

# Empilisweni SACLA Clinic

(CROSSROADS)

File

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## CROSSROADS, SOUTH AFRICA - TREATING THE CASUALTIES

In the last year at least 800 people have died in South Africa in "unrest situations" and many thousands of people have been injured.

We at Crossroads Clinic have treated five hundred people shot by the police in the nine month period February to November, 1985. Sixty five of these patients had serious injuries and needed referral. Thirteen of these people died. In this article we would like to describe the injuries we have seen and the problems related to treating them.

The Empelisweni Sacla clinic is a small community based health care centre situated in the periurban squatter community of Crossroads near Cape Town, South Africa. Our staff of 25 including 4 doctors, have worked as a team to cope with these emergency situations as well as our routine work. Many of the injured come from the surrounding townships of Nyanga, Langa and Guguletu.

### TYPES OF INJURIES

Of the 500 people shot, over 90% were shot with bird or buckshot. (see Table I).

Table I

TYPE OF INJURY ACCORDING TO WEAPON

High velocity bullets	5
Rubber bullets	31
Birdshot or buckshot	<u>464</u>
	500
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### Birdshot and buckshot

Birdshot and buckshot consist of numerous small pellets. Although less dangerous than high velocity bullets, the shot can cause serious and sometimes fatal injuries, especially when shot at close range. Because the shot consists of multiple pellets, patients usually have multiple wounds and xrays frequently show a considerable number of pellets within the injured parts.

Sixty of these patients had serious injuries needing referral (see Table II). Thirteen of these patients died.

Table II

## PATIENTS WITH SEVERE INJURIES DUE TO BIRDSHOT/BUCKS-GUN

Penetrating eye injuries	12
Penetrating chest injuries	7
Penetrating abdominal injuries	7
Head injuries with neurological loss	6
Severe soft tissue injuries	14
Fractures or joint involvement	15

Soft tissue injuries include 4 people with injuries to major vessels of limbs, 2 with severe hand sepsis and 2 with ulna nerve palsies. Penetrating eye injuries are usually severe. In the acute situation all patients had only vague light perception or no sight at all.

Follow-up of patients referred to hospitals has been difficult, but we are treating several patients with permanent disabilities. These include blindness, hemiplegia, nerve palsies and contractures.

#### Rubber bullets

Of the 31 people treated for rubber bullet injuries, 4 had fractures including a fractured skull and fractured mandible. One patient had an acute abdomen resulting in a partial hepatectomy.

#### Beatings

An additional 16 people were treated for beatings. Mainly battons and quirts were used, but some on the injured were also kicked and punched. Many patients were severely beaten, some with up to 30 wounds. A number of patients had subconjunctival haematomas, ruptured eardrums, scalp lacerations and cut lips.

#### Teargas

Teargas has been used frequently in the community and has disrupted the work inside the clinic on a number of occasions. Severe problems are usually only seen when it is shot into a confined space eg. one patient was brought in unconscious after being teargassed while locked in the back of a police van. Another patient received a severe injury when a teargas cannister was shot into his thigh.

AGE DISTRIBUTION OF PATIENTS SHOT

Age was recorded in 370 of the patients treated.

Less than 19 years	5
10 - 15 years	36
15 - 20 years	118
20 - 25 years	96
25 - 30 years	48
30 - 35 years	36
Over 35 years	31
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	370
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SEX DISTRIBUTION OF PATIENTS SHOT

Sex was recorded in 441 patients treated.

Females	37
Males	<u>404</u>
	441
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REFERRAL TO HOSPITAL

We face dilemma concerning the referral of seriously injured patients to state hospitals, because of patients fearing arrest. All our patients were referred to one of three hospitals. At hospital I, members of Red Cross Association found 25 of our patients under police guard. At one time all "unrest victims" were held in one ward under police guard.

At hospital 2, the names of all persons entering the casualty unit who had been shot by police were underlined in red in the admissions book, and according to a sister, a list of these names were given to the police. A patient with a penetrating eye injury refused to return to this hospital for treatment after seeing another patient put under police guard in the ward. Another patient reported that he had seen his doctor call the police who subsequently questioned him.

At hospital 3, most of our patients have not been arrested. However, one of our patients who had a fractured arm from buckshot was put under police guard and pressurised to sign a statement.

Because of the above there is great resistance to referral eg. one patient with a septic hand who needed treatment by a specialised hand clinic, refused referral and returned a few days later with a large draining abscess. Another patient with a possible fracture refused referral for xrays.

## RECOURSE TO JUSTICE?

On one occasion, we treated 3 children aged 5, 7 and 7 years who had been shot. Another patient was brought in unconscious after being teargassed in the back of a police van. Another patient received 30 lashes. A child reported being shot on the way to the shops.

Police statements have urged such victims to report the circumstances of their injury for investigation (by the police). Some have suggested that they lay charges of assault, or bring a civil claim. Some of our patients have attempted to make a case against the police, but as yet not one of 500 patients has received financial compensation.

## ECONOMIC AND PSYCHOLOGICAL DISABILITY

Several of our patients are breadwinners and have been disabled and out of work for months, none of whom have received disability grants as yet. We have not even begun to assess the longterm social and psychological effects on these patients and their families.

## POLICE INTERFERENCE

On November 29, 1985 the clinic was surrounded by 60 riot police, soldiers and special branch detectives, heavily armed. The clinic was searched, staff questioned and posters torn down. Clinic staff were asked the identity of a patient who had been shot. They refused to disclose the information.

## CONCLUSIONS

1. 500 people were treated by Crossroads clinic who were shot by police from February - November 1985. Our clinic covers only a small area and in Cape Town alone a whole network of medical professionals has been set up to cope with the vast numbers of people who have been shot. One may wonder how many people have been shot in the nationwide conflict. We would estimate about 15 000 people have been injured in 1985.
2. Injured patients are reluctant to attend State hospitals for fear of arrest. So many patients treat themselves at home, come late for medical treatment and are resistant to referral to hospitals. Several of our patients have been arrested in State Hospitals. We find it completely unethical that certain health professionals put the interests of the police above that of the confidentiality of their patients by informing them of patients with gunshot wounds or by medical superintendents allowing police to wander around the hospital looking for such injured patients.
3. We have been shocked by the brutal shooting, beating and teargasing of Township residents including many young children. Such people seem to have little recourse to justice - as yet none of our patients have been succesful with criminal or civil claims and none have received disability grants.

CROSS ROADS CLINIC STAFF

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