Oral and maxillo-facial injuries in victims of political repression during the Chilean dictatorship

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Key points of interest

- The orofacial area should not be left out in the documentation and rehabilitation process.
- Oral consequences of torture are both physical and psychological, and often long lasting.
- Dental professionals need to be aware of torture victims' challenges with receiving dental treatment.

Abstract:

Introduction: Chile was under a civil-military dictatorship from 1973 to 1990. During that time, systematic violations to human rights were perpetrated. Oral and maxillo-facial trauma was not an exception, and such trauma was carried out through different methods of torture or ill treatment by agents of the State. Currently, Chile has laws and programs in the public healthcare system to carry out the rehabilitation and reparation process in victims, and the registration of the suffered injuries is considered an important part of these medico-legal procedures. The aim of this study is to describe and classify the type of torture or ill-treatment in the orofacial area of victims of political repression during the Chilean military dictatorship and relate them to the injuries registered in written reports.

Methods: 14 reports of oral and maxillo-facial injuries of tortured victims from 2016 to 2020 were analyzed, considering the alleged history of the patient, the visible effects on the oral examination, and the type of torture that was inflicted. Historical clinical records and X ray exams were analyzed when available.

Results: 6 variations of torture and ill-treatment that involve the maxillo-facial area were caused by agents of the State during the dictatorship period.

Discussion: According to the patient´s account and the clinical examination, all of the torture techniques applied caused, directly or indirectly, the loss of teeth. This resulted in not only physical problems, but psychological problems for the victims.

Keywords: Dental Torture, Oral Cavity, Forensic Odontology, Chilean Dictatorship.

Introduction

On September 11, 1973, Chile suffered a break in its history when a coup d'état occurred against the government of Salvador Allende by the armed forces. This regime lasted for 17 continuous years until the return

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to democracy in 1990. During this period, acts which were in violation of human rights were widely documented by investigative commissions that registered the deceased victims, the living tortured victims, and the disappeared.

Under this historical context, inhuman treatment in Chile developed systematically, with dedicated facilities and detention centers. State agents were sent abroad to learn 'counterintelligence techniques' within the framework of training at the »School of the Americas« (Biblioteca Nacional de Chile, 2020. Cohn, 2011). It is estimated that about 1,560 Chilean soldiers were sent abroad to receive military training, with 58% of them sent between 1973 and 1975, the first 2 years of the Chilean military dictatorship (Gill, 2004). Some of the techniques taught to the military were based on one of the first official CIA Torture administration documents called the »KUBARK Manual« (Santos, 2020), which dates from 1963 and was declassified by the Pentagon in 1997. It details techniques that combine psychological knowledge with the use of physical restrictions or torture in order to 'break' the victim in every sense, both internally, causing a personal struggle, and while maintaining an external force that tries to defeat the individual.

Physical torture, as defined by the 1984 United Nations Convention against Torture, can include different parts of the body, and the oral-maxillofacial area is no exception, and often, physical sequels, such as the loss of teeth, affects the victims for the rest of their lives.

Current Chilean legislation about torture and reparation:

Chile Ratified the "Convention against torture and other cruel, inhuman or degrading treatment or punishment, adopted by the General Assembly of The United Nations" (Ministerio de Relaciones Exteriores, 1988), a fact that still occurs being in dictatorship. However, the concept of "torture" was not recognised as such in Chilean legislation until 2016 by Law 20,968 (Ministerio de Justicia, 2016), which is a crime attributable only to workers of the state/public officials.

Prior to that, Chilean Law 19,123 created the "National Corporation of Reparation and Reconciliation" (Ministerio del Interior, 1992), which recognises the victims of human rights violations during the military dictatorship, as well as granting reparatory processes and other benefits. This includes: 1) a money allowance for the direct victim of political repression, or their parents/descendant if the victim is dead, 2) free healthcare services in the public system for the same group, and 3) scholarships for children of victims.

In this context, the recognition of damage and health repair became fundamental aspects to be developed in this specific group of patients, consolidated through Law 19,980 (Art. 7) which created the "Integral Health Care Repair Program", also called "PRAIS" (Ministerio del Interior, 2004). This was ratified again in Law 19,992 (Art. 10), which guaranteed the right of victims to receive support from the state in their physical and psychological rehabilitation (Ministerio del Interior, 2004).

PRAIS, created in 1991 and managed by the Ministry of Health, responds to the reparation commitment assumed by the Chilean State with the victims of Human Rights violations that occurred between September 1973 and March 1990. The 'PRAIS units' are located in facilities that depend on local public healthcare services and are composed for a multidisciplinary team of healthcare professionals, with each unit working independently. However, not all the PRAIS units provide the same services to the target population, for example: from a total of 29 'PRAIS units' in the country, only 6 bring dental healthcare.

Table 1. Testimonies of victims of torture related to oral and maxillo-facial area found on "Valech commission" report.

Sex, year and location of the victim.	Testimony
Man, arrested in 1973, VIII region.	*"They brought me a dentist, according to them, but for me it was another torturer (…) he asked me the corresponding questions and I indicate my pain, but the criminal* (in reference to "the dentist") *began to pull my teeth without any anesthesia. I lost three teeth there; he had helpers holding you down by pulling your hair and the others from hands and feet. The pain was unbearable, and I had no right to ask for a pain reliever".*
Man, arrested in 1973, Osorno, X region.	*"I lose consciousness and when I wake up, I realise that I am bleeding a lot from my head, nose and mouth… then I realise that I am missing eight teeth… he* (in reference to a policeman "carabinero") *had proceeded to remove them with pliers…or hits, I don't know".*
Woman, arrested in 1975, Metropolitan Region.	*"…They applied electricity to various parts of my body. My front teeth were blown off with gun butts. I suffered sexual abuse and repeated rapes that resulted in a pregnancy".*

Antecedents related to oral injuries in victims of political repression in Chile:

The documentation of torture by qualified professionals is an important step for the purposes of administering justice (Herath, 2017). The torture and ill-treatment during Pinochet´s regime were well documented by the "Valech Commission" (Comisión Nacional sobre Prisión Política y Tortura, 2005). In this document, a few testimonies are related to oral and maxillo-facial injuries caused by torturers, summarised in Table 1.

The aim of this study is to 1) describe and classify the type of torture and ill-treatments related to the orofacial area reported by victims of political repression during the Chilean military dictatorship, and 2) correlate them with the injuries recorded in written reports made by a professional dentist between years 2016 and 2020 in a context of a future rehabilitation or for medico-legal purposes.

Materials and methods

This is a descriptive retrospective study. Reports of "Oral and Maxillo-facial injuries" written by a professional dentist working in a PRAIS unit between the years 2016 and 2020 were analyzed and the following data of the patients were considered: anamnesis, the records of their oral condition by an odontogram, and a written record of the repressive situation experienced and how it affected their oral and maxillo-facial condition through a semi-structured interview, including the year in which the alleged events occurred. By keeping the personal data of the patients confidential, only sex and age were considered relevant. Additionally, orthopantomography or other X ray exams available to support the diagnosis were analyzed. When possible, historical dental records were reviewed to rule out other possible pathological causes for the reported effects. All the reports

were made by the same professional, who is the author of this study.

It was determined that, as inclusion criteria, each record must: contain complete information, the patient of each report was within the registry of official commissions as a direct victim of repression, be a current patient of the PRAIS program in public health care services, and their repressive situation has been caused by State agents in the Chilean territory during the military dictatorship. From a total of 23 reports, 14 met the established criteria.

The reports were made following the guidelines of the Istanbul Protocol (United Nations, 2004). This instrument is aimed at medical professionals and professionals in charge of the administration of justice within an international dissemination framework. In this manual, dental examination is recognised as a crucial part of the complete physical examination of the victim, using the term "dental torture" for those cases that involve injuries to oral and maxillofacial structures. In this context, the analyzed dental reports are part of a complete examination made by a multidisciplinary team of professionals in the PRAIS unit (medical doctors, dentists, psychiatrists, psychologists, and social workers).

This study has been analyzed and approved by the Ethical Committee of the Valparaiso-San Antonio Public Health Service (Act #29/2021).

Results

Of a total number of patients (N = 14), 9 correspond to men and 5 to women. In most of the reviewed cases, there was physical torture that involved the maxillofacial area as a trauma recipient (n = 11) or denial of care during periods of incarceration (n = 3). All the patients report having lost at least one or more teeth as a result of the reported events. When comparing the accounts of the victims with the oral examinations, the conditions were rated as compatible with the facts reported in 12 cases and rated as possibly compatible in 2 cases.

Although the reports record pathologies present at the time of the examination, such as caries and periodontal diseases, the possible sequelae of torture or ill-treatment were analyzed with greater emphasis based on the account of the patient.

Table 2 summarises the age of the patient at the moment of the record, the year in which the alleged events occurred, the classification of the type of torture registered based on the account of the patient, and the effects recorded by the professional dentist according to the clinical oral and maxillo-facial exam:

Discussion

By virtue of the compilation of previous information, it was evidenced that human rights violations were perpetrated over nearly the entire period that the dictatorship in Chile lasted, with cases registered from 1973 to 1988. However, this study recorded that the highest number of cases occurred during the first year of dictatorship with 5 out of 14 cases in 1973.

Despite being a small sample, the declarations as victims of torture tend to be more frequent in men than in women. Jorquera et al. (2020), determined from a gender perspective that these differences are because, for women, it is a highly sensitive experience as a traumatic event, often accompanied by sexual violence, which causes the victim a social stigma that leads them not to declare themselves as such and to avoid giving testimony in commissions or instances of recognition as victims of political repression.

As a breakdown, the following types of harassment were determined:

Direct injuries caused by a third-party: (5 of 14 patients) The Istanbul Protocol recognises trauma to the face and skull as

Table 2. Description of each case recorded in written reports of oral and maxillo-facial injuries.

Record No.	Age	Sex	Year of the facts	Type of torture classified	Effects recorded by professional
1	79	male	1973	Injury by firearm	Loss of right mandibular and maxillary molars and premolars, mandibular asymmetry, face scar.
2	55	female	1984	Direct injuries by third party	Loss of premolar and molars both sides.
3	66	male	1973	Electric shocks	Loss of maxillary molars.
4	46	male	1988	Direct injuries by third party	Loss of one mandibular molar.
5	48	male	1986	Direct injuries by third party	Loss of 2 maxillary central incisors.
6	79	female	1973	Deprivation of access to hygiene or healthcare.	Toothless Patient.
7	53	male	1986	Electric shocks	Toothless patient.
8	58	male	1973	Intentional fall	Loss of 2 maxillary central incisors.
9	62	female	1973	Electric shocks	Loss of maxillary and mandibular molars.
10	50	female	1988	Direct injuries by third party	Loss of mandibular premolars and molars (both sides).
11	58	female	1985	Direct injuries by third party	Loss of right maxillary premolar and molars, and mandibular premolars and molars (both sides).
12	52	male	1984	Deprivation of access to hygiene or healthcare.	Loss of maxillary and mandibular premolars, old and extensive restorations.
13	62	male	1976	Dental torture and intentional fall.	Loss of 25 teeth, "homemade" repair restorations.
14	64	male	1984	Deprivation of access to hygiene or healthcare.	Loss of maxillary and mandibular premolars molars.

one of the most common forms of torture. In the registered cases, these were given with fists, kicks, or gun butts in the maxillary and mandibular lateral areas, which is consistent with the finding of missing teeth in posterior areas (molars and premolars) in the 5 patients who had suffered this type of injuries.

By analyzing the available orthopantomograms, it can be determined that the dental losses were not recent.

Trauma caused by intentional falls: (2 of 14 patients) Intentional falls are also on the list of possible ways of torture. One of the patients reveals in his testimony that he was thrown from a bridge as a minor, which caused the loss of his two upper central incisors, while another recounted the loss of a central incisor as a result of a fall caused in a simulation of execution. This type of trauma has already been previously reported in the literature with similar consequences (Arge et al, 2014).

Application of electric shocks in the oral cavity: (3 of 14 patients) In some cases, torture techniques were supported by other tools to achieve coercion of the individual, including the application of electric current, usually in areas of high sensitivity, such as the palms of the hands, soles of the feet, armpits, genitals, and oral cavity.

The direct application of electric current on human tissue will cause a burn due to thermal damage, the destruction of which will vary according to the resistance given by the tissue (expressed in Ohms). In the case of mucous membranes, like the oral soft tissues, this resistance does not exceed 100 Ohms / cm2, well below dry or even wet skin (Valencia & Garcia, 2009).

Those patients who were subjected to this type of torture report having suffered from subsequent infections, tooth pain involved in the area of application and in some cases, subsequent tooth loss. This may be explained by the lack of access to medical care that most of these patients experienced, usually related to periods of deprivation of liberty.

Maxillofacial injuries caused by firearms: (1 of 14 patients) There is a documented case of injuries caused by firearms in the maxillofacial territory, without the result of death.

The X ray requested from the victim revealed a wide mutilation of the oral cavity, with loss of a large number of teeth and adjacent bone on the right side, as well as asymmetry in the condyle and right mandibular condylar neck based on what was observed in orthopantomography.

Deprivation of access to hygiene and medical care: (3 of 14 patients) This kind of ill-treatment could occur independently or arise in association with the situations already described. The victims indicate that they were incarcerated for varying periods of time, ranging from days to years, during which they did not have access to any kind of health service or medical care. The Istanbul Protocol (2004) and Singh et al (2008) establishes that periods of deprivation of liberty generate a worsening of oral health conditions, either due to previous worsening symptoms or new pathological symptoms presented during the imprisonment. Usually, this denial is deliberately provoked. Dello (2009), in a letter sent in response to an article of Speers et al. (2008), uses the term "passive torture" in reference to this kind of treatment.

In two cases, patients report not having received dental care until after they were released and in one case, until the return of democracy, because the victim did not attend hospital centers for fear of being "registered" and "located" again by the military regime.

Dental Torture: (1 of 14 patients) In this case, the patient indicated that he had under-

gone unnecessary dental interventions without anesthesia in a dental chair installed inside a military barracks, indicating that his torturers *"were probably dentists due to the way in which they used the instruments."*

The participation of dentists in the application of torture is not a common report in the literature, except for certain cases known during the World War II. However, because dental pain can be one of the strongest that human beings can feel, the participation of dentists can be "beneficial" for torturers seeking information or a confession (Speers et al., 2008).

In the particular case of this patient, it was possible to observe a high level of oral damage, loss of multiple teeth, and restorations in poor condition which were repaired in a "homemade" way, in addition to the presence of caries and periodontal disease. This traumatic experience caused the patient to avoid visits to dentists in later stages of his life, a common situation in torture victims (Høyvik, Lie & Willumsen, 2019, Singh et al., 2008; Speers et al., 2008).

The challenge of bringing dental care to victims of torture.

The PRAIS program not only gives legal assistance to the victims expressed by the analyzed reports, but the main objective is also bringing a reparation and rehabilitation process based on the available service of the Chilean public healthcare system, supported by the laws mentioned previously. Dental healthcare is a high-demand service and is available in some PRAIS units along the country, however, it is not available in all regions. Treating patients who have been victims of torture requires dental practitioners to be aware of the condition of their patients. Høyvik et al. (2021), in a study with African and Middle Eastern refugees in Europe, state that patients with a torture background tend to postpone or avoid dental appointments due to 3 main factors: the pain, the traumatic memories, and the dentist. From the experience of this author, all these factors have a crucial role at the moment of the dental examination to elaborate the analyzed reports and to bring dental care. Dentists and their work teams cannot forget that the environment and working conditions that seem normal to us can be a major stress factor for this type of patient. Willix et al (2021) established that proper education for healthcare professionals about how to treat patients with a torture background, how to identify signs of torture in the oral cavity, and multidisciplinary work with other healthcare professionals will prevent or minimise the risk of re-traumatisation.

Limitations

This study involves a small sample of cases, which represent particular cases in a specific region of the country. However, it may serve as an initial input on this unexplored topic in this historic and political context. Another limitation is the 'time of registration' since the injury occurred. In this case, events that occurred 30 or 40 years ago were analyzed, which is a limitation also registered in other studies related to victims of torture (Arge et al., 2014); even with closer periods of time. The same occurs in the presence of other oral pathologies, which can hinder the search for compatibility of injuries. Given the above, access to health care and documentation of injuries should be carried out as soon as possible in situations of human rights violations, ideally following the guidelines provided by the Istanbul Protocol for addressing these cases. This will allow a much more expeditious and complete administration of justice and the subsequent reparation.

Conclusions

Based on the information previously exposed and analyzed, it was determined that the oral and maxillo-facial area was a recurring area of reception of trauma caused by State agents during the period of the Chilean civic-military dictatorship, hence, dental records and maxillo-facial examinations requires to be included as part of the documentation and rehabilitation processes in those patients accredited as victims and should not be left out.

All types of torture or human rights violations observed directly or indirectly led to teeth loss. Considering that teeth are an important part of a person's identity and aesthetics, the damage caused can be considered within both the physical and psychological spheres. A study of both variables may be recommended in the future, also considering the psychological factor of facing dental procedures, which in certain registered cases prevented patients from accepting the need for treatment, further worsening their conditions, and showing that the damage continued even after the end of the repressive period.

Due to all the above, dental professionals who are caring for patients who were victims of torture or human rights violations and who are involved in the entire public and private health network in Chile, should be aware and understand the situations they experienced and the treatment they need to achieve correct dental care.

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