

Global Experiences

*In this issue's 'Global Experiences' we focus on Global health Work within the UK - **Anushka Mehrotra** talks about her elective with the Medical Foundation for the Care of Victims of Torture*

The Medical Foundation for the Care of Victims of Torture is a centre for those who have personally experienced the most horrific acts imaginable inflicted by man towards mankind. The clientele consist mainly of refugees and asylum seekers. As a fourth year medical student I spent six weeks at the Medical Foundation (MF), hearing about some of these experiences, learning how to help 'victims' return to normality and the problems refugees face on their arrival to the UK.

The United Nations Convention against Torture 1984 definition of torture is summarised: "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes... as obtaining information or a confession...when [it] is inflicted by or at the instigation of or with consent ... of a public official." [1] To gain access to MF's services clients must have experienced some level of torture. Victims from all over the world, therefore, come to MF to get help from the various types of professionals at hand.

A large part of the work done at MF is to write medico legal reports, documenting a client's experience of torture and thus helping with their asylum application process. This is done by volunteer and paid doctors, normally GPs, with help from a legal team. Most doc-

tors are part time at MF, combining their NHS jobs with this emotionally challenging work. This is a good example of the flexibility and wide range of options available to GPs: special interests can be taken up alongside NHS work, supplementing a 'traditional' career.

As a student, I found observing these interviews taxing. Clients' stories were full of physical and psychological abuse, political struggles, persecution, or harassment simply for being born into a certain family. The tales of beatings, electrocution, burning, suspension, rape, and isolation were shocking. It can be difficult to cope with the intensity of these stories, while maintaining a professional manner and not showing emotions too strongly.

Above all, what struck me was the struggle with power - the state and its agents using torture and persecution to implement power and intimidate a population, a minority or 'the enemy'. The power that a torturer has over a victim is of utmost importance. Victims are powerless to stop what is happening to them and around them, and must simply submit. This use of power extends from the bodies to the minds of the victims, and can lead to long-lasting damage. Wounds and scars will often heal quickly. However, psychological pain, often as a result of the victim's powerlessness in their

struggle, can take a lot of rehabilitation, counseling and time to heal.

Another surprising aspect of this report writing was the credibility of clients' accounts. Doctors expect patients to trust them and be honest about their symptoms and history. However, in this setting, there was sometimes skepticism over the validity of stories. How much was true, and how much was fabricated or embellished so that clients could be more certain of achieving 'refugee status' and leave to remain in this country? Personally I felt that it should not be a doctor's role to judge. However, in this intimate and intense setting, and with the help of an interpreter, there is lot of weight to be put on what is not spoken in the interview. The non-verbal cues and emotion portrayed in narrating their stories can paint a very clear picture of a client's experiences and the validity of their stories. This detailed picture can be used positively to support a client's claim successfully, and help them to rebuild their lives.

Imagine experiencing horrors akin to horror films such as 'Saw', losing or deserting your loved ones to escape further persecution, giving all your money to an agent to send you to safety and ending up in a country far away from home. You have had no choice in the matter, and must do what is necessary to survive. After arriving to the UK, you expect to find peace and safety, to work and live as much as possible as part of society. However, for many asylum seekers this is not a reality.

On arrival the border police and immigration officers question and harass you [2]. No-one believes your story [3]. You cannot speak English, and even though you would like to learn, the new culture, society and above all its rules are overwhelming. You cannot work until your story has been accepted as the truth, and until then are totally dependent on this new state. If they reject you, you must depend on the charitable donations of voluntary organisations, living in fear of being sent back and experiencing the torture, persecution and pain once more. There is a new wave of powerlessness that overcomes you. Depression and anxiety can set in, and it is understandable that the fear may not leave you [4]. Life in the UK is not easy for asylum seekers and refugees, and they must learn to cope with a whole host of different problems once they have left their homes. It is impossible to imagine what these ex-

periences must be like, the loneliness and powerlessness that daily life must entail.

Although we cannot undo what has happened to many victims of torture, those working at MF try to help people to overcome their past and deal with their present situations. It is not only professionals who can help. Joining a befriending service and helping organisations such as the Refugee Council, Medact and Student Action for Refugees (STAR) can help asylum seekers and refugees settle into their lives in the UK. Writing letters for Amnesty International can help with human rights issues and may stop acts of torture before they even lead to exile.

My time at the Medical Foundation has been an emotional journey and raised many issues. Injustice, human rights and the human struggle for power are the first to come to mind. A better understanding of the impact of power struggles on migration worldwide has helped me to see the wider picture and come to terms with what I have learnt here.

References

- (1) United Nations 1985. United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. www.hrweb.org/legal/cat.html [accessed 01/04/2009].
- (2) Ginn E. Pregnant diabetic Yarl Wood's detainee. www.medicaljustice.org.uk [accessed 23/11/2009]
- (3) Medical Foundation for the care of victims of torture. Culture of disbelief. www.torturecare.org.uk [accessed 23/11/2009]
- (4) Fluxman J. Case studies: 'psychiatrist recommends suicidal detainee receive no treatment'. www.medicaljustice.org.uk [accessed 23/11/2009]FDG