six times as many as the previous year!

Resister No.49:13

An eighteen year old Kevin Swan was removed from Natal Command's sickbay against doctor's orders. He had tried to commit suicide.

Against strict instructions about his care, military policemen tried to remove Swan from the sickbay. The young serviceman was sedated and under psychiatric care at the time of the incident during which he was kicked and punched by military policemen, including a commandant.

His father, Mr Owen Swan, said his son had asked for help in the past but had never received it. 'That boy has a terrible fear of confinement. He goes completely wild if he's locked in a confined area. I've been to see the welfare officers, psychologists and everyone I could think of, but nothing ever seems to be done about it'.

Resister No. 19:11

Drug abuse

Drug abuse has reached serious proportions. Over thirty percent of conscripts are believed to use or experiment with drugs during service.

Resister No.46:21

The psychiatrist at Voortrekkerhoogte was also in charge of the so-called drug rehabilitation programme at *Greefswald*. It was known on the grapevine as a severe punishment centre where you were isolated from your friends and family.

Well, some of the guys at 1Mil were either going there or coming back, and generally the stories were not very pleasant. So I don't know what actually happened there, but it sounded like ... pretty nasty. Worse than DB by the sounds of it.

IV1:2

It also functioned as a labour camp.

If it was the objective of the wards and the work camps to curtail people's use of drugs, the projects must be regarded as failures. At *Greefswald* and *Magaliesoord* many of the inmates were able to grow their own dagga in the surrounding fields and hills. In the wards, patients on medication tended to save their drugs and take in single weekly doses or trade them with other soldiers.

Resister No.47:14

Thirteen years later, drug abuse was recognised as a widespread problem.

Thirty per cent of the population in the wards have been drug users, the single largest category. In 1985 the army conducted its own internal survey of what it defines as drug usage in its ranks. The findings, which were not made public, showed that 30 to 40 per cent of servicemen used drugs. Smoking dagga was most widespread, followed by sniffing of various substances, such as ethyl nitrate, and the taking of various barbiturates and anti-depressants. These included sodium seconal, valium and synthetic adrenalin. The latter substances were all obtained from army stores by medics who were involved in a brisk trade among soldiers.

Resister No.47:13

There was a belief among some health workers in the psychiatric wards that soldiers tried to use medical excuses to be exempted from duties.

Hulle het graag gesê iemand maak of hy mal is, as hy inkom, of maak of hy uitmekaar val, as hy van die veld af ingebring word.²⁸

IV8:5

One would expect a psychiatrist worthy of being called a professional not to succumb to prejudice, but to do a thorough investigation.

During March he was admitted to 3 Military Hospital suffering from some kind of psychological disturbance. His condition deteriorated, and he attempted to kill himself by slashing his wrists.

On 25th March he became 'uncontrollable'. Instead of attempting to treat him, the military medical authorities transferred him to the detention barracks at Tempe. There, according to a SADF spokesman, he hanged himself with the bandages which had been tied around the wounds on his arms.

Resister No.14:16

Interviews done with people who were in the wards either as 'patients' or medical personnel, testified that between the years of 1971 and 1985:

It became clear that the practice of psychiatry in the SADF has been closely wedded to the preoccupation of the military authorities to eliminate patterns of behaviour which do not conform to SADF discipline and the apartheid war effort. Even conscripts who refused to be posted for active service or attempted to conscientiously object on grounds of their opposition to apartheid have been committed to these wards.

An aside by a military psychologist to a serviceman in 1980 starkly illustrates the prevailing attitudes: 'I am first a soldier and then a psychiatrist'.

Resister No.47:12

The doctor who had established the psychiatric unit at 1 Military hospital, was known for his right-wing affiliations. His career had been built in the military, and he was left to run the unit as he liked. (*Resister No.47:11*)

Trudie Grobler was a psychologist who did her clinical internship in the psychiatric unit at 1 Military hospital.

[H]y het net aangegaan. Jy weet die Psigiatriese Afdeling daar by die weermag het gelyk of dit heeltemal onafhanklik funksioneer.²⁹

IV8:1

He even banned some of the staff from the wards.

Hulle wou nie vir ons saalrondtes laat doen nie. Hulle het dit gesê. "Julle doen nie saalrondtes nie".

Toe sê ek eendag vir hom na só 'n saalrondte "Ek vind dit absoluut onbevredigend". Toe sê hy "Hoekom?"

Toe sê ek: "Ons weet niks van die pasiënte af nie, ons weet nie hoe hulle gelyk het toe hulle hier inkom nie, ons weet nie watter verskil die pille gemaak het of die behandeling wat hulle kry nie, hoekom hulle nou lyk soos hulle vandag lyk nie. Ons is heeltemal in die duister oor wat aangaan." En toe hy vir die suster "Gaan haal vir ons almal koffie en dan bespreek ons dit", wat vir my redelik geklink het. Toe praat ons daaroor maar absoluut niks het verder gebeur nie.³⁰

26. They liked to say that someone is pretending to be mad, when he was admitted, or is pretending to fall apart, when they were brought in from the veld.

27. Tr: [H]e just carried on. You know, the Psychiatric Unit at the Defence Force appeared to function completely independently.

28. Tr: They didn't want us to do ward rounds. They said it. "You are not allowed to do ward rounds". Then I told him one day after such a ward round: "I find this absolutely unsatisfactory". So he asked "Why?" Then I said: "We don't know anything about the patients, we don't know what they were like when they were admitted, we don't know what difference the pills make or what treatment they are getting, why they are as they are today. We are left totally in the dark about what is happening." Then he said to the sister "Go and fetch us some coffee and we can discuss it", which sounded reasonable. We then spoke about it, but absolutely nothing changed.

Conclusion

As military operations intensified over the study period, the psychiatric units were faced with the psychological consequences of war—increasingly, patients were admitted suffering from some form of war trauma: depression, psychoses, attempted suicides and drug abusers. The above accounts show that some health workers, often Permanent Force ranks, showed little ethical accountability to their patients / clients, but used their skills and position to execute apartheid military ideology. Many others put their heads down and questioned nothing. Some staff members suffered deep dilemmas caused by dual loyalties: they struggled to remain ethically accountable to their patients within a system geared to implement state ideology.

CONVERSION THERAPY

In this section we describe the conversion treatment given to homosexuals. We describe aversion shock therapy and hormonal therapy, and show that there was no 'informed consent'. People were trapped in the system.

While many people suffering from mental distress were sedated instead of treated, some psychiatrists were experimenting with conversion therapy on 'patients' who, other than being labelled homosexual, were healthy.³¹ Notwithstanding the fact that the acknowledged diagnostic reference manual for psychiatric disorders, the APA's DSM II (1973) had deleted homosexuality as a mental disorder, (but retained the category 'ego-dystonic homosexuality'), some doctors in the SADF still regarded it as a disease. Their procedures were medically to try and convert homosexuals to heterosexuality. Though this was not written into the policy, for many years the doctors (PFs) in charge of the psychiatric units were allowed to proceed with such treatment in contempt of contemporary medical practices at the time.

There was a wide divergence of opinion inside the SAMS about how to deal with homosexuality. All the psychologists who were interviewed for the project, regardless of when they had served in the armed forces, showed a liberal attitude towards homosexuality, indicating that different ideas and practises were accepted and used in South Africa at that time. Yet again we see the operation of dual loyalties—conflict between the institutional practice, and client's interest.

Ek dink Rory was 'n paar maal by my, maar ek het nooit probeer om die mense wat gay is te verander nie. Mense het hulle eerder ondersteun, gehelp om vrede te maak. Maar ek dink hulle het 'n baie moeilike tyd gehad in die weermag—regtig.³²

From our data, people were sent to medical personnel to be 'treated' for homosexuality in three locations: in the navy in Cape Town they relied on

29. Resister No.47 (Dec 1986—Jan 1987) gives details of these wards in an article called "The Abuse Of Psychiatry In The SADF: 'I am first a soldier and then a psychiatrist'". [See Appendix G for a reprint of the article.]

30. Tr: I think I saw R a few times, but I never tried to change people who were gay. On the contrary, one tried to support them, to help them to come to terms with themselves. But I really think they had a hard time in the army—truly.

counselling, but at 1 Military Hospital and 3 Military Hospital there were attempts by psychiatrists to convert homosexuals to heterosexuality through some sort of physical treatment. All of these attempts failed to convert the people. The treatment however, did leave lifelong scars on some of the 'patients'.

Treatment at any cost

The head psychiatrist at 1 Military Hospital from 1971 to 1978 also initiated a drug treatment programme at a farm called 'Greefswald', in the Northern Transvaal. Inmates were cut off from family and friends, and kept in isolation for three months—effectively doing hard labour ostensibly to keep their minds off drugs.

Every activity from rising to going to sleep at night was performed at the double, day in and day out, for several months at a time.

Resister No.47:14

During the time that *Greefswald* was operating, it was used as some form of implicit threat to give 'patients' the 'choice' of going there, or 'consenting' to aversion therapy in the psychiatric unit. By 1980, *Greefswald* had been closed, and another centre started at *Magaliesoord*.

Die vroeëre hantering van dwelmmiddelafhanklikes onder NDP's het alleen 'n beperkte mate van sukses gehad. Om verskeie onvermydelike redes moes die poging egter laat vaar word. Huidiglik is daar geen georganiseerde optrede in die verband nie.³³

SADF 1980:1

There was a strange connection between homosexuality and the consumption of illegal drugs: both were illegal, and therefore culprits were vulnerable to coercion if caught. Both were sent for psychiatric treatment, and both treated with electric shock aversion therapy. The moral panics surrounding homosexuality and use of illegal drugs meant that young people would be reluctant to confide in their parents if they were 'guilty'. The wide-scale use of drugs also meant that it was likely a gay person might land up in the psychiatric ward for drug 'rehabilitation', and in an interview with the psychiatrist 'confess' to being gay.

Now, what Nick told me was that he'd ended up in a camp called *Greefswald*, and that there was a doctor there who they were all pretty scared of. The guys were all trapped inside this camp, and there was no leave or anything. They were really prisoners in the camp. And what the doctor used to do, was to show Nick pornographic pictures of men, and if he got an erection, then he used to give him an electric shock.

IV3:1

Thus landing up in the psychiatric ward was a hit and miss affair, with many of the medical practices there being questionable. Other incidents related to the treatment of patients and their families, reflect a similarly authoritarian and unaccountable attitude.

My overwhelming recollections of the ward were that it was a very oppressive milieu. One thing I know, it was a Hór-r-rible, Hór-r-rible (sic) time. I am a typical Virgo, I like to feel in control of my circumstances. I cannot remember a time when I felt so vulnerable. That experience stayed with me.

31. Tr: The former treatment of drug addicts among national servicemen had only a limited success. For numerous unavoidable reasons the effort had to be abandoned. Presently there is no organised procedure concerning drug addiction.

IV6:1

One of the recurring themes about the psychiatric wards is the extent to which 'patients' were sedated. Two young friends found themselves in a psychiatric ward in 1973.

Our son's friend said afterwards "Mrs Roberts, we were so drugged, that we didn't know half the time where we were or how many days had passed." All we know is that [our son] was so drugged his eyes were glazed, his skin was dull and his speech was slurred.

IV9:1

[The psychiatrist] was known to have given patients drug doses of up to 60mg Valium intravenously.

IV13:1

A man who had been sent there to be cured of homosexuality felt distinctly out of place.

There were maybe twenty? ... or thirty? [other patients]. I can't remember. All types and flavours. That was also not so nice. It was a bit like "One Flew Over the Cuckoo's Nest". I remember this one guy used to walk up and down the room—the same piece of corridor—up and down. And he used to get electroshock therapy. I think he was possibly AP or something like that, I dunno. But one had the feeling that you were really in with the dregs, the freak show.

IV1:5

'Patients' were referred to the psychiatric units through commanding officers, doctors in medical units, social workers or chaplains. Once they had been there, many would be discharged—sometimes months before they were due to complete their service.

Rory's and Sichma's parents complained to the psychiatrist when he refused to give them information about their sons, and threatened to report him.

We left, and one week later Rory was discharged without any notice—no medical report and without any explanations. They just told him to hand in his kit. He phoned us from Heidelberg saying we must come and pick him up. He had served about 3—4 months out of his total stint.

IV7:2

Sichma was in the army for a total of 2 months. He was given 2 weeks' recuperative leave. After he was back for 1 week, he phoned to say we must come and fetch him. They're discharging him from the army.

IV9:3

To this day, neither the 'patients', nor their parents, nor a psychologist working in the unit at the time and who subsequently saw both of them, know why they were sent to the psychiatric ward.

Informed Consent

One of the most contested concepts in medical treatment is the notion of 'informed consent'.

Consent is understood differently by various disciplines and professions, and also in various theoretical models.

Alderson and Goody 1998:1

How does a patient consent to a certain treatment?

In medicine and law, the notion of consent is based on the exchange of apparently 'measurable' information, with knowledge and skill as a central criterion, and the freedom of the subject to make a choice as the second.

In South African law the following elements are deemed necessary requirements for valid consent.

- a) The consent must be given voluntarily, without any coercion.
- b) The consent may be given expressly or tacitly.
- c) Consent must be given before the ... act is committed. Consent remains revocable, provided the act has not yet been committed.
- d) The person giving the consent must be capable of forming a will. ... It means that the person has the mental capacity not only to know the nature of the act to which he consents, but also to appreciate its consequences.
- e) The consenting person must be aware of the true and material facts regarding the act to which he consents.
- f) Mere submission is not consent.
- g) In principle, consent must be given by the complainant, but in exceptional circumstances someone else may give consent on his or her behalf, such as where a parent consents to an operation to be performed on his or her child.

Snyman 1989:124–6

Some people believe that patients should be protected against unscrupulous medical practitioners, and that the process of signing or giving consent should protect the patient against

useless, harmful and unwanted interventions; an occasion when doctors have to be accountable; and an essential constraint on the more powerful profession.

Alderson and Goody 1998:5

In practice, giving consent is mostly a formality,

... a polite ceremony, a token of respect that is hardly necessary because benign, expert doctors contribute to the smooth functioning of society; refusal and non-compliance are irrational. Consent is, however, a convenient means of transferring responsibility for risk from the clinician or researcher to the informed patient, thus enabling treatment and the research to proceed without serious risk of costly litigation.

Alderson and Goody 1998:5

Doctors are bound to adhere to international standards of consent which are supposed to be enforced by the statutory councils. These protect both them and their patients. Within the judicial framework, it would require that the legal elements of consent are present. From a humane point of view, it also implies that a patient is given an explanation about the methods and consequences³⁴ of treatment, in a language that the person understands. Time should be allowed for questions, and their questions answered as truthfully and as completely as possible. Alternatives to the treatment should be pointed out, as well as the consequences of not undergoing treatment. Finally, there should be no coercion or pressure on the patient to consent, as legally this constitutes 'submission' and not consent.

Psychiatrists are in a powerful legal position. As acknowledged 'experts' on mental conditions, unscrupulous psychiatrists can rely on their medical status to 'diagnose'

32. Mostly medical texts refer to 'effects' and 'side-effects'. This is a subjective classification, usually for marketing purposes, referring to 'desirable consequences' and 'undesirable consequences' respectively. Therefore we use the comprehensive word 'consequences' to emphasise that a complete list of consequences of treatment should be given to the patient.

that certain people do not have the 'mental capacity' to consent to treatment because 'they are suffering from mental stress'.

The accounts by people of their experiences in the psychiatric wards of the SADF indicate a profound lack of even lip-service to the most basic elements of informed consent.

When we saw my son, he recognised us, but he didn't know what he had done or why he was in the psychiatric ward.

IV7:1

Even Rory's parents were treated with contempt. They had an expectation that professional conduct in the army would be disciplined and orderly.

We could get no information from anyone, there was never any medical report, and nobody was available to talk to us. We went to Pretoria. We asked to see [the psychiatrist]. We thought he would give us some sort of explanation. We saw him for no more than three minutes. All he said, and I remember his words as clear as daylight "While your son is in the army, he is the property of the state".

When we tried to get information, he said "I owe you nothing".

I said: "Colonel, maybe that is the last word from the state, but I am going to take it up" We felt totally helpless and powerless. This is not how things should be conducted in the army. This is not how things work in the military sense.

IV7:1

Trudie confirmed this lack of communication between the doctor and his patient's parents.

Sy ouers het baie maal gebel en probeer uitvind wat aangaan ... En ek het met hulle ook 'n onderhoud gehad.³⁵

IV8:3

A doctor, who was working as a medical orderly during his national service, said that ... although conscripts or their parents had to consent to treatment, in reality it had been impossible for them to refuse the powerful colonel.

Vernon in *Sunday Times*, 23 June 1997

Outside the army, the ideal notion of 'informed consent' was also rarely applied in practice. Thinus 'consented' to more than 200 sessions of aversion therapy with a psychiatrist during 1971. In retrospect he feels that the consent was anything but informed consent.

So, ek het geglo daar is iets drasties fout met my en dat dit reggestel kan word. Die inligting wat ek op daardie stadium gekry het in artikels en die bietjie wat ek daarvan geweet het was dat hierdie 'n siekte was, en omdat dit 'n siekte was kan 'n mens hulp kry daarvoor....

Ek het gedink dat [aversie terapie] die enigste oplossing is vir my dilemma en in dié opsig dink ek was die inligting baie eensydig. Ek het nie die geleentheid gehad om dinge op te weeg teen mekaar nie. Ek was so desperaat gewees om iets aan my omstandighede te doen, veral ook in die lig van my studies. Ek het alles wat vir my gesê is aanvaar as die waarheid.

So as 'n mens praat van toestemming, natuurlik het ek vir hom toestemming gegee om voort te gaan met die behandeling, en trouens ek was baie dankbaar teenoor hom gewees. Maar dit was tog vir my 'n toestemming gee vir iets waarvoor ek nie behoorlik ingelig was nie. En ek dink

33. Tr: His parents phoned often to try and find out what was happening ... and I also had an interview with them once.

'n mens is so kwesbaar, veral in daardie jare. Dit was soos ek in die sewentigs gewees het, dit was gewoon vir my die enigste antwoord op my probleem gewees.³⁶

IV4:2–3

If this was the feeling of someone who sought out a psychiatrist voluntarily, then the conscripts, forced into doing military duty by the laws of the country, were many times more vulnerable. They were often still in their teens, and uncertain about their sexual identities. Being told repeatedly that what they were feeling was abnormal—a 'crime', a 'sin' and a 'disease'—must have driven some of them to self-loathing.

I was sent to One Military Hospital, Pretoria towards the end of my national service in 1972–1973 ... because I went totally 'bevok'³⁷ towards the end of my training.

My first experience with the Colonel was when he 'checked' my penis for hygiene. I thought that was very unsuitable as his examination had little to do with my mental condition. It didn't take him long to establish that I was homosexual, which in essence gave rise to my breakdown and other problems.

IV16:1

Some might have been caught out, and threatened with being handed over to the civil police. Others might have reported their 'condition' of homosexuality to a chaplain or doctor. During the early 1970s at 1 Military hospital, they would have been sent to the psychiatric unit.

Aversion Therapy

In 1973 the American Psychiatric Association removed homosexuality from its Diagnostic and Statistical Manual of Mental Disorders [DSM II]. Therefore, the notion that homosexuality was an 'illness' had been discarded. However, many practitioners still cultivated an aversion to homosexuality, and persisted with the 'rehabilitation' of homosexuals. Based on behaviourist principles of changing learnt behaviour, empirical evidence has not supported claims that conversion therapies change sexual orientation.

In fact, such methods applied to anyone else might be called by another name: torture. Individuals undergoing such treatments do not emerge heterosexually inclined; rather, they become shamed, conflicted, and fearful about their homosexual feelings.

Haldeman 1991:149–153

Though homosexuality was overlooked in many parts of the SADF, some clung to its interpretation that homosexuality was a curable condition, and had willing agents in the SAMS. Aversion therapy was used for homosexuality at 1 Military hospital until at least 1978. Another category of 'patients' to be subjected to aversion therapy, was those labelled 'drug addicts'. There was no precedent in the behaviourist literature for supposing that it was a suitable treatment. Yet they had little 'choice'.

34. Tr: So, I believed there was something terribly wrong with me, and that it could be fixed up. The information I had at the time from articles and the little I knew about it was that it was a disease, and because it was a disease, it could be cured....

I thought that [aversion therapy] was the only solution for my dilemma, and in that respect I think the information was very biased. I didn't have the opportunity to weigh things up. I was so desperate to do something about my condition, also because of my studies. I accepted everything that was told to me as the truth.

So of course when one speaks about consent, naturally I gave my consent to proceed with the treatment, and actually felt very grateful towards him. But it was still giving consent to something about which I didn't have sufficient information. I think one was so vulnerable, especially at that time. I was like that during the seventies—it was the only solution to my problem.

35. Tr: Afrikaans slang for 'fucked', and meaning 'disturbed'.

National servicemen caught smoking dagga, for example, are offered the alternative of referral to a civilian court for prosecution or a course of treatment in Ward 24. A sentence in court is added to the conscript's period of service, while a stint in Ward 22 is included as part of national service.

Resister No.47:14

Aversion therapy falls into different categories: chemical, such as injections or drugs, electric shocks and noxious sensitisation. (Marks 1982:342) The method preferred by the doctor at 1 Military Hospital was a form of electric aversion therapy, which is an attempt to change a patient's behaviour patterns by associating negative experiences, such as the pain from an electric shock, with those behaviours one wanted to discourage.

Electrodes were strapped to the arms of the subject, and wires leading from these were in turn connected to a machine operated by a dial calibrated from one to ten. The subject was then shown black and white pictures of a naked man and encouraged to fantasise.

The increase in the current would cause the muscles of the forearm to contract—an intensely painful sensation. When the subject was either screaming with pain or verbally requested that the dial be turned off, the current would be stopped and a colour *Playboy* centrefold substituted for the previous pictures ... [The doctor] would then verbally describe the woman portrayed in glowing and positive terms. This process would be repeated three times in a single session. Sessions were held twice daily for three to four days. People subjected to this therapy experienced long periods of disorientation afterwards.

Resister No.47:15

Trudie Grobler, an intern psychologist in the psychiatric unit at 1 Military hospital was forced to observe an aversion therapy session under guidance of the psychiatrist. A woman was subjected to such severe shocks that her shoes flew off her feet.

En ek weet dat [die psigiater] met homoseksuele mans aversie-terapie gedoen het. En ek weet nie van 'n geval waar dit 'n sukses was nie. ...

Jy weet dat hy vir die gay seuns mans wys, en dan die skok gee, en dan meisies wys. En ek kan net aflei dat dieselfde sterkte en metode en als was wat die vrou gekry het wat ons gesien het. En dit wat ontséttend. ... Ek kon nie dink hoe haar liggaam dit als kon verwerk nie.³⁸

IV8:2–3

Clive had concluded that he was gay, and went to speak to the army doctor.

I couldn't ask the camp doctor, because he was also just a conscript like the rest of us. He was a sweet guy, you know? And he probably also felt a bit culturally out of depth, that is why he said, "Well, you'd better go and see this chap". ... But I mean, you must remember you're growing up in what 1970s ... it was a very homophobic kind of culture, very fascist culture that most white people lived in.

... And I thought I was going to see this chap and do some counselling, and I'd get tips on how to cope with it all. ... And when I arrived there he proceeded to ... admit me, which was a bit of a fright because I'd never been in hospital before.

Then he said "Now well, just chill out for a few days, but we're gonna call your parents in here. We have to tell your parents about this little problem." So he made me tell my parents in his office, which was a bit traumatic. But I suppose they had to know sooner or later. They then agreed that I should stay there because he offered this therapy which he wasn't very specific

36. And I know that [the psychiatrist] did aversion therapy with the homosexual men. I don't know of a single case where it was successful. ...

You know he would show the boys men, and then shock them, and then show them girls. I can only think that it was the same method and intensity [shock level] that the woman had been given. And it was terrible. ... I couldn't believe that her body could survive it all.

about, which would help me overcome the problem. Because of course, by then, I was actually convinced that it was a problem to be gay, it was simply a choice.

IV1:1

When a young man, isolated from his social sphere and family, is confronted with notions of his own abnormality, the therapist wields an abnormal amount of power.

[C]lients seldom see a therapist when they are confident of their judgements! The social influence that a therapist wields is all the stronger, given the persuasible, even gullible state that most clients would be in.

Davison 1991:145

'Patients' referred for aversion therapy, certainly were not in a position to give 'informed consent'.

The servicemen subjected to this treatment had to agree to the therapy and their parents also had to give their consent, if they were under a certain age. But it is unlikely that many were able to make a rational choice. Most conscripts enter the army at the ages of between 18 and 24 when they are still coming to terms with their sexuality and it was easy for staff to manipulate their thinking. The decision to undergo therapy was always made in an environment in which it was strongly stressed that homosexuality was an aberration. There was a total lack of anything approaching positive counselling. And given the prevailing conservative attitudes few of the people who found themselves in this position could count on the protection from their parents.

Resister No.47:15

The doctor forced some men to confront their parents with their homosexuality.

My mother was the first to be notified. I then agreed to shock therapy, which happened only once and was not so bad that I lost my teeth or a limb at all.

IV16:1

The parents of Sichma gave the following information:

The soldiers were subjected to cruel treatment, by having wet pads on their arms, and giving them shocks, and they were given pills—we don't know what pills.

IV9:3

The psychologist who worked in the ward, but who was not allowed to see the 'patients', nevertheless sometimes found out what was happening.

Sichma het ook 'n maat gehad, wat saam met hom was.

Rory het [aversie terapie ondergaan], maar ek weet nie hoekom Sichma dit sou ondergaan nie, want hy was nie homoseksueel nie.

Hulle was maats, in die saal. Kon dit wees dat [die dokter] gedink het hulle was saam?

Hý is kapabel en dink dit. Maar ek het nóóit, nóóit daardie gedagte gehad nie.³⁹

IV8:3

It is quite clear that not even the basic rules of exchange of information were maintained in the psychiatric unit. Neither the servicemen themselves, not their parents were given adequate information. The doctor coerced conscripts into admitting that they were homosexual to their parents, and further coerced them to undergo aversion therapy.

37. *Sichma also had a friend who was there.*

Rory underwent [aversion therapy], but I don't know why Sichma would have had it, because he was not homosexual.

They were friends in the ward. Could it be that [the doctor] have thought they were involved?

Hé was quite capable of thinking such a thing. But I néver, néver had that impression.

'Freedom' to consent

If one holds by the adage that 'actions speak louder than words', then it seems that the doctor was aware that he was treading a thin line. When people threatened to report him, he would use his authority to discharge the young men from the army.

Knowing that she was critical of his practices, he banned Trudie Grobler from the wards where these patients were kept.

Jy weet, jy's belet om na die sale toe te gaan waar die pasiënte was.⁴⁰

IV8:7

Stefan de Meulenaar has some recollections of the time he spent in the unit.

I have some vivid memories of my 11 weeks in ward 22 (Reserved for heterosexual shellshock cases, manic depressants, and drug addicts. Ward 28 was reserved for Drags, Homosexuals, and other sex 'deviants').

I never saw the guy [doctor] too often during that time, except for my dose of anti depressants—25mg Luidiamil. It was great fun to save up a few and OD a bit to go on a hefty trip. The army, and what it stood for was a hell of a waste of time and money. This was just a small example of it.

IV16:1

Others were less fortunate.

They'd put him in the psychiatric ward... Within a few days he had broken down to nothing. The other troops said there was a punishment centre, where they could be sent.⁴¹ Apparently conscripts 'had the choice' of going to this centre or submitting to psychiatric 'treatment'.

IV9:1

It is not certain that the doctor knew how the men felt about *Greefswald*, but it appeared to be only 'alternative' to aversion therapy.

I think most young boys are, or were in those days, terrified of authority. And growing up in that whole Christian Nationalist environment you just simply did what you were told. And if it meant paying lip-service to Caesar, you did so, because that is how you stayed out of trouble. Because if you didn't co-operate, there was always that unstated, but nonetheless very real threat that you would be dispatched to *Greefswald*. So you'd better just co-operate with this guy because he could make your life REALLY miserable.

IV1:2

'No other alternative' could be construed as coercion. This is clearly an element which invalidates the requirements of informed consent.

I just think one's got to look at it from the point of view of seeing very young boys, I mean we're talking 17 or 18 or so, who are scared of authority, actually being held ... this thing being held up to them as their only alternative against another alternative. And that kind of blackmail of unstated authority, blackmail in the sense of you'd better go along with this ...

IV1:4

Experiences of Aversion Therapy

When George did his army training in 1965, he did not experience particularly negative experiences about being gay. He later learnt from his lover Nick, that when

38. Tr: You know, you were banned from going into the wards where the patients were.

39. It is more than likely she is referring to *Greefswald*.

he was doing his army stint in 1970, he had been subjected to aversion therapy for his homosexuality.

The doctor was making some efforts, also to not just turn Nick away from being gay, but to make him straight. To what extent Nick agreed to this I really wouldn't know, except I don't think in the army in those days you were asked to agree to anything. I think it was just ... I mean I didn't have problems about being gay in the army when I was in the army, there certainly was no ... you just weren't given a choice of what was done.

IV3:2

One of the criteria for informed consent is that the patient is made aware of the consequences of the treatment. Clive was given painfully little information.

That you're going to get hooked up to something that resembles a massage device or something like that, whether it short circuited ... I don't know, it was a peculiar thing. And he said that he'd used it on himself because he had a predilection for chocolate bon-bons and this was a way of getting rid of a desire for bon-bons. So well, I thought, what the hell, try it. So we tried it. I found the therapy itself terribly painful, very disorientating....

And in fact, the irony was that I was there for I think four to five weeks. I was sent back, and I had to come back once or twice a month until I 'klaared'⁴² out, which was in April. And these sessions would last for about an hour. And he'd show you pictures from *Boy* magazines or something like that, and then talk about it, tell him what you thought. And while you were talking the electric stuff and the sensation on your arms would start and then it would become very painful. It kind of like twisted the muscle. I don't know whether it ... how the mechanics of that works. But it was just like when you were kids you used to do those donkey bites where you twist the muscle in opposite directions—well it's like that. And then when you kind of reached the maximum point and then you'd say "No, no, no, I couldn't stand it any more" then he would say, "Now you must think about your girlfriend" and all that sort of off the wall statements.

IV1:2

A psychologist who worked with the same doctor at another hospital in 1984 recalls

Teen daardie tyd was die behandeling van gay-wees nie meer 'n groot kwessie nie, maar [hy] het my die prentjies gewys wat hy voorheen gebruik het in aversie-terapie met gay mans.⁴³

IV11:1

By contrast, there seemed to be other health workers who made a difference to these experiences.

I remember one psychologist from that time, Trudie Grobler, whom I found sympathetic. I spoke to her several times after I had been discharged.

IV6:1

There was a sister Snyman, I think if I remember, or captain, I don't know what she was, she was quite sweet. She was ... after the sessions she used to take me out and give me some water and a 'pilletjie' or something for my head. She was quite sweet. I don't know what her agenda was or anything, but I never had any problems with her. I just recall her as being, of the authority figures, the softer, the sweeter. A bit like those interrogation techniques ... ja.

IV1:5

There was a nurse in charge. He was understanding and nice to us. We could talk to him, and he said he would keep an eye on Sichma.

IV9:1

40. Afrikaans slang for 'cleared'.

41. Tr: At that time the treatment of gays was not a big issue, but [he] showed me the pictures he had used previously in aversion therapy with gay men.

It appears that this type of conversion therapy—electric aversion—was no longer in use by the 1980s

None of the people interviewed who were in Ward 24 in the 1980s had witnessed or heard about the use of aversion therapy. It is probable that it is no longer used. However, the shock machine was still kept in the stores in 1985.

Resister No.47:16

By 1984, in the conservative and religious milieu that was Bloemfontein, conversion therapy was not considered necessary for homosexuality. The war was escalating, and increasingly troops were deployed in urban areas. The psychiatric units had other priorities such as mental disorders typical to soldiers suffering from war. The chief psychologist in the unit recalls:

Daar was sterk homofobie in Bloemfontein en gay-wees was as sonde gesien, en partymaal was gays se lewens in gevaar in die weermag. Maar meeste van die gevalle in ons afdeling was as gevolg van ander oorsake, soos selfmoord-pogings. Ons het nooit 'n beleid toegepas wat gays as siek beskou het nie, en ek weet nie van enige geval gedurende daardie tyd waar 'n gay man vir sielkundige behandeling gestuur is omdat hy gay is. Binne die psigiatriese en sielkundige milieu weet ek nie van enige menseregte-skendings teen gays deur mediese personeel in die weermag nie.⁴⁴

IV11:2

Hormonal treatment

The causes of homosexuality have long been debated. One biological explanation for homosexuality has been based on levels of sex hormones.

To many people, homosexuality has meant inadequately masculine men and hypermasculine women. Consequently, there have been attempts to cure a gay man of his homosexuality by injecting him with androgens; he would thus be restored to a proper androgen / estrogen balance.

Silverstein 1991:107

However, there is no conclusive evidence to support a change of sexuality by the treatment with peripheral hormones after puberty, either in males or in females.

(Silverstein 1991:107) However, biomedical researchers are still preoccupied with 'the influence of hormones during foetal development'. (Silverstein 1991:108)

The concept of homosexuals being biological freaks, with gay men being feminised and lesbians being masculine, was also part of popular ideas. For example, it was thought that one could 'tell' by their looks and their behaviour. The notion of taking hormones to restore an imbalance was therefore not so far-fetched.

When Thinus had come to the realisation that his homosexuality was more fundamental than a learnt behaviour, he became pre-occupied with a medical cure.

42. Tr: There was virulent homophobia in Bloemfontein, and homosexuality was perceived as a sin, and sometimes gays' lives were in danger in the army. But most of the cases in our department was as a result of other causes, such as attempted suicides. We never practised a policy of regarding homosexuality as a disease, and I do not know of any case where a gay man was sent for psychological treatment because he was gay. Within the psychiatric and psychological milieu I do not know of any human rights abuses perpetrated against gays by health personnel in the Defence Force.

Dit was 'n geweldige moeilik besluit vir my gewees op daardie stadium, want ek was oningelig gewees. Ek het gedink jy sluk 'n paar hormoon-pille en die volgende dag kom jy ... en alles is soortvan verby, en jy's heteroseksueel en jy kan aangaan met jou lewe.⁴⁵

IV4:2

Neil tried his best to evade the army.⁴⁶

I was called up to report for military duty for two years, starting in July 1980. Via the counselling bureau at the varsity and through the intervention through certain of my lecturers that were non-homophobic then ... I was referred to Dr Reynders and his team for evaluation whether I could go to the army or not.

Die verskyning voor die "paneel " was soos 'n kruisverhoor eerder as 'n evaluering vir moontlike terapie. Ek is vinnig aan die lede van die paneel voorgestel, en kon nie onmiddelik al die name onthou nie. Met tyd het dit aan die lig gekom dat die hoof van die paneel en professor 'n Dr Reynders was.⁴⁷ There was a certain Dr Rupert who opened up his first question to me with "Why do you masturbate so much?"

Dr Reynders himself seemed to be kind, gentle person, and suggested ... that he will give me tablets that will dampen my sexual drive, which I presumed would have been hormonal tampering with me.

Prof Reynders wat bekend was vir die integrasie van pastorale psigologie met medikasie—het reguit gevra of ek graag van my abnormale geneigdheid sou wou ontslae raak; sodat dit nie langer in die pad staan van groei as mens en Christen nie. Ek het besluit dat ek soiets mag oorweeg; maar ek wou bloot vrystelling uit die Weermag verkry—ek het geen fantasieë van 'n sekslose lewe met 'n verminderde libido in gedagte gehad nie: Ek wou bloot nie vir twee jaar in 'n oorheersend manlike wêreld wees nie—en wou bloot ontsnap van die werklikheid van die weermagsituasie.

Dr.Reynders het aan my tablette voorgeskryf wat in 'n ongemerkte houer deur die apteker aan my uitgereik is. Ek het vermoed dat daar later toetse op my gedoen sou word, en indien ek nie 'saaamwerk' nie, hulle geen hulp sou voorsien om my vrystelling te bewerk nie.⁴⁸

But in the end they gave no real help to get me out of the army. I had to plead with the social worker, a Mrs Labuschagne, to at least give me a letter to see the social worker at the army. There I came to another firing squad.

I do not know what the substance was that he gave me, all I know is that it changed my life forever.

IV5 & 5B

Conclusion

Though conversion therapy for homosexuality had been outdated, it was still used in some psychological and psychiatric units in the armed forces. The lesbians were sent for compulsory counselling, while the conscripts were given electric shock aversion

43. Tr: It was a tremendously difficult decision for me at that time, because I was so uninformed. I thought you swallowed a few hormone tablets and the following day you turned out ... and everything is sort of over, and you're heterosexual and you can carry on with your life.

44. The informant developed an ongoing correspondence with the researcher, and this account of all the salient details was constructed from quotes from his initial interview and subsequent telephone conversations and emails. The same events were often recounted in different ways.

45. Tr: The appearance in front of the 'board' was more like an interrogation rather than an evaluation for possible therapy. ... Eventually it transpired that the head of the board was a professor called Dr Reynders.

46. Tr: Prof Reynders who was known for his integration of pastoral psychiatry with medicine—asked directly whether I wanted to be rid of my abnormal tendencies, so that they no longer stood in the way of my growth as a person and a Christian. I decided that I could consider something like that, but I really only wanted exemption from the army. I never had fantasies of a sexless life with a reduced libido. I just didn't want to spend the next two years in a predominantly masculine world. I just wanted to escape the reality of the army situation.

Dr Reynders prescribed tablets that were supplied to me in an unmarked container by the pharmacist. I assumed that they would do tests on me later, and if I wasn't a co-operative patient, that they would not help me to get army exemption.

therapy, and hormonal treatment. Because they were caught in a coercive system, in none of the cases did the 'patients' or clients give 'informed consent' to treatment. However, it left most of them feeling psychically scarred to varying degrees.

CONSEQUENCES

In this section we discuss the consequences of the conversion treatment given to homosexuals in the SADF. We conclude that they had suffered human rights abuses since they were labelled, and given treatment without proper informed consent.

Almost all suffered varying degrees of harm as a consequence of the treatment.

Throughout all the claims of sexual orientation change, not one investigator has ever raised the possibility that such treatment may harm some participants.

Haldeman 1991:153

The residual impression one has about the psychiatric wards at the Military Hospitals is that they were factories of one's worst nightmares. Here, some of the people in the armed forces, when at their most vulnerable and fragile, were subjected to gross human rights abuses from personnel who were entrusted by society with their welfare.

Few conscripts found an atmosphere which was supportive and conducive to working through their concerns. Most of the people we interviewed experienced their time in the wards as profoundly alienating and at times punitive. Phrases like 'It was the worst time of my life' and 'It is a period I want to put behind me', recurred in all their stories.

Resister No.47:11

One of the recurring themes from 'patients' is that they psychiatric ward left lasting psychological scars, and for some people it left severe physical symptoms too.

Rory was never a very enthusiastic soldier, but he didn't commit any anti-military act. He just thought it was a waste of time. He was aimless about the army. But the consequences were very drastic. When he came out, he had a changed concept of life.

IV7:1

Since he came out of the army, he has suffered from migraines and photosensitivity. He has an endocrinological condition related to low blood sugar, and doesn't know if it could be from that. However, he does not recall having had photosensitivity or migraines before he went to the army. In particular, he recounted how "I could not go to the cinema in the afternoon, because the light would hurt my eyes when I came out into the light".

IV6:1

But he could never settle down. He told us how bad he felt. He couldn't stand the glare of sunshine or light. One day he went to town and had to get off the bus before he got there. He couldn't stand the glare.

IV9:3

Nobody could get through to Sichma. We got a social worker to help him, but he couldn't give us any information. We also sent him to a Dr B. It was during this time that they diagnosed *petit mal*—epilepsy. But Sichma had never suffered from epilepsy before he went to the army.

IV9:3

Because neither the 'patients' nor their parents had any information relating to their condition, without costly investigations it is impossible to say whether, or to what extent, the medication given in the wards had caused the subsequent physical

symptoms. However, we do have their accounts of what they were like before they went into the army, and how they felt afterwards.

But what is criminal and most unforgivable is the way that the military failed to notify parents of conscripts who were undergoing drug therapy, were put onto serious medication, and in one case, was sent for aversion therapy. In another incident, one chap in our unit couldn't come to terms with the military or his homosexuality, and put his rifle to his mouth and shot himself. Two weeks later, his family were notified.

IV17:2

By 1982 'combat neurosis', 'traumatic war neurosis' and 'gross stress reaction' appeared as 'post traumatic stress disorder' in DSM III (1982). (Sandler 1989:79-80) As the South African war escalated, the soldiers' morale was falling, and by 1986 there were significant increases in soldiers going AWOL, drug abuse had escalated to about 30% of the troops, accidental deaths⁴⁹ and suicide rates were increasing and more disciplinary problems and civil crimes were being reported. (*Resister* No. 46:21)

At a workshop on War Stress reactions in the SADF during the fifth national congress of the Society of Psychiatrists in South Africa, the head psychiatrist of 1 Military hospital detailed some of the psychological symptoms experienced by the soldiers. (*Resister* No.49:23) But these events occurred more than a decade after Clive, Nick, Stefan, Sichma and Rory had been in those wards. None of them had served in the operational area.

After I was discharged, it took me months to get off the medication that was prescribed. He was never told what it was, or what it was for. It was like an addiction. It took me a very long time—months afterwards to get off the drugs. I can just summarise what effects my experience in the psychiatric ward had on me by saying I learnt hopelessness. Every day I felt a bit worse about myself.

IV6:1

Neil never even got as far as being conscripted for more than two days.

Die tablette het baie gou gewerk. Ek het onuithoudbare hoofpyne verkry—en daar moes ook baie vinnig veranderinge aan my ligaam plaasgevind het.⁵⁰

IV5B:2

Clive left the army 25 years ago.

I recall coming out of the army, and I think it was April 74, I'm going out to visit my pal that I'd sort of grown up with. ... His mum bumped into my mum and said "I can't believe Clive is looking so depressed and withdrawn. He's not the same boy that used to be full of bounce" and shit like that. And ja, after the army was over, it was over. Tried to put it behind one.

IV1:3

He went into exile in Amsterdam to avoid any further call-ups, and regretted not doing it in the first place. In Holland he had an opportunity to put his experiences into context.

[A]fterwards I'd heard that [aversion therapy] had already been discredited. Years later when I spoke to a psychiatrist in Holland, where I was now living in exile, because I had now run away

47. In 1981 a doctor estimated combat deaths 'between 8 and 14 casualties a week, and between 55 and 60 deaths a month, including accidents. (*Resister* No.23:10)

48. Tr: The tablets worked very rapidly. I got terrible migraines, and the changes to my body must also have happened very fast.

from the army completely ... I met ... the other war resisters, that's where we started talking about this, because we realised there were other boys who had had similar problems.

IV1:3

Damage to self-esteem

Not only did aversion therapy not change the sexual orientation of the subjects, but it left them with a profound sense of self-loathing and depression. Thinus's spiritual commitment and motivation to be 'cured' gave him the courage to endure weekly aversion therapy for over two years.

Djít was nie vir my fisies regtig pynlik gewees nie. Dit was wat aan 'n mens geestelik gedoen is wat 'n geweldige impak op my gehad het.... Wat in daardie tyd gebeur het, is dat niks verander het wat my seksualiteit betref of my orientasie betref nie ... maar dat dit my selfbeeld eenvoudig week na week afgetakel het. Dat daar aan die einde van daai twee jaar ... het daar niks daarvan oorgebly nie. Al wat gebeur het is dat mens by die besef gekom het dat jy sleg is, dat jy een of ander frats is, dat jy nie deel van die breë gemeenskap is nie. Dat jy eintlik nie inpas nie, en op daardie stadium was ek nog steeds by die psigiater [die enigste persoon] wat [van my homoseksualiteit] geweet het. Jy weet hoe langer die behandeling aangegaan het, hoe meer het ek gedink ek durf vir niemand hiervan sê nie. Omdat dit vir my gevoel het asof dit veroordeling sou beteken, asof dit uitsluiting sou beteken en onverdraagsaamheid sou beteken, en ek wou gewoon nie my familie daaraan onderwerp nie.⁵¹

IV4:2–3

How did it make you feel?

Oh complete depression. Ja, very down. It wasn't like I now suddenly found I'd turned into some hetero pussy hunter or something. I was actually just completely freaked out ... and confused. It certainly didn't do much for my impulses of attraction for other boys, of which there were plenty of handsome specimens running around.

IV1:2

The hormonal treatment that Neil underwent finally got him out of the army, but changed virtually every aspect of his life.

Dit was Dr. Renier se voorreg om te besluit of ek geskik is vir weermagopleiding—en hy het besluit dat ek wel moet aanmeld ... en dat ek wel iewers bruikbaar sou wees. Hy het 'n verslag van 'n simpatieke sielkundige, Freek, geïgnoreer—waarin dit gekonstateer is dat weermagopleiding, in die psigiese toestand wat ek toe was, skadelik sou wees. 'Freek' was self besig met sy diensplig—en sy aanbevelings het geen waarde vir Dr. Renier gehad nie.⁵²

IV5b:2

Three months later he reported to his own doctor to take out insurance.

Volgens Dr. Nierop het my liggaam toe alreeds die vorm van die van 'n vrou begin aanneem. Hy het my reguit gekonfronteer dat ek moontlik 'n transseksueel mag wees en dat hy ernstige hormonale probleme by my vermoed. Sy nota tot hierdie gevolg was die hoofrede dat ek

49. Tr: It wasn't really physically painful. It's what it does to you spiritually that made a terrible impression on me.

... What happened during that time, is that nothing changed in relation to my sexuality or my orientation. But what did happen, was that my self-esteem simply diminished week by week. So that at the end of those two years ... there was nothing left of it. All that happens is that you realise you are bad, that you are some kind of freak, that you aren't part of the broader community. That you don't fit in, and at that stage I was still seeing the psychiatrist [who was the only person] that knew [I was gay]. You know, the longer the treatment continued, the more I thought that I daren't tell anybody about this. Because it felt as though it meant I would be judged. as though it would mean ostracism and intolerance, and I simply did not want to subject my family to that.

50. It was Dr. Renier's privilege to decide whether I was suitable for army training—and he decided that I should report ... that I could be used somewhere. He ignored a report from a sympathetic psychologist, Freek—which stated that in the psychological state I found myself, national service would be damaging—but his recommendations made no impression on Dr. Renier.

ontslaan is uit die weermag na 'n semi-senu-ineenstorting binne die eerste dae in die Weermag.⁵³

IV5b:2-3

By that time I was psychologically and hormonally and physiologically damaged.

IV5:1

Twenty years later, he was still struggling with the physical consequences of the treatment.

Ek cope nie te waffers by die werk nie. My neurochirurg het my verwys ... om te evalueer of ek langer hierdie werk kan doen Weens die hormoonversteuring wat ek sedert Reynders se eksperimente met my saamdra; het my hele liggaam en hormoonstelsel abnormaal ontwikkel ... ek lyk soos 'n vrou weens die testosteroon abnormaliteit wat hy geïnduseer het; d.w.s. my metaboliese prosesse en hormonale neigings is vroulik weens die wanfunksionering van die prostaat en testikels (tegniese naam, Hipogonadisme) Wat ek hierbo probeer sê; onder andere wanneer ek gewig verloor; verloor ek dit soos 'n endomorfiëse vrou ... my nuwe internis het egter weer met testosteroon behandeling begin om te kyk of ons nie die skade van destyds kan regstel nie. ...

Ja, die victim van die chemiese hormonale manipulering ly nog steeds aan die gevolge van sy gedeeltelike kastrasie ... en nou met my middeljare nog erger ... nou dat dit blyk dat my andropouse vinniger vir my aanbreek as my tydgenote⁵⁴

PC5:5

He was unable to cope at work, and there was discussion about whether he should retire at 40.

Ek kan nie cope sonder heelwat pynstillers en spierverslappers nie. Ek twyfel of ek ooit weer normaal sal kan lewe ... dit is net dat ek nie sielkundig reg voel om my loopbaan te beëindig nie ... ek bedoel wat de hel doen ek as pensioenaris met die res van my lewe⁵⁵

PC5:4

Having the physique of a woman, naturally has severe effects on his self-image.

Ek wens ek kan net bietjie selfvertroue kry om na die verhitte swembad te gaan ... dis al wanneer ek vry, goed en normaal voel, wanneer ek swem Ek sien egter nie kans om met 'n baaikostuum alleen by 'n publieke swembad op te daag nie.⁵⁶

PC5:5

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51. According to Dr. Nierop my body had already assumed the shape of a woman. He confronted me with the possibility that I was a transsexual, and that he suspected I had serious hormonal problems. His letter to this effect is the main reason why I was exempted from the army, after a semi nervous breakdown within the first two days in the army.
52. Tr: I am not coping very well at work. My neurosurgeon has referred ... to evaluate whether I can continue doing this work ... As a result of the hormonal disturbance I've had since Reynders's experiments, my whole body and hormone system developed abnormally ... I look like a woman because of the induced testosterone abnormality. In other words my metabolic processes and hormonal tendencies are feminine because of the malfunction of the prostate and testicles (technical name Hypogonadism). What I'm trying to say is that, amongst other things, when I lose weight, I lost it like and endomorphic woman ... my new physician has however started again with testosterone treatment to see if we can redress the damage of earlier
Yes, the victim of chemical hormonal manipulation is still suffering from the consequences of his partial castration ... and now in my middle age even worse ... it looks as though my male menopause is arriving earlier for me than for my peers ...
53. Tr: I can't cope without quite a lot of analgesics and muscle relaxants. I doubt that I will ever live normally again ... it is just that I do not feel psychologically prepared to end my career ... I mean, what the hell do I do with the rest of my life as a pensioner
54. Tr: I wish I could just scrape together enough self-confidence to go to the heated pool ... that is the only time I feel free, good and normal, when I'm swimming ... But I do not have the courage to appear, on my own, in a bathing costume at a public pool.

Damaged sexuality

While not having the desired effect of turning the men into heterosexuals, the treatments they received certainly affected their sexual relationships.

What I can tell you, is that this totally screwed Nick around, because he was always the initiator with sex, but straight after he'd come, he would immediately get the most unbelievable remorse and curse me and leave the room. And then it would be a week, ten days, and we'd repeat the process. So I dunno whether [the doctor] messed Nick up, but Nick sure was messed up about his sexuality.

IV3:1

With Clive, the treatment fed into an eroticisation of pain

I'll be honest with you, for years afterwards there was always the tendency to want to experiment ... look I mean as a white boy growing up in those times, I think in Std 9 ... I received something like a 170 cuts for various offences ... so we were kind of brutalised into pain anyway. And when you are that young, and the pain occurs on your buttocks which is really part of your sexuality anyway. You know really, it's a pretty dangerous cocktail, I reckon, potentially for healthy sexual behaviour later So my feeling is ja, it could definitely cause some very screwed up things if you're not careful, and you don't go and try and work it out, which is what I did eventually.

... that kind of dangerous thing between pleasure, pain and sexuality. So I haven't actually ended up as a complete raving sado-masochist—not that that would be a bad thing necessarily—but I mean I've had a very happy relationship now for years.

IV1:4

For Thinus, the enormity being different, scared him so much that it deprived him of exploring an essential part of his identity, his sexuality.

Die impak daarvan was so groot, tesame met die hele kerklike juk wat op my gelê het, dat ek my eerste seksuele ondervinding eers op die ouderdom van 37 gehad het. Dit was as gevolg van die vrees wat net nie wou weggaan nie.⁵⁷

IV4:3

Neil's sexual experiences came to an abrupt halt.

My seksualiteit gedurende adollesensie was redelik normaal wat libido aanbetref het. Ek kon egter na Dr. Reynders se "medisyne" nooit weer normaal 'n seksuele verhouding handhaaf nie. Ek het chroniese lae testosteron tellings gehad; wat tot vandag voortduur. Die feit dat die "medikasie" so vinnig binne 2 maande my hele ligaam verander het; dat 'n medikus min twyfel gehad het dat ek óf ernstige hormonale probleme moet hê—óf dalk transeksueel mag wees—moet aandui dat die medikasie hoogs giftig moes wees.

Ek het verander van 'n jong man wat ten miste 2 maal per dag gemasturbeer het; tot 'n persoon met 'n libido van 'n sestigjarige. Ek was vir 6 maande hierna totaal impotent. Dr. Nierop het na my ontslag uit die weermag my op 'n lang kursus Proviron geplaas. Die akute hoofpyne het baie verminder maar ek het nooit weer daarna die seksdrang gehad voordat die gif aan my gegee is nie. My orgasmes was toe dit uiteindelik terugkeer nie veel meer as "seepage" nie; en ek moes

55. The impact of it was so enormous, together with the yoke of the church resting on me, that I only had my first sexual experience at the age of 37. That was because of the fear that refused to go away.

so lank deur enige seksmaat gestimuleer word om die minimale "seepage" te verkry—dat 'n normale gesonde seksuele verhouding met 'n ander man onmoontlik was.⁵⁸

IV5b:3

More therapy to heal the damage

Many of the men who had undergone some of the conversion therapies, needed subsequent psychological therapy to cope with the consequences of the treatment.

I have never been "treated" for homosexuality since—anxiety maybe, but that's also a bit in the past.

IV16:2

It is ironic that therapists need to pick up the human pieces that other therapists leave.

Terugskouend oor daai periode was dit tien teen een die tyd in my lewe wat die grootste nadelige inwerking op my gehad het, en die meeste skade berokken het. Dit deur 'n psigiater waarheen mens gegaan het vir hulp. Jy weet, dit het vir my daarna jare gevat om eindelijk weer ... by myself uit te kom ... om van myself te leer hou. Dit is, kan ek ook sê, weer met die hulp van 'n psigiater wat ek weer geleer het om deur sekere dinge te werk. So die professie as sodanig is in my oë soortvan herstel deur die tweede persoon na wie ek gegaan het ... ek dink dit het rondom individûe gelê.⁵⁹

IV4:3

What about the others

Though the sample for this study was small, one must assume that since these doctors were working over long periods of time in medical institutions, that these treatments weren't given once-off. What has happened to the others?

Want ál wat dit gedoen het was om jou af te takel in die proses. Gelukkig is ek een van daardie sterk mense wat dit alles oorleef het en kan terugkyk en daaroor gesels. Ek meen daar was baie mense wat eenvoudig sou geknak en geknou was daardeur. Mens weet nie wat gebeur het nie—ek bedoel as jy kyk na selfmoord-syfers, onopgeloste selfmoorde. As jy kyk na selfmoorde waar daar nie regtig redes aangegee is nie onder jong ouens, studente, selfs skoliere en dié soort van ding, dan is die vraag wat mens vra, is dit nie miskien as gevolg van hulle seksualiteit nie? As gevolg van leiding wat nie daar was terwyl mense dit regtig nodig gehad het nie.⁶⁰

IV4:4

56. My sexuality during adolescence was reasonably normal as far as libido goes. But after Dr. Reynders's 'medicine' I could never have a normal sexual relationship. I had chronically low testosterone counts, that continue until now. The fact that the 'medication' took such quick effect—within two months my body had changed so much that a doctor had no hesitation in diagnosing severe hormonal problems—or that I might be transsexual—indicates that the medication must have been highly toxic.

I changed from a young man who regularly masturbated twice a day, to a person with the libido of a sixty-year old. For six months after this I was totally impotent. After my discharge from the army, Dr. Nierop placed me on a course of Proviron. The extreme migraines were reduced, but I never had the same sex drive I had before I the poison was given to me. When they finally returned, my orgasms were barely more than 'seepage', and I had to be stimulated for such a long time by a sexual partner to achieve this 'seepage'—that a normal healthy sexual relationship with another man was impossible.

57. Tr: Looking back over that period, it was possibly the time which had the most negative impact on me, and which did the most damage. And this by a psychiatrist to whom you went for help. You know, it took me years to eventually ... find myself again ... to start liking myself again. That was, I should say, with the help of another psychiatrist who helped me work through all the issues. So the profession was sort of restored in my eyes by the second person I went to ... I think it was due to the particular individual.

58. Tr: All that it did was to break you down in the process. Fortunately I am one of those strong people who has survived it all, and can look back and talk about it. I mean there are people who would have cracked or been damaged by it. You'll never know what happened—I mean when you look at the suicide figures, unsolved suicides. If you look at the suicides among young guys, students, even scholars ... then you have to ask the question whether it is related to their sexuality ... as a result of guidance that wasn't there when people really needed it.

In the navy, Hilary's interpretation of her 'conversion' was more of an embarrassment than a punishment, yet she was labelled as deviant, and sent for therapy without her consent. In terms of being given therapy without her consent, she suffered a human rights abuse, though apparently suffered no consequences. She knew who she was, and was proud of it. Had her personality been different, the outcome might have been very different.

What actually happened in the sessions?

You know, he was such a vague sort of dappery chappy ... he didn't want to do this. I mean, ... he didn't want anything to do with this. As soon as he could finish those sessions ... the actual thing that he did was an assessment, and then he said "Well, cheers! I've done my bit in this nonsense."

In other words, it seems as though there was obligatory kind of posts ... that had to be covered ...

Hoops that you had to jump through, ja.

... in order to satisfy the bureaucracy?

... that the problem had been dealt with. Ja. I mean I think there was an assumption on the part of most of the male members of the navy that the women were all lesbians anyway. Which is mostly true, about 70% of were. I think it just attracted women who ... anyway.

[Laughter]

It's a question of wearing uniforms. Ja, then we went through what was a basic assessment. It was just kind of, your mother, your this, your that ... when did you first start having these feelings? And then he started getting onto "What do you feel around men?" and all of that kind of stuff. And "Have you tried this with boys?" I think he was sort of "Come on dear, have a penis".

But he was far too 'opreg'⁶¹ ... to actually get down into issues of sexuality. I think he was also 'sky'⁶² of anything to do with sexuality. He was just a nice sweet sort of late middle-aged Afrikaner chappie who didn't want to deal with this. We went through the assessment, all of us. We used to giggle about it. And that was that.

Did the sessions help you to clarify ...?

None whatsoever. Sorry. No, none, whatsoever! All I knew was, that these were my feelings, I've had them since I was a child. Somewhere in there they must be valid, and bugger that. You know, and by that stage I'd started hearing about 'The Wine Barrel' in town and that was far more exciting than those, so no, it didn't clarify anything at all. It was a waffle. It was a waffle about my mother. I think he was avoiding it as much as I was.

You felt in control of the thing?

Mm, ja, to some extent. But it was scary, you didn't know ... you see, it was this great big unknown what will happen to homosexuals. All I realised was that it was this great unknown, and they didn't know what to do. They didn't have a clue.

Did you think it was a difficult thing for them to cope with?

I've got a suss on it. I got a suss on it in my therapy sessions and realised that "You ou's don't know what the hell to do with me, actually. You can't throw me out, you can't fix me, you don't know what to do with me, so all you can do is not promote me, but I'm gonna be out long before you even want to". So really!

IV2:5

59. Tr: an upstanding citizen

60. Conflation of 'shy' and 'sku' meaning shy.

No matter that Hilary appeared to come out of the encounter unscathed—had her psychologist been a different type of person, the outcome might have been very different.

Ek voel Dr. Reynders se behandeling was 'n growwe menseregteskending ... Dit is na al die jare nog steeds vir my duister hoe hierdie groot Christen man dit kon regverdig het om 'n normale gay man in 'n pseudo-transeksueel te verander wat geen normale sekslewe kan hê nie ... asof 'eunuchs' meer aanvaarbaar sou wees voor God.⁶³

IV5b:3

In some abbreviated notes from a conscript who had been sent to *Magaliesoord* for drug addiction, a cryptic entry reads: 'gays profile, hormonal treatment rumours'. (*Cosawr collection*, African Studies Archive n.d.) Where did these rumours originate, and who did they refer to? No further information has come to light in this study, but perhaps there are men out there, who might only now be suffering the consequences of some nameless tablets they were given while they were doing their national service.

Anger and revenge

As a result of the research process, Neil touched the core of his anger and humiliation. He decided to explore litigation. Assisted by a psychiatrist, a psychologist, an internist and a human rights lawyer—they tried to find out exactly what treatment he was given. He was given no information at the time of treatment, and it appears that all records of his treatment have been destroyed. The doctor who treated him pleaded amnesia, so without evidence the case could not proceed. What are the possibilities of other compassionate doctors trying to reverse the treatment, when no records were kept?

It is my personal wish that if I could have my way, to have him scrapped off the roll, even if it is symbolic as he's at the end of his career. But I would like to, if I could achieve anything, I would like ... if I could sue this man, I would sue him for every cent he's got—if I could.

IV5:2

Neil died under tragic circumstances as the report went to print. He died while under the influence of sleeping tablets. He had experienced the recounting of his story as deeply distressing, and was given consistent support by two members of the research team. But he found a profound lack of support from health care professionals in trying to resolve his trauma. He was having great difficulty in sleeping, and was taking strong medication. Therefore, we feel that in some sense, his participation in the research was instrumental in his death.

Solidarity

The homophobia in the armed forces and the policy against homosexuality often drove homosexuals deeper into the closet. It left many people feeling isolated against

61. Tr: I feel that Dr. Reynders's treatment was a gross human rights abuse ... After all these years I still find it a mystery how this great Christian could justify turning a normal gay man into a transsexual who cannot have a normal sex life ... as though eunuchs would be more acceptable to God.

the odds. If only they had known who the other people were—if only they could have stood together in solidarity.

But it was always sort of the question mark. It was a very sort of hidden ... but a whole load of pressure. And there was very little conscientisation on the part of the gays within the military to actually say that we've had enough of this, we think this is a bunch of rubbish.

No solidarity?

No, I mean, the resident bar was a lesbian club. I mean it really was. It was quite something. So ja, and it was rife. And there were partners and people who were living in the same rooms, and all that kind of stuff. But still at the same time it was kind of "SHHH!" you must be quiet, you're not doing something that's right.

So it was a kind of self-censorship?

Very much so. And I think that is how the navy worked.

IV2:6

During the process of the research there were two accounts of entire platoons being gay. In Upington, following the legendary gay Greek army, they outshone all the other platoons. Eventually their power became too threatening, and the gays were dispersed. In Grahamstown during 1983–1985 another platoon also consisted entirely of gay men.

Perhaps it was a coping mechanism, but we socialised together, took on the entire system, shouted for gay rights, shared everything for two years, then, after national service, drifted apart. The army didn't know what to do with us and so we got away with an awful lot that the military would not really want to admit to.

IV17:1

In one case, an openly gay man had some sweet revenge.

Ek is openlik gay. Die mense wat afpersbaar is, is die mense wat in die closet is, en wat getroud is! En waarvan ek baie geken het. Toe't hulle gevra ek moet vir hulle 'n lys van name gee van mense wat gay is. En toe't ek hulle op 'n 'wild goose chase' gesit ... al die mense se name wat ek nie van gehou het nie. And they went after them for years!⁶⁴

IV12:5

Homophobia hurts everybody

There were many realists in the armed forces, who realised that such same sex environments would inevitably attract homosexuals, and that many were committed to their careers, which is what really counted. They knew homosexuals were there, and there to stay.

[T]here you tried to get a room with your girlfriend ... So, it was absolutely rife. I mean it was openly rife. And the woman who was in charge, also turned a bit of a blind eye.

IV2:6

Homosexual people live in a real world with friends and family. When you touch a gay or lesbian person, you also touch the people around them.

I come from a conservative English catholic background, so it was very difficult to explain to my parents what was really going on. I mean after the therapy they—I think —didn't like, it was: "Okay, shame, he's trying, he wants to do something". But it was never discussed again until I was at varsity, and there were sort of: "What happened?" but it was glossed over because one

62. I am openly gay. The people who are vulnerable to blackmail, are people who are in the closet and are married. And I knew many of those. They asked me to give them a list of names of the people that are gay. So I sent them on a wild goose chase ... names of all the people I didn't like. And they went after them for years!

was still a bit embarrassed about talking about what had actually happened to people you love. It was kind of a very personal affront.

But it was within the context of having to admit to this in an army hospital and all of that made me look like some kind of freak, and I think my parents were very traumatised by that. It would have been much nicer to have come home with a boy and said "Mum, this is my friend", as opposed to "I am gay" because obviously any parent getting an abstract thrown at them like that has much to deal with, especially you know, the cultural context where I came from. I mean they were totally innocent people. They didn't even know what homosexuality was, except it was forbidden.

... and now?

Oh no, gradually. Obviously living in Amsterdam and then coming back, coming to visit me there, they got used to the idea.

IV1:4

Nick had a non-existent relationship with his father. They detested each other. His mother was a very soft person, and could do no wrong. Nick himself was a secretive person. I doubt his parents knew about it.

IV3:2

This research has focused on the negative aspects of being gay in the armed forces during an oppressive regime. Regardless of the equality clause in the present Constitution, homophobia is still rife in society. There are still people attempting to convert homosexuals to heterosexuality, and in large institutions like the Defence Force, strict policies and codes of conduct should be established and followed to ensure that human rights cannot be abused. Gays have been here since history began, and they are here to stay.

Conclusion

The conversion therapy given to recruits in the armed forces did not change their sexuality, but often caused lasting physical and psychological damage. Informants suffered from headaches, depression and damage to their self-image as well as creating complications in their sexual relations. Many needed more therapy to try and heal the damage. Many whom we did not know about may have committed suicide as a result of these treatments. There is scant hope of redress for the human rights abuses they suffered.

FINDINGS

Below we summarise the main findings of the study.

- The policy against homosexuality was based on prejudice, and contrary to scientific and sociological evidence. This set the tone for widespread human rights abuses against homosexuals, including in the SAMS.
- Because the policy was based on a homophobic perspective, it implicitly condoned hate crimes against gays. Knowing about the policy against homosexuality in the army, homosexuals were afforded no personal protection and no redress. Admitting to being victimised could be interpreted as an admission to being homosexual. This undermines the notion of accountability and discipline in the military.

- The medicalisation of a social phenomenon added stress to many young men who already had to cope with various other pressures related to national service.
- Political resistance was frequently translated into psychiatric problems, hence psychiatry in the military was used as a form of ideological control.
- Medical 'treatment' often did not address patients' individual needs. Instead they were given sedatives, and some became addicted to the drugs.

Over the fifteen year period we have surveyed, psychiatry in the SADF has never been geared to the patients' individual and genuine needs. Rather it has been used to make servicemen conform to SADF notions of correct attitudes and behaviour. These are inextricably bound up with the defence of apartheid. At worst, the people confined there have been subjected to treatment constituting an abuse of accepted medical ethics and a danger to their sanity.

Resister No.47:17

- Information about treatments in the psychiatric wards was not made available to the 'patients', their guardians, or other professionals working in the same unit. They were not explained, and the consequences not detailed. This negligence can have profound long-term effects, as they have had on Neil.

The application of aversion therapy in Ward 22 was a serious misuse of professional responsibility and a flagrant transgression of human rights.

Resister No.47:15

- Not only was there no 'informed consent' to treatments undergone by some service personnel, but coercion was applied so that they would submit to therapy.

National servicemen were caught in a system from which there was no escape, therefore homosexual conscripts had virtually no freedom of choice as they 'belonged to the state'. In addition one could ask:

What is the real range of "free choice" available to homosexually oriented people who are racked with guilt, self-hate, and discrimination?

Davison 1992:145

- The importance of systems of accountability was highlighted. Doctors in the military were accountable to the Dept of Defence, and not to the Dept. of Health. As such their allegiances were with a system that was based on an ideology of conflict and war, and not healing.

It is generally accepted that the South African Medical Corps, the medical arm of the SADF is a non combatant unit within the meaning of the Geneva Convention on War. In a case recorded by MILCOM, a non-combatant conscript who applied for a transfer to the Medical Corps, was told by Brig. C.J. Lloyd (now OC SWA Command) that: 'The Medical Services are reluctant to accept him in their Corps. They consider themselves to be combatant'.

Resister No.10:21

Doctors were forced to obey military commands, even when it conflicted with their ethical and professional status as doctors. For example, the administering of 'truth' drugs on captives who were being tortured.

A friend of mine ... was woken up at three in the morning and asked to come and give someone some truth drug. ... They'd been interrogating someone ... and they weren't getting anywhere with him.

Resister No.46:4

The drug addiction of a Senior Medical Officer led directly to the deaths of a number of South African troops. He was reported to the Surgeon General, but instead of informing the South African Medical and Dental Council, the SADF did tried to do a cover-up.

It appeared that patients weren't given appropriate treatment.

Patients with serious disorders have been heavily drugged for long periods of time. Medication and sedatives have been fairly freely dispensed among the patients. This has led to a feeling among some of the patients suffering from post-combat stress that it was more convenient for the staff to drug them than to confront their experiences.

Resister No.47:14

- The medical profession has an ethical responsibility to maintain human rights standards, and there should be procedures for juniors to report on more senior personnel. This cannot be implemented if the structures of accountability appear to be to different Ministries—i.e. health and defence.

Toe sê ek eendag vir hom na só 'n 'saalrondte', "Ek vind dit absoluut onbevredigend". Jy weet die ander sielkundiges se koppe duik hier tussen hulle skouers in, want nou is dit moeilikheid.⁶⁵

IV8:4

- Conversion therapies had been discredited in other parts of the world, and homosexuality as mental disorder deleted from DSM II in 1973. Left with a category called 'ego-dystonic homosexuality', there was no medical support for forcing homosexuals to change their orientation.

[C]onversion therapies have long been questioned as to professional ethical standards ... [which] involve the extent to which [they] are in keeping with ... issues of therapist responsibility and consumer welfare Second, empirical studies fail to show any evidence that conversion therapies do what they purport to do, change sexual orientation ...

Haldeman 1992:149

63. Tr: Then I told him one day after such a 'ward round': "I find this absolutely unsatisfactory". You know the other psychologists ducked their heads into their shoulders, because they saw trouble coming.

... ek dink net 'n mens is 'n vreeslike onreg aangedoen ... wat myns insiens soortvan 'n middeleeuse tegniek was ... ek dink wel dat my lewe dalk 'n ander loop sou ingeneem het as ek meer ingelig was op daardie stadium.⁶⁶

IV4:4

- Homophobia affects everyone—homosexual people coming out are vulnerable in a homophobic society.

Gay men and lesbians who are coming out are at particular risk for the harmful effects of conversion treatments.

Haldeman 1992:153

Conclusion

Though the diagnostic questions about homosexuality as a disease seem to have been settled, there are still many people concerned with the origins of homosexuality—both from biomedical perspectives as well as psychological and sociological. Some of those that believe 'biology is destiny' are still working on treatments to convert homosexuals to heterosexuality, while others believe that it will 'prove' that homosexuality is 'natural', and therefore not a disease. Post-modernists think that such explanations will merely be incorporated into whatever rationale is fashionable for the consumer. But whatever one's views, homosexuality is here to stay, and one might as well accept the inevitable. Regardless of the dominant discourse of the time, all people, including homosexuals, deserve protection against human rights abuses.

This part dealt with the historical context in which human rights abuses against homosexuals occurred. In the next part we discuss the recommendations from the informants and the workshop participants, and look at the way forward.

64. Tr: ... I think one has been subjected to a gross injustice ... by what to my mind is a type of mediaeval technique ... I do think my life would have taken a different turn if I had been better informed at the time.

Part III : The Way Forward

CHAPTER 5

CONCLUSION: SOLUTIONS OFFERED

This part recommends some ways forward. In this chapter we conclude the study by completing the issues that were detailed by our research in the last two chapters. We list the suggestions from our informants and the workshop. We also include solutions that are apparent from the research data.

Homosexuals experienced generalised homophobia in the armed forces, but some were sent for treatment to be 'cured' or their homosexuality. We assert that these medical practices were unethical, as most of our informants experienced them as human rights abuses.

ETHICAL ISSUES

In this section we discuss the ethical issues that arise from the practices of health professionals in the armed forces on homosexuals.

Three ethical issues concerning accountability arose out of the controversy following the Medical Association of South Africa's exoneration of the Biko doctors from institutional censure because of unacceptable professional conduct.

- The reliability of personal trust and accountability between individual doctors and patients was called into question.
- The relationship of accountability between individual practitioners and the professional body that represents them was also exposed. The institutional body represented professionals with irreconcilable ethical differences.
- The ethical standing of the professional body as a social institution itself became questionable. What was purported to be a 'neutral' stance was an effective alignment with a political system that was based in principle on human rights abuses. How could the public trust such an institution?

In answer to these dilemmas, Balwin-Ragaven *et al.* (1998) propose that the honour of the profession be restored.

[H]onour cannot be simply claimed or generated from within. Honour is earned over a period of time by engaging with the moral and ethical questions facing our profession in a transforming society that still bears the scars and wounds of its grim past. We need to be far more vigilant in building a relationship of trust and accountability between ourselves, our patients and society. We need to examine the tensions between our loyalties to the patient, to the State, and ever-increasingly to the marketplace. We need to understand the commonality between the human rights abuses inflicted on tortured prisoners, and those represented by inferior care at overcrowded, under-financed hospitals and clinics. We need to ensure that we operate with a single, ethical standard of health care which respects the human rights of all.

The Truth and Reconciliation Hearings similarly exposed the complicity of the medical profession in general with the apartheid system. Not only did individual doctors participate in it actively, or through negligence in not standing up for what was morally correct, but whole institutions helped maintain and perpetuate the human rights abuses of the system. (De Gruchy *et al.* 1998) Our study confirms these findings.

Submissions from individuals and organisations gave testimony to the allegiance of the health professions to apartheid ideology and the ways in which the medical profession effectively concealed the reality of apartheid medicine behind a veneer of professionalism. The submissions highlighted the failure of statutory institutions and professional organisations to hold members accountable for subjugating their professional, moral and ethical responsibilities to an abusive state.

SAMJ 1998:976

They challenge the health sector to commit themselves to initiating, transforming and developing systems and institutions based on a profound respect for human rights.

It seems preferable to acknowledge candidly that therapists are purveyors of ethics, that they are contemporary society's secular priests, and that this heavy moral responsibility is inherent to the conduct of psychotherapy.

Davison 1991:147

Strict Codes of Conduct

The medicalisation of a social phenomenon added stress to many young men who already had to cope with various other pressures related to national service. Political resistance was frequently translated into psychiatric problems, hence psychiatry in the military was used as a form of ideological control.

At the second workshop it was confirmed that treatment procedures and codes of conduct should be founded on a human rights basis—with the Bill of Rights as foundation, taking note of the following areas:

- *Referral procedures*
- *Treatment*
- *Informed consent*
- *Right to Information*
- *Confidentiality*
- *Disciplinary Procedures*
- *Avenues of Redress*

Referral procedures

Homosexuals would be referred through officers, chaplains and camp doctors, usually conscripts. They were told that they should refer homosexuals to the psychiatric unit. We are not sure that they knew what was actually going to happen there—that their 'patients' were going to be given aversion therapy. The reputation of

the unit must have leaked out, and influenced some of them not to send people to it, as the head psychiatrist lamented that the referral systems could not be working properly, because the unit had unfairly developed a 'bad reputation'. (Levin 1974:131) It should not have happened at all that people were sent for conversion therapy, in any form.

The medical profession is reputed for pathologising any form of behaviour. For example, it is known that the military has a history of doing sex change operations—many sex changes were done in Military hospitals. One has to ask to what extent this was experimental. (Workshop 1999) Although in any medical advancement there is always a cutting edge of experimentation, in total institutions there is a captive audience. The question then reverts to one of 'informed consent' and whether the choices people are given are limited because they cannot say 'no'.

In any total institution, one has a captive audience, and the medics have protective insularity through their profession, so the environment is open for abuses to take place. Therefore special care should be taken not to abuse people's rights. The Bill of Rights perspective should not only be applied to homosexuals, but seen in a broader light. There is the problem of marginalising groups again, but on the other hand the issues of the minority group should remain visible.

Treatment

I think there should be laws against using that type of therapy. I think psychological or psychiatric practices should be really carefully vetted by the medical authorities to make sure this sort of pseudo-science or experimentation on people isn't allowed to happen.

[A]fterwards I'd heard that it had already been discredited.

... I had subsequent chats with people realising that this aversion therapy had actually gone out of flavour, even with the behaviourists who apparently had invented it. That we're not just a bundle of circus animals that can be re-programmed like that. What he was still doing with it is anybody's guess. He liked it I suppose.

IV1:3

There should be some form of peer agreement to treatment in contentious areas.

There should be nationally specified treatment protocols, backed up by legislation if necessary. For example, current international standards should be maintained.

Homosexuals are still under social pressure to become heterosexuals. In a liberal notion of 'free choice'—those therapists that claim they only want to help homosexuals who really want to be heterosexual, should also be prepared to help those heterosexuals who want to expand their sexual repertoire and become homosexual. (Davison 1991:146)

When we are discussing ethical issues regarding homosexuality, we should focus on addressing the institutional level, so that the question of individual therapists and their clients falls under broad professional ethics.

Informed consent

The most basic elements of legal consent were not met in giving treatment to the 'patients'. Being given an 'alternative' that was like choosing between the devil and the deep blue sea, is no alternative, but coercion. The presence of coercion means they did not consent, but submitted to treatment, thereby invalidating the notion of consent.

What is the real range of "free choice" available to homosexually oriented people who are racked with guilt, self-hate, and discrimination?

Davison 1991:145

National servicemen were caught in a system from which there was no escape, therefore homosexual conscripts had virtually no freedom of choice as they 'belonged to the state'. In addition one could ask:

Jy het regtelik 'n keuse, en jy kan sê "Nee, ek wil dit nie doen nie" of "Ja ek wil dit doen". Maar emosioneel het jy nie regtig 'n keuse nie. En ek dink dit is waar die dilemma vir my gekom het ... dat jy gevoel het jy het emosioneel nie 'n keuse nie, en dat dit vir jou so deurgegee is dat jy gevoel het jy het nie 'n keuse nie.⁶⁷

IV4:8

Information

There should be strict protocols about medical record-keeping. People should be fully informed about the treatments and alternatives.

Information about treatments in the psychiatric wards was not made available to the 'patients', their parents or guardians, or other professionals working in the same unit. They were not explained, and the consequences not detailed. This type of negligence reeks of suspicious practises, and can have profound long-term effects.

The application of aversion therapy in Ward 22 was a serious misuse of professional responsibility and a flagrant transgression of human rights.

Resister No.47:15

People's right to information about themselves should be reflected in having access to their medical records, either on their own demand, or by a duly authorised representative.

Confidentiality

People's right to privacy and confidentiality should be respected.

As jy dink aan mense wat die HIV virus onder lede het ... wat 'n addisionele stigma is, is [daar] weer ander vroeë rondom bekendmaking. Dis ondenkbaar dat mense se privaatheid nie gerespekteer word nie, met die bekendmaking van enige inligting. Ek dink elke mens het die reg op daardie privaatheid en dink daar is uitsonderlike gevalle waarvoor mens sou kon debatteer, maar ek dink mense het die reg op daardie inligting.

65. Tr: Legally you have a choice, you can say "No, I don't want to do this" or "Yes, I want to do it". But emotionally you don't really have a choice. I think this is where the dilemma arose for me ... that emotionally you felt you had no choice, and that it was presented to you in such a way, that you felt you had no choice.

Ja, sonder om met die persoon se toestemming, ... vir iemand net te sê, "Luister, ek lig jou nou in dat ek hierdie inligting met iemand anders gaan deel". Jy't nie 'n keuse om 'nee' te sê nie.⁶⁸

IV4:8

Disciplinary procedures

Systems of peer accountability should be set up. They must be practical so that they can be used effectively.

Clear complaints procedures should be set up, so that medical councils would be able to take steps against ethical wrongdoing.

Avenues of Redress

There should be general awareness in relation to health problems of homosexuals—the health sector should also be trained.

En as ek van die begin af by iemand uitgekom het wat vir my gesê het "Die groot ding hiér is om te leer om uiteindelik jousef te aanvaar."

Die tweede psigiater wat so 'n totale ander uitgangspunt daarvoor gehad het, wat een was van "jy is wie jy is en ons werk is nie hier om jou 'gesond' te maak nie of verander nie. Ons werk is om jou deur hierdie dinge te laat werk en by jousef, uiteindelik by 'n punt uit te kom wat sê 'Ek is OK!' en 'Ek is OK as 'n gay man'".⁶⁹

IV4:4

Medical Councils should vet medical procedures, and 'patients' should be able to find information on protocols and treatments, and lodge complaints. Complaints should be dealt with effectively and quickly, and protocols set up for redress.

... whether people like me who have been severely psychologically and physiologically hurt by hormonal and chemical abuse will have any rights, to attend for free, debriefing or at least hormonal or intensive therapy by an internist or a glandular specialist.

IV5:4

Conclusion

The onus for actively ensuring that public health care is delivered wholly within an ethical framework, lies squarely on the professional bodies.

SYSTEMS OF ACCOUNTABILITY

We give an overview of how the different systems of accountability failed, and what ought to be done to correct the situation.

66. Tr: If you think of people who are HIV positive ... which is an additional stigma, it raises the question of confidentiality. It is unthinkable that people's privacy is not respected, with making information about them public ... each person has the right to privacy and I think there are exceptional cases which could be debated, but people have a right to confidentiality. Yes, to tell someone else without their permission ... to tell a person "Listen, I'm going to tell someone else about this information." You don't have a choice to say 'no'.

67. Tr: And if I had seen somebody from the start who said to me: "The major issue here is for you to learn to accept yourself". The second psychiatrist had a totally different point of view about it, which was "you are who you are, and we are not working to make you 'healthy' or to change you. Our work is to help work through these things so that you can eventually arrive at a point where you can say: 'I am OK!' and 'I am OK as a gay man'".

SADF vs SAMS

The importance of systems of accountability was highlighted. Doctors in the military were accountable to the Department of Defence, and not to the Department of Health. As such their allegiances were with a system that was based on an ideology of conflict and war, and not healing.

It is generally accepted that the South African Medical Corps, the medical arm of the SADF is a non combatant unit within the meaning of the Geneva Convention on War ... but 'they consider themselves to be combatant'.

Resister No.10:21

Doctors were forced to obey military commands, even when it conflicted with their ethical and professional status as doctors. For example, the administering of 'truth' drugs on captives who were being tortured. One doctor who decided, for ethical reasons, to go into exile made the following statement:

A friend of mine ... was woken up at three in the morning and asked to come and give someone some truth drug. ... They'd been interrogating someone ... and they weren't getting anywhere with him.

Resister No.46:4

The drug addiction of a Senior Medical Officer led directly to the deaths of a number of South African troops. He was reported to the Surgeon General, but instead of informing the South African Medical Council, the SADF did a cover-up. The man's name was never scrapped from the medical roll.

It appeared that patients weren't given appropriate treatment, and the body to report this to was in the same system that had put them there in the first place.

Patients with serious disorders have been heavily drugged for long periods of time. Medication and sedatives have been fairly freely dispensed among the patients. This has led to a feeling among some of the patients suffering from post-combat stress that it was more convenient for the staff to drug them than to confront their experiences.

Resister No.47:14

One of the suggestions made by an informant suggests that doctors be employed as consultants in the armed forces.

Die verhouding tussen die Suid-Afrikaanse Gesondheidsdepartement en dokters is 'n probleem. Die Departement van Verdediging voer aan dat die dokters hoogs konfidensiële materiaal sien, en daarom verantwoordbaar moet wees teenoor die Dept. van Verdediging. Ongelukkig veroorsaak dit etiese probleme vir die mediese personeel. Dokters word bv. deel van die stelsel, waar hulle rang ontvang as deel van hulle werk, en verantwoordbaar is teenoor 'n stelsel wat nie gesondheid as 'n eerste prioriteit het nie. Wat gebeur dan as 'n dokter beveel word om mediese prosedures uit te voer wat teenstrydig is met sy / haar etiese kode—soos 'truth drugs' in gevalle van marteling? Verder, kom troepe dikwels na veral die psigiatriese en sielkundige dienste juis omdat hulle probleme het met die stelsel. As die dokter dan deel is van die stelsel, moet enige probleme van vertroulikheid eers uit die weg geruim word voordat die persoon behoorlike behandeling kan kry.

Ek dink dat mediese personeel as konsultante moet werk binne die mediese dienste in die weermag, en behoort gewone klere te dra—nie uniforms nie. As sulks moet hulle

verantwoordbaar wees aan die Mediese Raad en die Dept. van Gesondheid, nie eerstens aan die Dept. van Verdediging nie.⁷⁰

IV11:2

The question about whether SAMS should be accountable to the SANDF or Health Sector was discussed in the second workshop. It was noted that the Health Department does not want correctional services, or the police—for example in connection with ‘search and seizure’ procedures applied by district surgeons. Part of the health workers in this sector are accountable to the Provincial Councils—such as doctors and nurses. The rest are accountable to correctional services (i.e. orderlies etc.)

They do a UNISA Masters degree in policing, and some nurses who are in senior positions wouldn’t want the change. Their jobs would be compromised if the department is moved to Health. The SANDF doctors would also have a vested interest to stay as they are. It gives them more power. The suggestion about medical workers in the SANDF only working as consultants who are accountable to the Ministry of Health would be too complicated, because of budgets, incumbents and power.

In addition, they need specialised medical knowledge. For instance doctors in operational areas need to be relied on to show allegiance to the SANDF, one can’t expect civilians to go. They must have health workers on their permanent staff to support the forces.

However, they need to be educated on all aspects covered by the Bill of Rights, so that Human Rights values are integrated into whole transformation. Military structures need internal evaluation, because the military is embedded in culture of secrecy. For example, they could run similar workshops on cultural diversity as those that were run for the Police Force. This could be a presentation to the deputy Minister, and should also go to parliamentary portfolio committees.

Other civil society groups concerned with security and defence issues, such as Terry Crawford-Brown, should be informed as to the suggestions made. Furthermore, there should be more co-operation between the military hospitals and the civil hospitals, then it would be easier to apply peer pressure.

68. Tr: The relationship between the South African Medical Services and doctors is a problem. The Department of Defence contends that doctors see high security material, and should therefore be accountable to the Department of Defence. Unfortunately this causes ethical problems for health personnel. Doctors are part of a system for which they receive rank as part of the job, and are accountable to a system that does not have health as a first priority. What happens when a doctor is ordered to execute medical procedures that are in conflict with his / her ethical code—like administering ‘truth’ drugs during torture? Furthermore, troops often come into the psychological services precisely because they have problems with the system. If doctors are part of this system, then issues of confidentiality have to be dealt with before the person can be given proper treatment.
I think medical personnel should work as consultants for the armed forces, and should wear ordinary clothes—not uniforms. As such, they must be accountable to the Medical Association and the Department of Health, not primarily to the Department of Defence.

Referral centres for occupational health should reflect a consciousness of homosexual health issues, and special units should deal with concerns such as HIV / AIDS and war trauma.

One thought in terms of taking this project forward is to schedule a seminar to discuss the findings with representatives from SAMS--in the spirit of 'truth and reconciliation'--perhaps spear-headed by the Coalition and/or other activist groups. The purpose would be to expose situations of dual loyalties and suspect pseudo-therapeutic practices, then request some accountability in terms of how the SANDF is dealing with these issues now, or intends to deal with them in the future.

Disciplinary procedures

The medical profession has an ethical responsibility to maintain human rights standards, and there should be procedures for juniors to report on more senior personnel. This cannot be implemented if they are accountable to different Ministries.

Toe sê ek eendag vir hom na só 'n 'saalronde', "Ek vind dit absoluut onbevredigend". Jy weet die ander sielkundiges se koppe duik hier tussen hulle skouers in, want nou is dit moeilikheid.⁷¹

IV8:4

I think that what [the psychiatrist] did was fundamentally wrong. I think it's a violation of human rights. I believe he should be unmasked. I understand that he's traded on his reputation from *Greefswald*. I think that of all the people in the world he should be unmasked, this should be made public knowledge He should be reported to the regulatory authorities. I presume he's a registered ... so that's what I'd like to see happen. Look, it would be nice if a person like that just didn't get away with it ... presumably there were others that [he] did it to as well.

IV3:3

Conclusion

The accountability of health personnel in the armed forces fell between two systems which often generated a conflict of interests between serving the state ideology, or being responsible towards patients. In spite of being formally responsible to international and national professional bodies, individual health workers were confronted with these dual loyalties.

SANDF—APPROPRIATE POLICY

In this section we emphasise the present opportunity for the SANDF to set a world trend in proactive human rights policies for homosexuals.

During the apartheid era, the state and its security system pervaded all the social institutions. Its pervasiveness did not make it morally acceptable. The present South African Constitution has an equality clause that is supposed to guarantee homosexuals equal rights. Yet social institutions have not necessarily disposed of regulations and practises that are based on homophobia. The Ministry of Defence is a major institution that could take the lead in creating affirmative policies which would

69. Tr: Then I told him one day after such a 'ward round': "I find this absolutely unsatisfactory". You know the other psychologists ducked their heads into their shoulders, because they saw trouble coming.

have the long-term effect of eradicating homophobic practices. It could also set up clear channels of complaint and redress for any homophobic crimes. In particular, these should also take into account HIV / AIDS issues. Since homosexuality is still a sensitive issue, those channels should ensure the highest standards of confidentiality, and more importantly, accountability.

It is vital that procedures and practises in two areas of operation be recorded in policy in fine detail: the conduct of medical and health personnel, and the conduct of chaplains. The SANDF should ensure that the human rights clauses in the Constitution are upheld. Likewise the medical profession should ensure that medical practices in the SANDF follow the highest standards set for civil society.

The SANDF should acknowledge that homosexuality exists, and is in the SANDF. It needs to create positive spaces for homosexuals eg. counsellors who are educated, social spaces that acknowledge homosexuality.

I think being gay, we tend to be perfectionist. You know. Because we have a slight difference so to speak. We strive for perfection. To prove that as a woman, we can do what a man can do, and vice versa. And the Defence Force teaches you that a woman will do a man's job, and a man will do a woman's job, because in time of war, we've got to look after each other. Because if there's no man there to man the boat, the woman steps in.

I mean during the World War, the women were building the bombs and the parachutes while the men were away fighting. And they weren't gay, and discriminated against. But now because we're gay, we're discriminated against. So that's what I'm trying to get at. I think now, that if I had to march, I would march. I would march.

So if we had to go to war, you would enlist?

Absolutely. I would fight for my country, definitely. They can put me on the border. I will die for my country.

IV15:7

Problems with the legal status of the military and legislation should be actively addressed, to ensure that it is not excluded from equity legislation, for example like the Labour Relations Act.

The present culture of the military has not changed much from the past in terms of hierarchy and the ethos of destructive types of masculinity. Many people regard single sex institutions as a homophile environment. There is a tendency to include homosexuals in the armed forces of enlightened countries such as Denmark, Holland, Australia and New Zealand. Here too, the armed forces are beginning to break down the sexual segregation in the military, though some countries have broken down the sexual segregation, without lifting the ban on homosexuals.

The SANDF needs to acknowledge special problems such as HIV / AIDS, and trainers and counsellors in the SANDF need training around issues of sexuality. It also needs to decide how it will set operational parameters on human rights for sub-sectors like chaplaincies and health workers.

Solidarity and positive spaces

Homophobia affects everyone—homosexual people coming out are vulnerable in a homophobic society.

Gay men and lesbians who are coming out are at particular risk for the harmful effects of conversion treatments.

Haldeman 1992:153

In South Africa we are trying to redress a history of human rights abuses. We need to make sure that systems and controls are in place and being implemented to prevent them from happening again.

... ek dink net 'n mens is 'n vreeslike onreg aangedoen ... wat myns insiens soortvan 'n middeleeuse tegniek was ... ek dink wel dat my lewe dalk 'n ander loop sou ingeneem het as ek meer ingelig was op daardie stadium.⁷²

IV4:4

Homosexuality is here to stay, and will be found inside the armed forces.

[O]ne can change the law, and of course they're going to have to be in terms of the constitution, military discipline code. But the thing is that it's more of a conscientisation process that I think needs to happen in the military. Particularly with those people that are in charge of basic training. To actually provide a space for gay people ... because, particularly when it comes to women, it is going to attract lesbians ... so there needs to be a conscious approach towards that. And I mean I think the military would love to ignore it now. But I don't that that's going to be very useful.

I think resources need to be made available If the navy can't provide them, that's fine, it's not up to them to make you deal with your sexuality. You're there to do a job of work, but to be open about saying, "These are the resources that are available, this is Triangle Project, and the Coalition ... and things like that."

But about what to do, you say to them "Look guys, a notice board, in the residence that actually puts up a number of things that people can go to. And that I think will also be essential in male basics around AIDS and HIV stuff. Counselling around sexuality. And if there are any good therapists in the navy who are prepared to deal with sexuality issues, for those people to be identified. Because a lot of people go in there as teenagers, and they are starting to deal with this stuff, and it's a very difficult time of life for people. So I'm sure there are incidences of male rape which are not very pleasant, and people need to have access to resources. So yes, a long-term strategy is to deal with the military hierarchy and how they deal in a positive way with homosexuality to acknowledge it, that it actually exists. But there are other ways of saying, "Look guys, you can't do it, these people can, but just make sure you publish it".

IV2:7

In a human rights culture it is not about who loves whom, as much as the quality of love between people that counts. Advice and counselling must be geared towards this end inclusively for everybody, heterosexuals and homosexuals alike.

Ja, maar as jy dink aan die geweldige persentasie gay mense wat getroud is, jy weet dit is die veiligste wegstreep van almal. En as mens ook kyk hoekom trou mense, ... dan is dit as gevolg van die gemeenskap ... dit moet aan die deur van die gemeenskap gelê word ...

[Hulle is sielongelukkig] en dit sprei uit ... want dit begin hulle afkraak Die maat dink die fout is by hulle "Ek is nie goed genoeg nie, ek is nie aantreklik genoeg nie". Hulle weet nie wat die probleem is nie. So dis vir my 'n verskriklike kringloop van omstandighede.

Dit is verskriklik moeilik vir iemand wat ... hier by die veertigs kom, 'n gesin het, en kinders, om op daardie stadium net eenvoudig uit te kas uit te klim, want so baie mense wil so graag 'n

70. Tr: ... I think one has been subjected to a gross injustice ... by what to my mind is a type of mediaeval technique ... I do think my life would have taken a different turn if I had been better informed at the time.

tweede kans hê. Dan moet jy besluit waar trek jy die lyn tussen keuse en verantwoordelikheid. Dit is nie net meer die individu met sy eie omstandighede nie. Dis aaklig.⁷³

IV4:8

Media and society

General homophobia tends to justify old views of homosexuality as 'sin', 'disease' and 'crime'. In spite of overwhelming scientific evidence, certain religious sectors are still resisting strongly to accept homosexuality as part of a natural range of human sexuality. Within total institutions it would be possible to set parameters for behaviour of chaplains, but in society at large, many religious dogmatics are still practising conversion therapies on homosexuals. (Haldeman 1992:156)

71. Tr: Yes, but if you think of the great percentage of gay people who are married, you know it is the safest hiding place of all. And if you think why people get married ... then it is as a result of the community ... it must be laid at the door of the community ...

[They become unhappy to the core] and it ripples outwards ... because it starts eating away at them The partner thinks there is something wrong with them "I am not good enough, I am not attractive enough". They don't know what the problem is. So it seems a terrible turn of events to me.

It is terribly difficult for someone in their forties, with a family and children, at that stage to come out of the closet, because so many people want a second chance. Then you have to decide where you draw the line between choice and responsibility. It is no longer just an individual and their circumstances. It's horrible.

Dit is oningeligheid wat vrees ... dan uiteindelik die vooroordeeldheid tot gevolg het by die gemeenskap. Omdat mense nie regtig weet waaroor dit gaan nie. Want as jy kyk na die wanpersepsies wat daar vandag is ... gay mans is noodwendig kinder-molesteerders Mense maak nie daardie onderskeid dat jy hier met dieselfde mens te doen het, net met 'n ander orientasie nie. Daar is geweldige wanpersepsies en oningeligheid wanneer dit kom by gay mense ... ook die geekte stereotipes. Hoe dit uiteindelik opgelos kan word, weet ek glad nie. [T]wee maande terug [was ek] in Amerika gewees en ek het daar toevallig 'n radiopraatjie gehoor, waar daar 'n absolute veldtog was deur 'n groep Christen huisvroue teen gays, waar daar selfs advertensies uitgeneem is wat deur die media gespeel is met die boodskap 'gay mense kan verander'.⁷⁴

IV4:5

The information from this study should be made available publicly, but also targeted at the SANDF journals, for example, one could try to get articles into the forces magazines, eg. the navy magazine.

[M]eer gay mense, veral prominente gay mense, uit verkillende professies in die land, verskillende beroepe, [behoort] na vore te kom en te sê "Ek is gay".

Ek dink die media kan ... 'n belangrike rol speel, maar ek dink nog steeds rolmodelle is uiters belangrik. Ek dink aan, byvoorbeeld, Edwin Cameron wat 'n regter is ... dit is mense in sulke posisies wat al hoe meer na vore moet kom en sê "Hier is ons!" En dan moet die media die saak verder voer. Ek dink mens moet dit baie versigtig doen om nie jou gehoor te vervreem in die proses nie. Ek dink nie dit kan in mense se kele afgedwing word nie ... die normaliteit daarvan moet deurkom.⁷⁵

IV4:5

Homosexual people in the armed forces could 'come out' in their local magazines, giving younger people a different perspective on homosexuality.

Progressive organisations should be involved in uncovering unethical conduct: for example human rights groups / lesbians / HIV / AIDS. Closed groups need to stand together to change.

Where change is already happening, we need to get on the bandwagon eg. Triangle Project, Lifeline. NADEL / Gay and Lesbian Rights for Equality spearheaded effort which has drawn in others, therefore the issue remains on the agenda.

Identify sympathetic sources for disseminating the information, and ask for resolutions to lobby on these issues.

The Commission for Gender Equality should broaden its scope to include homosexuality—do a public lobby exercise for human rights. At the same time, decisions need to be strategic so that minority groups don't become marginalised

72. Tr: It is ignorance that inspires fear ... and finally causes prejudice in the community. Because people really don't understand it. If you look at the misconceptions ... gay men are necessarily child molesters ... people don't make the distinction that you are dealing with exactly the same human being, only with a different orientation. There are massive misconceptions and ignorance when it comes to gay people ... also the hackneyed stereotypes. How these will be solved, I really don't know. Two months ago I incidentally heard a radio broadcast in the USA where a group of Christian housewives had an absolute campaign against gays. They even paid for advertisements being played in the media with the message that gay people could change.

73. Tr: More gay people, especially prominent gays, from different professions ought to come forward and say "I am gay". I think the media can play an important role, but I still think role models are important. I think of, for example, Edwin Cameron, who is a judge ... it is people in such positions that need to come forward and say: "Here we are!" And the media have to take it further. I think we ought to be careful so that we don't alienate our audience. I don't think you can push it down people's throats ... the normality of it must be apparent.

because the scope is too broad. We must recognise the place and visibility of minority groups.

Integration with for example programmes on rape and violence for health care at police stations through the Prisons and district surgeons. The Department of Health, Pretoria, is being lobbied to employ people to look specifically at health care in police stations, because of specific skills and training needed.

Other relevant groups include: HHRP, PHR, UCT, MRC, SAMA, DENOSA, NPPHCN. They and other role-players are hoping to hold a national conference on health professional ethics, which might accommodate a variety of different agendas. It could include resuscitating the Task Team, and developing models for continuous monitoring in health and human rights (either through a new structure or through existing ones such as the SAHRC), stimulating 'academic' debate in bioethics vis a vis human rights, etc. Perhaps an examination of military health care might also be put on the agenda.

Al die nuwe sake wat vandag na vore kom ... die vraagstuk van aanneming van kinders deur gay mense ... al daardie soort van dinge, moet almal waterskeiding sake word in die hele veg vir die regte van gay mense. Die ding wat 'n mens moet beklemtoon is dat 'n mens nie net hier veg vir gay regte nie, maar vir gelyke regte ... vir menseregte.⁷⁶

IV4:6

Conclusion

The SANDF is presently in a position to be pro-active in creating a positive environment for gays and lesbians, and ranking among the world leaders in human rights protection in the armed forces.

In keeping with the Constitution, a culture of human rights needs to be established in the military.

74. Tr: All the new cases that are being fought today ... the question of adoption by gay couples ... all these sorts of things, should become watershed cases in the whole struggle for the rights of gay people. The thing that should be emphasised is that one is not fighting only for gay rights, but for equal rights ... for human rights.

Part III : The Way Forward

CHAPTER 6 SUMMARY: RECOMMENDATIONS

The previous chapter concluded the study with details of suggestions from the interviews and the second workshop. This chapter lists recommendations on steps that should be taken to prevent such human rights abuses against homosexuals from happening again.⁷⁷

SANDF

6. The SANDF needs to develop and implement official policies on gender, homosexuality, disability etc. Specifically, the SANDF needs to promote a policy of equal opportunities for gay and lesbian soldiers, in line with the South African Bill of Rights which disallows discrimination on the basis of sexual orientation in our society. These policies should be developed in collaboration with stakeholders in other government departments and in civil society.
7. A human rights education and training programme should be developed for the military, including the SAMS. This should be compulsory for all existing and new personnel and should cover homophobia and racism, and the rights of minority groups.
8. The SANDF needs to ensure that its leadership promotes human rights. Opinion leaders should receive support in this regard.
9. The SANDF needs to ensure that behaviours which undermine human rights and dignity are censured. Clear channels of complaint and redress should be established for homophobic abuses. These need to ensure confidentiality and, where appropriate, protection for the complainant/s. Appropriate disciplinary procedures should also be established.
10. General advice, education and counselling services need to be established on issues relating to sexuality for both homosexuals and heterosexuals. This should include health education and promotion around HIV/AIDS.

75. List of new acronyms used:
DENOSA = Democratic Nursing Organisation of South Africa
DOH = Department of Health
CGE = Commission on Gender Equality
HPCSA = Health Professions Council of South Africa
HRC = Human Rights Commission

THE SAMS

1. The SAMS should establish an internal truth and reconciliation process to examine past abuses of human rights within SAMS. This should also examine human rights abuses against lesbian and gay soldiers. Where human rights abuses were found to have been committed by health professionals, these cases should be referred to the appropriate statutory body (HPCSA, SANA) for further investigation.
2. The first responsibility of all health professionals is to their patients. The SANDF and the SAMS need to develop and implement a policy which clearly indicates that health professionals in the military should not be forced to obey military commands that interfere with their obligations to the health and welfare of their patients.
3. A culture of human rights needs to be developed within the SAMS. A strategy for this needs to be developed, and should include:
 - training programmes on human rights issues in health for all staff of the SAMS—continuing professional development in this area should be prioritised
 - closer links with academic departments of health sciences faculties and organs of civil society
 - the establishment of a regular forum to discuss the human rights issues arising out of the work of the SAMS
 - closer relations with other health professional organisations.
4. A clear human rights-based policy on consent for medical treatment in the military needs to be developed in collaboration with military personnel, the HPCSA, the Ministry of Health and human rights organisations.
5. The right of patients to privacy and confidentiality should be respected at all times. A policy should be developed in this regard. This should ensure that information on patients is not released to any other party without their full and informed consent.
6. Protocols on medical record keeping need to be developed and implemented. As part of their right to information, patients should have full access to their medical records.
7. The SAMS should review existing treatment guidelines and adapt or change these to reflect current best evidence and the need to protect the human rights of patients.
8. Regular peer review of the activities of the SAMS needs to be established. It should include representatives of the HPCSA, the DOH, academic institutions, the HRC, the CGE, the parliamentary portfolio committee on health and civil society. This review should examine quality of care, treatment guidelines, consent

procedures, disciplinary proceedings and research. The review should be facilitated by an annual SAMS report covering these issues. The findings of the review should be placed in the public domain.

9. A clear complaints procedure should be established for complaints against SAMS personnel. This should include both an internal process and an external process involving the disciplinary committee of the HPCSA.
10. Rigorous and transparent disciplinary procedures need to be developed and implemented for SAMS personnel found guilty of unprofessional conduct. Disciplinary proceedings should be open to public scrutiny.

HPCSA AND HEALTH PROFESSIONAL ORGANISATIONS (SAMA, DENOSA)

1. The HPCSA needs to investigate and, where appropriate, act on allegations of human rights abuses against lesbian and gay soldiers by health professionals in the SAMS contained in submissions to the TRC.
2. The HPCSA and health professional organisations need to work with the SAMS and other organisations to assist the SAMS in developing policies to protect the human rights and dignity of soldiers treated by health professionals within the SAMS.
3. The HPCSA and health professional organisations need to work with the SAMS and other organisations to develop training programmes for SAMS personnel on human rights issues in health.
4. The HPCSA and health professional organisations need to contribute to the proposed peer review of the work of the SAMS, and assist in developing a structure for that process.

SUSTAINING THE MOMENTUM OF THE PROJECT

The project has no resources to go further, so it will rely on verbal presentations and dissemination through interested parties such as networks like Violence Against Women, National Coalition on Gay and Lesbian Equality, Human Rights Commission and other NGOs. The Report will be sent to the professional health Councils, as they are the safekeepers of ethical standards. The deputy minister of Defence will be asked to forward the report to the appropriate parliamentary committees. Research institutions will be alerted—such as Health Care Trust (futures research), HSRC (systemic issues), SA Veterans, Trauma Centre, the medical desk at Amnesty International, and other academics working on military issues. The research team will explore the possibility of issuing an MRC Policy Brief reporting on the findings.

FINAL WORD

In this project, homosexuals spoke out about their experiences in the armed forces. In particular, they described how health workers had abused their powers. This situation was attributable to the institutional context of the SAMS, where many health workers showed loyalty first to the Department of Defence and apartheid ideology, and not to their professional ethics and the care of their patients.

The effects of these human rights abuses affected the patients physically and psychologically. Many needed psychological counselling or therapy to restore their self-esteem.

The equality clause in the Bill of Rights of the South African Constitution (1996) guarantees people freedom of sexual orientation. The report recommends that these enshrined rights need to be promoted actively by a state institution as closely aligned with government as the Ministry of Defence. Professional health councils also need to ensure that the highest standards of human rights practices are observed by their members. Homosexuals should demand visibility from institutions in the support of equal human rights for all.
