

STANDARDS OF MEDICAL CARE AND PROTECTION IN DETENTION CAMPS

by Pierre Boissier

An international symposium on Medical Care and Protection of Prisoners and Detainees was organized by the Ciba Foundation, in London, from 27 to 30 November 1972. The papers read at the symposium and the discussions which followed related mainly to minimum rules governing the treatment of all detainees, provisions made by various governments regarding hygiene, care, food, etc., and the role of the doctor in that domain. The texts were compiled and assembled in a volume published some time ago.¹

The book contains a study essentially based on the experiences of ICRC delegates which will undoubtedly be of particular interest to readers. It was written by the late Pierre Boissier, and we wish to thank the Ciba Foundation for allowing us to reproduce it. (Ed.)

I am the only person here who will discuss camps—those more or less vast spaces, often encircled with barbed wire and watchtowers, behind which men stand waiting. Men, but often women and children too. There may be 1,000, 10,000, 20,000, 30,000 and sometimes even more of them. Who are they?

They may be victims of large-scale natural disasters, or refugees who in haggard masses have fled their country, or prisoners of war or civilian internees in the hands of a hostile power or, again, political detainees.

¹ *Medical Care of Prisoners and Detainees*, Ciba Foundation Symposium 16, Associated Scientific Publishers, Amsterdam, 1973, 238 pages.

We live in a time when camps are proliferating. This is a fact. Do we deplore it? Not necessarily. Because there are camps which show progress and are a proof of civilization. I am thinking here of camps which serve as reception centres where the victims of some disaster are cared for rather than abandoned to their fate. There are also camps where opponents who would once have been massacred are held in captivity. They are captive no doubt, but their lives are spared, and quite possibly they are not in actual physical need. This is the case even more often than is commonly believed, and it is only fair to give credit for it.

On the debit side we can put all those camps whose very existence bears witness to the intolerance, the discrimination, the excessive strength or the excessive weakness of the government and its conceptions of state motives.

I want to limit this short paper to the camps that I call 'closed', to be precise those from which no attempt at escape can be made without risk of being shot at by the guards. Therefore, the observations that I shall put forward to you all fall within the general context of an international or an internal conflict.

I have chosen this category of camps because these are the ones I know from having visited them, in many parts of the world, over the last twenty-five years. These visits, often necessitating several days of exhausting work, are those I make as a delegate of the International Committee of the Red Cross. The delegates have access to these camps mainly by virtue of the Geneva Conventions of 1949, which in particular protect the war-wounded picked up on the battlefield by their enemy, prisoners of war, and civilian internees.

I shall be talking to you as one who is a lawyer, not a doctor. But I shall talk to you as a man who has been a witness of the many and formidable tasks confronting the medical personnel in the camps.

Dynamics of life in a camp

He who visits a camp for the first time generally comes out with a number of false ideas. To begin with, it is most likely that he will have, been taken in by the silences, the half-truths, the scheming, the 'staging' of the camp commandant who, warned of the visit several days in advance,

has made the necessary arrangements to cover up the bad things and create the most favourable appearances. But our neophyte will be the victim of a still more serious illusion. He will persuade himself, more or less subconsciously, that a camp is a static society and that nothing very new can occur: indeed, it seems to him that the decor will remain roughly the same, that the prisoners will not change either, nor the authorities responsible for the camp. Only time will pass, but it seems to him that, in this enclosure, time is abolished, that it no longer counts and that therefore its passing will bring no noticeable change. If he is not observant, his second visit, one, two or three months later, will perhaps confirm him in this opinion. But what a mistake he has made! Unnoticed by him, profound changes have been going on underground, nearly invisible, but sooner or later they will come to the surface and will have the gravest consequences.

It is these changes, which are nearly always inevitable, that I want to emphasize first. I am basing what I say mainly on personal observations, corroborated by those of many of my colleagues who have visited other camps in other places and at other times.

Scarcely anything has been written on this subject. Sociologists have given little attention to the events that I want to tell you about. On the other hand, they can be quite well illustrated by some accounts of captivity.

To begin at the beginning, at the very beginning of the camp: in the great majority of cases a camp is filled all at once or by massive intakes. For the refugees come all together; prisoners of war are most often captured in whole units, and civilian internees are frequently all arrested at the same time after some ruthless decision by those in power.

And in this massive influx, moreover, we will usually find a considerable number of wounded or a considerable number of men in the last stages of physical exhaustion. Morale is at its lowest: they are men who have lost everything or who have lost a battle—in short, a body of people demoralized and physically and nervously knocked out. This is the very beginning. Now, nine times out of ten, this influx occurs at a time and in a place that are more or less unforeseeable. This means that the camp begins by being deplorable: water and food arrive irregularly; tents or huts are still badly equipped and often insufficient in number. This is the time of more or less chaotic adjustment, sporadic anger, incidents of all kinds.

Then comes a period of acclimatization. The camp installations are considerably improved, thanks to the efforts, very often praiseworthy, of the authorities. As for the captives, they are slowly getting accustomed to being confined. Both sides are getting organized. Everyone takes up his position. Small groups are formed. The card players get together, the intellectuals follow suit, and then the men coming from the same region and speaking the same dialect. The same hope sustains the morale of all: liberation. It is for tomorrow; exchanges and releases cannot be long delayed. Such belief is held against all reason, even if everything indicates that captivity must be long: hope springing eternal in the human breast.

For the camp authorities and for the guards, this is a period of euphoria: the machinery is run in; they persuade themselves that everything is all right, and will continue to be all right; routine begins and with it the temptation to fall asleep.

It is then that things quietly start deteriorating. Idleness begins to be a burden and becomes a source of irritation and minor frictions. No news has yet been received from families. Nothing is known about what is going on outside; there are only false reports and rumours—contradictory, irritating. Homosexuality is beginning its insidious spread with its attendant jealousies and, before long, tragedies. Rival groups are gradually formed within the camp; the waverers are taken aside, canvassed by one party or another. It is also the time of the first escapes, the first violations of discipline. It is the time of the first measures of repression, too often taken clumsily and excessively. It is, finally, a time for the upsurge of mental trouble of all kinds and the most contagious neuroses.

Here we are on the threshold of the phase when things usually begin to deteriorate far more seriously.

The rivalry between groups of detainees increases and ends in violence; brawls break out. Sometimes secret tribunals are set up in the depths of the camp, among the prisoners. They pass sentences and occasionally go as far as carrying out executions. Painfully and bitterly, the hope of liberation has faded away.

Escapes continue, leading to collective measures that strike the innocent as well. To restore order, the guards, now convinced that legal disciplinary measures are invalid, use other methods and some deaths become difficult to explain. Something that nobody has foreseen.

The following situation, for example, which has often happened. Within the confines of the camp some of the guards think that they are being threatened; they open fire, supported immediately by the machine-gun from a watchtower: fifty, one hundred or two hundred men lie dead on the ground.

A decision is taken at higher level: half of the camp's population will be transferred to another camp, half of whose inmates will fill the gap thus created. The prisoners' representative will be replaced by another; the guard will be changed and, with it, the camp commanding officer.

In a few hours the situation will again be as it was at the beginning. And the same causes will produce the same effects.

It is also possible that, the breaking point being past, half measures will be taken. This is always a bad solution, which will produce a number of incidents of more or less seriousness. Life in the camp becomes hell for both detainees and guards. And there seems to be no way out.

I said earlier that it was impossible for me to set exact lengths to the various phases, which vary considerably from one case to another. It is quite clear that if the camp commanding officer is a humane and capable man, if the camp is big enough for everyone to have from time to time a moment of solitude and the possibility of smoking a quiet cigarette, if the prisoners are apathetic and fatalist, the curve can then grow considerably longer. On the other hand, overcrowding, brutal guards and quick-tempered detainees lead more rapidly to bloody confrontations.

The doctor in the prison camp

Now aware of the dynamics of the camp, we shall look more closely at the doctor in charge, who is there either part-time or full-time.

He is not always the best doctor in the country. Great demands are being made of the whole medical body. The military doctors considered most capable are at the front, in dressing stations and field hospitals. The civilian doctors who have not been mobilized are overworked, particularly when towns have been bombed. The practitioner who, in these conditions, may have been drafted by the army or the Ministry of Health is sometimes not much in demand. I am thinking of that dear man from a West European country whom I saw dissolving a pill in tap

water in the hollow of his hand, stirring the mixture with a finger of doubtful cleanliness and, without any evil intent, injecting it into a prisoner. But there was also that dentist who deliberately extracted prisoners' teeth without an anaesthetic, considering that such rabble deserved nothing better.

Whoever he may be, if this doctor is there when the camp is opened, he will have a formidable task. Starting from nothing at the very moment when the wounded and the sick are most numerous, he must improvise and create and get all the medical machinery of the camp in working order.

Things would go better and faster if our doctor had straight away a clear picture of the equipment, drugs and dressings, and the personnel needed in the camp. But such knowledge is not acquired at the university and his former practice has generally not prepared him for it. If he is a military doctor, he might, in some countries, follow certain standards and certain rules more or less well drawn up but which meet the needs of the army and are, more often than not, ill-suited to camps.

What is needed in a camp when the nearest hospital, taking into account the difficulties of communication and transport, can only be reached in fifteen, twenty or thirty hours? What is needed when there are ten thousand or twenty thousand prisoners? All this will be discovered gradually, but only by trial and error and often after fatal mistakes.

But that is not all. The camp doctor should have a sound knowledge of hygiene. He should be an adviser to the camp commanding officer and give practical guidance on numerous points: installation of latrines, ventilation of huts, drainage of dirty water, physical exercise for prisoners ... and so on. But again he does not always possess this knowledge. Serious problems could be avoided if very simple and clear documents on the subject were available and given to the doctor in charge when the camp was opened.

I shall say nothing about the second phase of camp life. We assume that the camp medical services have now found their equilibrium, that hospital transportation is being organized and that the camp installations have improved.

During the third phase, the doctor is going to find himself at grips with very special problems which again and again will find him ill-prepared. I want to talk about the geometric progression of disorders

of psychological and nervous origin. Promiscuity and overcrowding, idleness, isolation from the rest of the world, are going to result in all the detainees' being more or less neurotic. The delegate from the International Committee of the Red Cross who interviews them without witnesses sees this very clearly even if he has no medical knowledge.

This phenomenon is particularly evident among political detainees, for whom another factor is added: anguish. Somewhere in the background, the authorities are establishing records. Interrogations take place; the accusations are vague but all the more worrying. Waiting increases fear: it is the atmosphere of Kafka's *Trial*. And it leads, of course, to a sharp rise in cardiovascular complaints and stomach ulcers. Here again our doctor, who, as we have already seen, should be a surgeon, health officer and nutritionist, should also be able to act as a psychiatrist or even a sociologist.

He cannot tackle the root of the evil, but he can do great things by giving sensible advice on the provision of information, games and physical exercise. He ought also to secure the transfer of certain individuals whose mental state is affecting the camp.

His solutions, his practical guidance, will do a great deal to reduce the number of incidents that characterize the last phase, in the course of which he will have far too many occasions for practising surgery. At this point we must face the problem, alas too frequent, of ill-treatment and torture...

Because this matter seems to me to be outside the domain of medicine, I shall not mention cases where the doctor sanctions the tortures that are carried out in the camp or even goes so far as to put his knowledge at the service of those who are seeking the best means of inflicting suffering on others. These doctors exist; we know it, but we are not concerned with it here...

... If, for the last time, we consider our curve of tension in the camp, we notice that ill-treatment, physical brutality, torture are most often found—when they take place, since care must be taken not to generalize—at the two extremities of the curve.

To simplify once more, I would say that we are dealing with two very different phenomena.

Right at the start of this detention, right at the beginning of the curve, there comes, in many camps, the phase of interrogation. To carry out their operations, the army or the police need as much information as

possible as quickly as possible. There is a great temptation to obtain this more rapidly and in greater detail by employing what we might call 'intensive questioning'.

These policemen and soldiers are usually, let it be pointed out, people from outside the camp who often carry on their sorry task on their own premises, also situated outside the camp. But most of the time the brutalities inflicted will bring those who have suffered them to the camp infirmary. The camp doctor will make no mistake and will immediately suspect the origin of the injuries.

He will treat them, if he is allowed to. Have no doubt of that. But he will be faced with moral and ethical problems. Worrying problems indeed, for the brutalities we are now talking about are generally demanded, ordered, or at least known of and tolerated at governmental level. A report? A protest? To whom? The only effect of such action might well be the doctor's transfer to another post and his replacement by another doctor more responsive to the 'needs of the moment'.

We have said that ill-treatment also appears at the other end of the curve. This is quite a different occurrence. There, it is the guards, men inside the camp, who resort to violence in order to restore camp discipline. Guards and prisoners are in a state of mutual exasperation; troubles increase and violence appears, ranging from packdrill or rough handling to physical and mental brutality, sometimes fatal.

And once again, things end in the infirmary. And again the doctor makes no mistake. His diagnosis is much easier than in the cases considered earlier, as the methods used by the camp guards are generally rougher than those of the police, who nowadays all know how to set about torture without leaving any traces. Nevertheless our doctor is again faced with a moral problem. Let us simply note that in this kind of situation, it is often possible to give warning to a higher authority who can be relied on to punish brutal guards and to take measures of a general nature to restore peace.

Doctors as prisoners

A last word to call to mind, very briefly, the rather special situation of doctors who are themselves prisoners. They are to be found in camps for political detainees since, in many countries, doctors have a passion for politics; they are also and principally to be found in prisoner-of-war camps, when, for example, a big unit has surrendered with all its medical

personnel. This case enters the domain of the First Geneva Convention of 1949, which confers on medical personnel a privileged status intended to allow them to continue caring for their compatriots who are also prisoners.

I quote from Article 28: '... they shall continue to carry out, in accordance with their professional ethics, their medical and spiritual duties on behalf of prisoners of war, preferably those of the armed forces to which they themselves belong... They shall be authorized to visit periodically the prisoners of war in labour units or hospitals outside the camp'.

For many different reasons, the authorities of the detaining power sometimes show little eagerness to accord the facilities provided for in this Convention. One of the reasons is, paradoxically, the fact that, in a good number of camps, these doctor prisoners themselves show very little willingness to carry on their profession. They are aware that all other officer prisoners are free from any work, and they look on the fact that they alone should labour as a sore injustice. To be frank, when doctors are in such a state of mind, it is better not to make use of them. On the other hand, I take pleasure in recalling doctor prisoners who, in many camps, established with the doctors of the detaining power a relationship of trust and co-operation which sometimes went as far as the organization of joint seminars to improve their medical knowledge. When ethics thus rise above politics the whole camp benefits. Medical care then reaches its peak, owing to the fact that the doctor prisoners speak the same language as the rest of the prisoners and understand better than anyone their traditions and their customs. To which can be added that concord is just as infectious as conflict, affecting the general atmosphere in the most positive manner. Already a little of the peace of tomorrow has crept into the camp with the help of the medical fraternity.

To bring out certain problems more clearly, perhaps I have taken a gloomy view of things here or there. I am not however forgetting that there are good camps.

But one thing is certain: if better training and information were given to the men who assume responsibilities in or for camps, great progress would be made. Among the men whose actions can lead to changes in a camp, I place the neutral intermediaries who are allowed to visit them and talk to prisoners without witnesses.