

The Bizarre career of aubrey levin: from abuser of homosexual conscripts to molester of male prisoners

Introduction

The conviction on three charges for sexual assault of male prisoners under his care has led to South African-born psychiatrist Dr Aubrey Levin (73) being sentenced to five years in jail in Calgary, Canada.¹ Levin would stroke prisoner's penises on the grounds of performing a medical test. The trial was widely reported in Canada. Unknown to the jury or the Canadian public was Levin's history as the chief of psychiatry in the South African Defence Force (SADF) during the Apartheid years,² something he had managed to keep from public exposure by threatening to sue under Canada's defamation laws.

Levin's conviction brings to an end a career that can only be described as bizarre. His course extends back from the sexual violation of male prisoners to state-supported human rights abuse during the Apartheid years, associated with a highly unusual record of support of far-right causes for someone of Levin's background (Jewish). After the fall of Apartheid, Levin achieved world-wide notoriety during the Truth and Reconciliation Commission (TRC) hearings when it was learned that he had subjected homosexuals, drug addicts, conscientious objectors and other conscripts to brutal therapy involving severe electric shocks and injection of drugs. This became known as the Aversion Project.³ However, his public profile went back much further. In 1968, Connie Mulder, the Minister of the Interior, heading an inquiry into the laws against homosexuality, read out a letter to the South African parliament from Levin claiming that he could "cure" homosexuality.⁴ Within a short time Levin, then a newly qualified psychiatrist, was propelled to head of psychiatry in the SADF,⁵ establishing himself in Ward 22 at 1 Military Hospital in Voortrekkerhoogte, Pretoria. From 1969 to 1974, in an atmosphere of coercion and intimidation, aided by a team of psychiatrists and psychologists, he carried out his work. After he left the military, Levin continued treatment of conscripts in Bloemfontein while professor of psychiatry at the University of the Orange Free State.

In his only public response to the allegations, Levin denied that he had used punitive aversion therapy, but instead followed the accepted procedure used at the time.⁶ This, however, is contradicted in numerous reports from victims. Levin's therapy was a caricature of treatment. Subjects were exposed to pictures of naked men, given electric shocks and then shown the centerfold pages of a Playboy magazine. There are many descriptions of the severity of the shocks he would administer.⁷ A psychologist who was present described the shocks as so extreme that the subject's shoes flew off. After she raised the matter, she was taken off the team.

The expectation that this method would produce a successful outcome can only be regarded as rebarbative. That Levin never wrote up the results of his aversive therapy suggests that he could not even provide evidence from coerced subjects to state that they had been cured by his treatment. It is possible that some subjects may have said that they had changed their sexual orientation just to be released

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from the program, but there is no information on this. Part of the problem in investigating the abuses was the disappearance of files, in all likelihood a deliberate attempt to hide incriminating evidence.

In addition to the aversion therapy, there are disturbing allegations that SADF doctors subjected a number of male and female homosexuals (estimated 900) to sex-change surgery, something never before done in military hospitals.⁸ These allegations, should they be shown to be true, would put anyone found to be responsible in a category of abuse that has not been seen since the Nazi medical abuses. It should be noted that Levin denied organising sex-change surgery. Levin also coerced army drug users into forced labour at the remote Greefswald camp to "cure" addiction.⁷ He wrote an MD thesis claiming - unique for drug dependence - a 100% cure rate. This led to the only complaints made about his military work and the camp was later closed.

Levin's training at Tara Hospital in Johannesburg was influenced by the work of pioneer behaviorists Joseph Wolpe and Isaac Marks. Tara psychiatrists such as Louis Freed, as far back as 1954, wrote about homosexuality and prostitution, encouraging a more realistic if not tolerant attitude.⁹ None of these humane approaches adhered to Levin, who appeared to be completely ignorant of the fact that behaviour therapy for homosexuals, as it was then done, required consensus and a non-punitive approach. Even the Society of Psychiatrists and Neurologists of South Africa, Levin's professional body, rejected the validity of aversion and hormone therapies (while still admitting that some of their members believed they could cure homosexuality through such therapies).¹⁰ Aversive therapy, as it was known, to 'cure' homosexuals was practiced between the fifties and seventies. Ideally subjects consented to the treatment; in reality, many were only participating to avoid legal punishment or public exposure. The most well known case is that of the mathematician Alan Turing. Treatment involved the administration of mild electric shocks or medication to induce nausea. The problem, as was widely acknowledged, is that it did not lead to any change of sexual orientation. By the seventies,

homosexuality was no longer regarded as a psychiatric illness.¹¹ Changing attitudes to homosexuality, as well as the public image of aversive therapy as punitive (a good example comes from the film *A Clockwork Orange*), led to attempts to 'convert' people by means of behaviour therapy being abandoned.¹² Levin's practice, which continued after he left the military, indicates that he was out of touch with the views of his peers.

By the time Levin was indicted for human rights abuse by the TRC, he had fled to Calgary, Canada, going into practice as a forensic psychiatrist; at one stage, he held the title of Professor. Attempts to inform the Alberta Medical Board about Levin's past were deflected on the grounds that they could not adjudicate on actions that occurred in another jurisdiction.¹³ Despite Levin's threats to sue anyone publishing about his past in Canada, it is difficult to believe that his colleagues or medical authorities would not have heard about it; it is unclear why no one was prepared to confront the issue. For a country like Canada, with its strong commitment to human rights, this omission by the medical authorities awaits explanation.

Levin's story, from abuser of military conscripts to convicted sexual offender, is nothing less than extraordinary, if not bizarre. Why was a psychiatrist allowed to subject homosexuals to such brutal treatment? For one thing, homosexuality was indictable in the SADF. This was consistent with the repressive views of the Apartheid government, following an ideology of white racial superiority in which communists were regarded as the enemy and marginal figures in a conservative Calvinist white society were subversive of the state ideals; homosexuals figured highly in this view. In the Aversion Project, Levin was supported by General Colin Cockcroft, the head of the South African Medical Service (the medical division of the SADF), as well as other leading SADF personal who saw potential subversion of national security arising from homosexual individuals. As often occurs, there was a good deal of ambiguity in the application of this policy, if not some unofficial tolerance. Some homosexuals in the SADF established relationships and were accepted by their heterosexual counterparts; many other homosexuals were mercilessly persecuted and professional soldiers denied promotion.

Levin did not operate in a vacuum. He led a team of several psychiatrists and psychologists. His conscript subjects were culled from the ranks by doctors and chaplains, who were required to refer them to Levin. He would coerce them into his programme by threatening conviction if they refused. The subjects were mostly male, but later there were women, professionals serving in the navy and air force. The Aversion Project was unique in being carried out in a military setting on subjects who would not meet accepted criteria for giving informed consent. Levin's approach was so far from accepted medical treatment, even at the time, that it can only be regarded as a form of mass control of potential subversives in which homosexuals were the prime target. His attitude was simplistic, crude and stereotypical to an extreme: male homosexuals were perceived as effeminate and passive, inadequate males who wanted to be female; female homosexuals were the reverse - butch women who aspired to be male.

Levin was driven by many factors, not least of which was over-compensation for his sexuality conflicts, and there was a rampant ego-mania. He constantly told people that he was not just an expert, but a world authority. A soldier sent to Levin was told that he was the most brilliant psychiatrist in the Southern Hemisphere. Anyone

reading Levin's rather anodyne list of publications would find this claim to be tendentious. After he got to Canada, aware of his notoriety, Levin published a faux-modest paper describing himself as a significant player in the field of psychopharmacology, a claim which can be strongly questioned. The case of Aubrey Levin highlights the illusion that medical abuse of human rights came to an end after the Nuremberg Doctors' trial in 1946.¹³ This could not be more incorrect; there is a long trail from Nuremberg to psychiatrists like Radovan Karadzic and Aubrey Levin.¹⁴ These events show that members of the medical profession have frequently subverted their professional ethics to commit atrocities while acting as agents of the state.

Levin's work in the SADF was not just abuse of psychiatric treatment, but driven by his ideological views supporting a white supremacy agenda.¹⁵ As the highest ranking Jew in the SADF, his attitudes were deeply at odds with the South African Jewish community, from which he never disaffiliated himself. Not one of the doctors indicted by the TRC has faced charges (with the possible recent exception of Dr Wouter Basson¹⁶) and the South African medical profession, despite token expressions of regret, has yet to come to terms with abuses during the Apartheid years;¹⁷ nor has there been an appropriate response from South African psychiatry.¹⁸ It would be an injustice to allow the matter to be left there without taking further action. If not, it makes it easier the next time doctors have to make the decision whether to serve the state or adhere to their sacred medical oath. If there is anything to the allegations of medical abuse of prisoners at Guantanamo Bay, this situation is still with us.

Aubrey Levin's long career of abuse arose in a dysfunctional personality who ascended to a position of power in a repressive military system where homosexuals were viewed as a threat to the state. He fully subscribed to these views and had no insight into the abuse that he inflicted on his victims. He was not only at odds with his own profession in this regard but driven by inner conflicts that, in retrospect, are all too obvious. That the trail of abuse continued to the inmates of Calgary prisons that he cared for shows he cannot be given the exemption of just another functionary in a repressive system following orders.

Acknowledgments

None.

Conflicts of interest

None.

References

1. Bill Graveland. Calgary psychiatrist who molested three court-appointed patients gets 5 years in prison. *National Post*, The Canadian Press, USA. 2013.
2. Kaplan RM. Treatment of homosexuality during apartheid. *BMJ*. 2004;329(7480):1415-1416.
3. Van Zyl M, de Gruchy J, Lapinsky S, et al. The aVersion Project: Human rights abuses of gays and lesbians in the SADF by health workers during the apartheid era. Published by Simply Said and Done on behalf of Gay and Lesbian Archives Health and Human Rights Project, Medical Research Council, National Coalition for Gay and Lesbian Equality. Cape Town, Africa, 1999; pp. 1-116.
4. Gay and Lesbian Archives. A Levin to the Secretary of Parliament. Immorality Amendment Bill of (AM2656), 1968; pp. B106.

5. Levin A. A Fly on the Wall. In: Ban TA & Healy D (Eds.), In Reflections on Twentieth-Century Psychopharmacology. (Only) of the Series The History of Psychopharmacology and the CINP, as Told in Autobiography, Animula Publishing House, Hungary, 2004; p. 1–8.
6. Chris McGreal. Canadian psychiatrist ‘Dr Shock’ stands trial on sexual abuse charges. The Guardian on-line, UK. 2012.
7. Kaplan RM. The Aversion Project—psychiatric abuses in the South African Defence Force during the apartheid era. *S Afr Med J*. 2001;91(3):216–217.
8. Simo A. Africa Apartheid Military Forced Gay Troops Into Sex-Change Operations. The Gully, Africa. 2000.
9. Jones TF. Averting White Male (Ab)normality: Psychiatric Representations and Treatment of ‘Homosexuality’ in 1960s South Africa. *Journal of Southern African Studies*. 2008;34(2):397–410.
10. GALA. Society of Psychiatrists and Neurologists of South Africa, Memorandum to the Select Parliamentary Committee Enquiring into the Immorality Amendment Bill, AM2656, 1968; pp. B180.
11. Judd Marmor. Obituary: Judd Marmor. *BMJ*. 2004;328(7445):pE293.
12. Smith G, Bartlett A, King M. Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of professionals. *BMJ*. 2004;328(7437):1–427.
13. Lifton RJ. Doctors and torture. *N Engl J Med*. 2004;351:415–416.
14. Kaplan RM, Walter G. From Kraepelin to Karadzic: Psychiatry’s Long Road to Genocide. In: Tatz C (Eds.), Genocide Perspectives iv: Essays on Holocaust and Genocide. The Australian Institute for Holocaust & Genocide Studies, UTSe Press, Australia, 2012; pp. 122–166.
15. Bell T. Unfinished Business: South Africa, Apartheid & Truth. Red works Observatory, USA, 2001; pp. 175.
16. BBC. South Africa: Walter Basson to answer misconduct case. BBC. 2012.
17. Van der Linde I. Sometimes having to say you’re sorry. *S Afr Med J*. 1995;85(8):715–716.
18. Gillis LS, Nash ES. Psychiatry under scrutiny—the Society of Psychiatrists in the apartheid years. *S Afr J Psychiatry*. 2002;8:7–11.