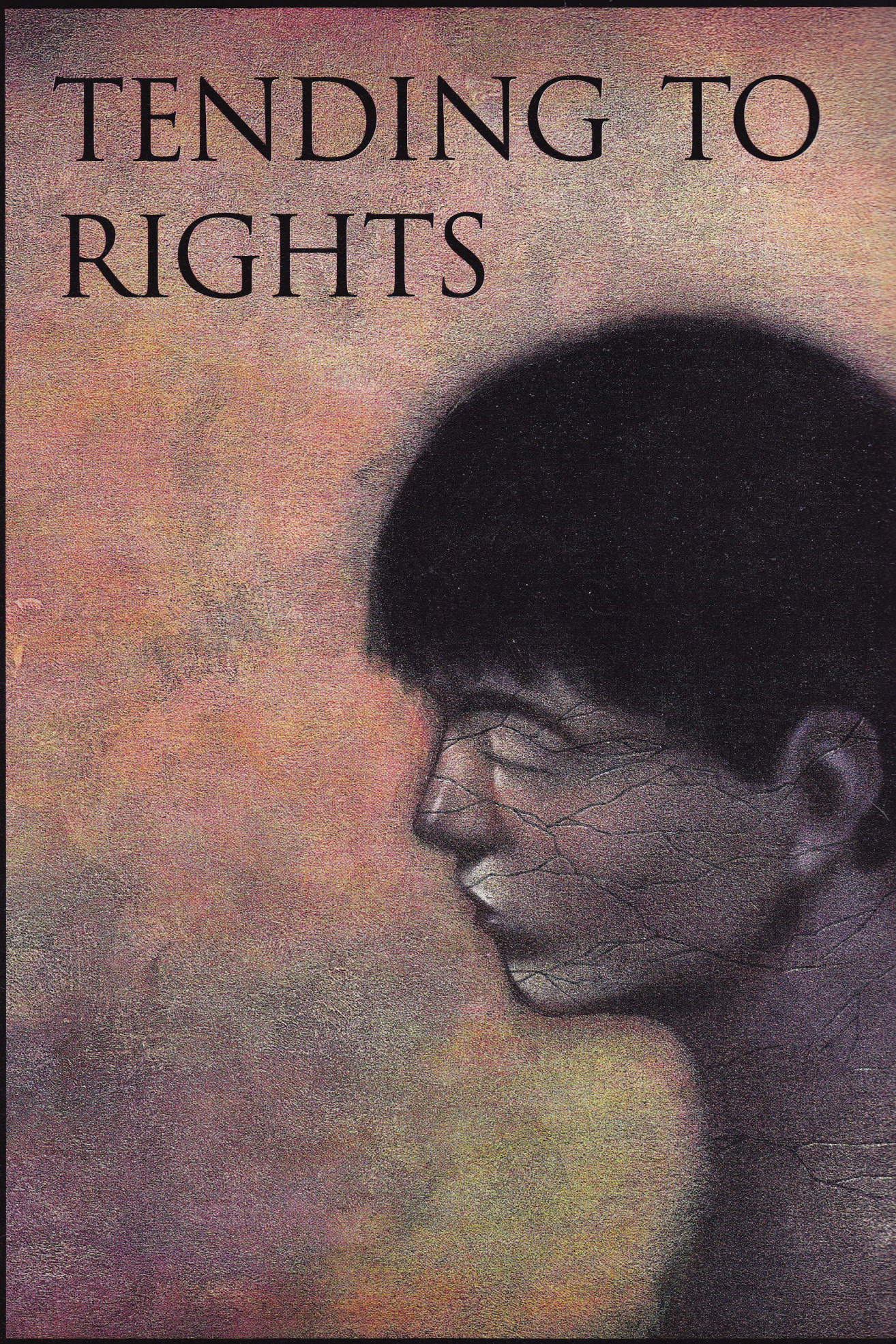
TENDING TO RIGHTS



In the fight to protect victims of torture, physicians find great rewards but say much work remains to be done.

BY SUSAN SARVER

ILLUSTRATION / TIM TEEBKEN

In a country where most citizens give as much thought to human rights as they do their next breath, a torture survivor anxiously awaits a hearing to determine whether he will gain political asylum in the United States. This time, the victim is a writer from Tibet. As mandated by his government, he submitted his work to a licensing office for approval before publication. Days later, he was arrested and a terrifying siege of interrogation and torture began.

The police pounded his head with the butt of a pistol, kicked him with their metal-toed boots, threw him at a wall, and repeatedly smashed his head against it. In between the brutal attacks, he was chained to the wall that served as a tool of torture. Eventually, they took him to a cell and left him alone for several months without medical care.

When the writer was at last released, he was afraid to return home. He knew the police would find him again and he believed this time they would kill him. Though wounded, in pain, and haunted by nightmares, he fled on foot, walking through some of China's most rugged terrain for 52 days to reach Nepal, the first stop on a long journey to freedom. Making his way through the complex maze of immigration, the man found his way to the Human Rights Clinic (HRC) in Bronx, New York. Thanks to the clinic physicians who listened to his story, provided a medical evaluation, and prepared an affidavit for the asylum hearing, the writer's horror story may be headed for a happy ending.

It may be difficult for physicians in the United States to imagine the use of torture as a means of managing political, ethnic, and religious differences. Yet, the estimated 400,000 torture survivors who now live in this country carry with them the physical and psychological scars of chemical burns, electrical shocks, mock executions, the forced observation of murder.

Overwhelmed by their experiences, most survivors of torture are unaware that medical assessment and documentation is essential to gaining political asylum based on torture. "As doctors, we tend to think that the paperwork we do is both an annoy-

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ance and secondary to our main activity," says Douglas Shenson, MD, MPH, the director of the HRC and an assistant professor in the department of epidemiology and social medicine at Albert Einstein College of Medicine. "But in this case, a careful analysis of the patient's story and its relationship to his or her physical exam can be lifesaving."

Of the nearly 100 patients who have sought assistance at the HRC, Shenson has found a significant commonality. "Their biggest fear is that they are going to get sent back and killed." Because medical documentation at the HRC is vital to what Shenson calls the secondary prevention of torture, it is considered just as important as treatment.

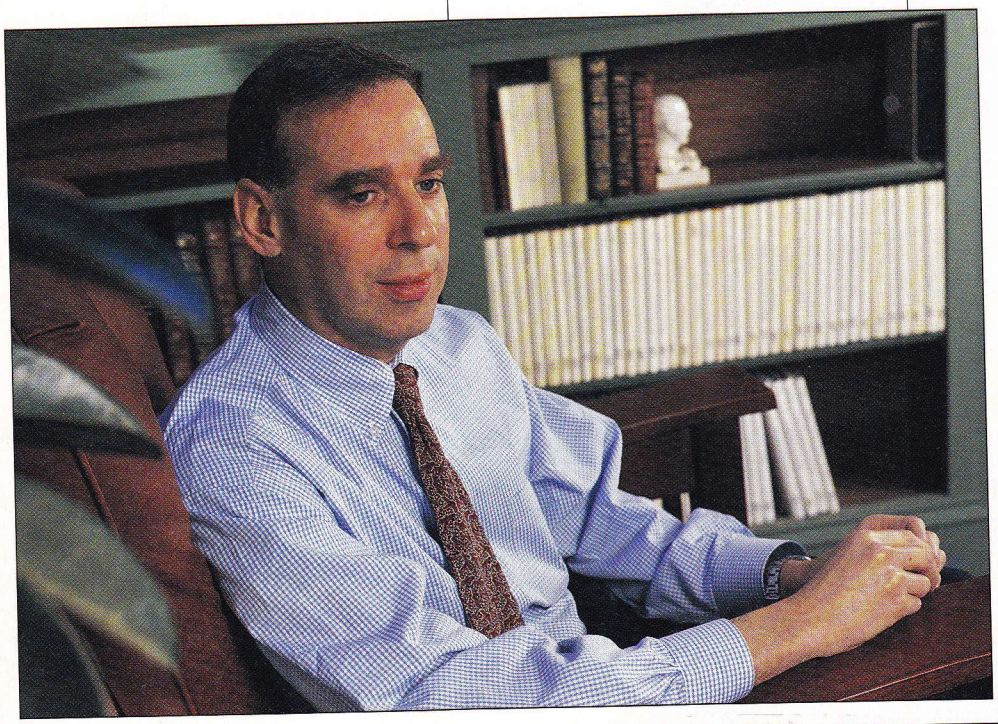
Heeding the call of human rights

Shenson's involvement in human rights work grew out of his affiliation with the humanitarian group, Doctors of the World. In 1992, Shenson responded to a request for a public-health assessment of a Haitian detention camp at the U.S. naval base in Guantanamo. While the Haitians had survived the political screening process because their lives were threatened in their homeland, many of the detained individuals were infected with HIV. "They were there in limbo, some of them for up to two years. At one point, they went on a hunger strike," says Shenson, who acted as mediator between the strikers and military authorities. From then on, Shenson's name became associated with advocacy work among Haitians in this country who had suffered repression and were seeking political asylum.

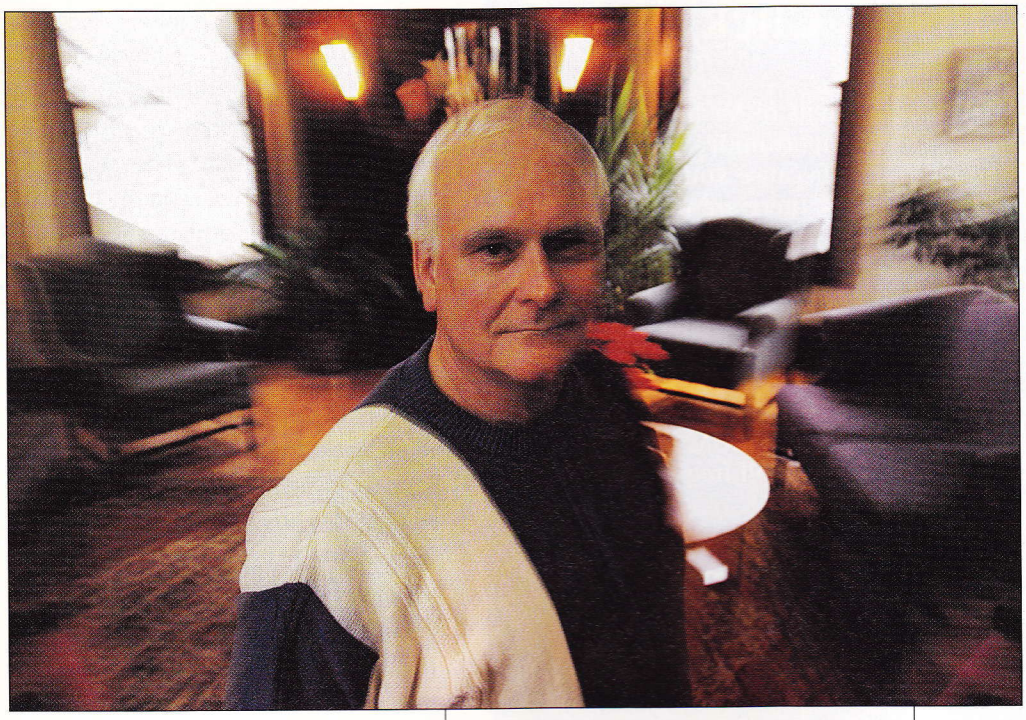
When Shenson began to get requests to provide medical exams for people claiming to be the victims of torture, he discovered not just Haitians, but brutalized people from many countries. "I started doing this on a volunteer basis and then it became clear to me that there was more work than I could do by myself." Through Shenson's efforts, three key resources came together to launch the HRC—the primary-care training program at Montefiore Medical Center, the North Central Bronx Hospital, and Doctors of the World. Since 1993, patients from nearly 30 countries have been seen at the center, often referred by immigration attorneys. While the center's early years saw mostly patients from Haiti, the population has shifted recently and more immigrants are now coming from Mauritania.

Research related to the long-term medical effects of trauma led Ami Laws, MD to the International Rehabilitation Council of Torture Victims (IRCT) in Copenhagen. While there, Laws became interested in the needs of torture survivors. "I was thinking about starting up a center here," recalls Laws, who is also on the faculty at Stanford University, when the staff at the Denmark center told her about Survivors International, a San Francisco-based nonprofit center dedicated to the support and treatment of survivors of torture.

"I went to Copenhagen to find out that there was a center in San Francis-



Douglas Shenson, MD, MPH, the director of the Human Rights Clinic and an assistant professor in the department of epidemiology and social medicine at Albert Einstein College of Medicine in New York City says, "One thing that is very important to communicate to people who have been tortured is that the reaction that they are having...is a very normal response to an abnormal event that they have suffered."



The Center for Victims of Torture, begun in 1985, is located in a Victorian mansion in Minneapolis. According to James Jaranson, MD, the center's medical services director, the house is more comfortable for the patients than a clinical setting. Jaranson says that many European torture survivors were kept alive by physicians so the abuse could continue.

PHOTO/ STEVE WEWERKA

co," Laws says, bemoaning the considerable lack of awareness in the United States of the work that goes on with torture survivors and the corresponding need for greater involvement of the medical community. "I'm particularly interested in physiotherapy as a modality for treating both psychological and physical effects," says Laws. While she brought these clinical interests with her when she began consulting for SI in 1994, Laws quickly discovered new priorities. "There was a great need for someone to do medical assessments for people applying for asylum on the basis of their torture." Laws hopes to expand the clinical aspects of care once more area physicians become involved.

"In many other parts of the world, physical documentation of torture is the only criterion for granting asylum," says James Jaranson, MD, MPH, MA, the medical services director of the Center for Victims of Torture (CVT) in Minneapolis. "Here in Minnesota, we have been able to use psychological criteria as successfully in asylum hearings." At the CVT, the oldest center for survivors of torture in the country, psychologists and social workers regularly accompany clients on hearings. "Before hearings," Jaranson says, "a formal letter is written to the immigration service describing what we see with the individual and how it fits with what we know about torture survivors from that country at that particular time."

The CVT grew out of a comment by the son of former Minnesota Governor Rudy Perpich, who asked what his father intended to do about human rights. The center began in 1985 in one of the University of Minnesota's teaching hospitals where Jaranson, a psychiatrist, was operating the mental-health section of an international clinic. Since its inception, more than 500 torture survivors have been treated at the center and nearly 50 new clients are seen each year. Its eventual relocation to a Victorian mansion donated by the university was a therapeutic maneuver. According to Jaranson, large numbers of survivors in Europe had been tortured with the help of physicians keeping them alive to ensure that the abuse could continue. "The plan was to locate the center in a nonclinical facility which did not remind clients of the torture experience." The environment is cozy and volunteers, some torture survivors themselves, help with transportation and operational needs of the center.

The clinical picture

Along with the barriers of language, limited or nonexistent financial resources, and difficulty accessing health services that immigrants commonly face in a new country, survivors of torture must bear the remnants of horror that echo through their hollowed spirits. The CVT maintains that torture is practiced or condoned in more than 100 nations, though the majority of its clients come from Africa, primarily, Ethiopia. Whereas some victims were

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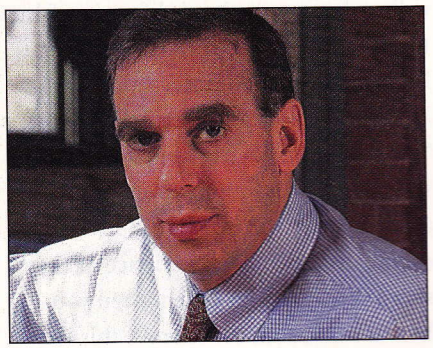
once political and community leaders, tortured because of ethnicity or political affiliation, many others, Jaranson points out, are ordinary people who happened to be in the wrong place at the wrong time. Data from the CVT reveal that torture is not merely a weapon used to oppress a young to middle-aged population. The 220 clients who were treated at the CVT between 1991 and 1995 ranged in age from 7 to 68, and 30 percent of them were first tortured as adolescents. Two-thirds of the clients served during this period were male, a finding that is consistent with the predominantly male population of patients who seek assistance at the HRC.

Post-traumatic stress disorder is particularly common among survivors of torture. With the help of interpreters as needed, Jaranson says that psychiatrists, "provide an overall assessment of the psychiatric status of the individual, make recommendations, and try to coordinate with other service providers."

Shenson has discovered, "One thing that is very important to communicate to people who have been tortured is that the reaction that they are having—nightmares, the fact that they startle easily, loss of appetite, the sense of change that has happened to them—is normal. It is a very normal response to an abnormal event that they have suffered." Unsurprisingly, survivors of torture report a multitude of physical injuries. Most of the patients evaluated at the HRC report beatings with fists and blunt instruments. Also common are cuts from sharp instruments, heat and chemical burns, sexual assault and rape, and electrical shocks. Other abuses noted are pulled limbs, crushing muscle injuries, whipping, chemical exposure, genital mutilation, and beatings of the soles of the feet (falanga).

Often specific patterns of abuse are traceable to regions of conflict where



Douglas Shenson, MD says he makes profound connections with these people. "You see the extraordinary unburdening that people experience as they share this with you. Often when you hear a story, your reaction is 'this is a terrible thing that has happened to you' and the amazing thing is that often no one has ever said that to them before."

particular techniques are used. At SI, Laws reports, "Most of our clients who come for medical evaluations for asylum, probably 80 to 90 percent of them, come from Punjab (an area divided between India and Pakistan). Many of these people have been tortured by being beaten on the feet." The prevalence of such injuries has created a tremendous need for orthopedic and podiatric services at SI; however, the organization is still without providers in specialty areas. Laws also points to the need for dermatologists to evaluate skin lesions consistent with electric shock and other forms of torture.

Building awareness

"It would be wonderful if doctors knew more about the area," says Laws, who often calls on specialists not affiliated with SI to meet the specific clinical needs. "When I just call cold, it is bizarre to people that I am calling, asking them to provide help for my client who has been tortured." The response is often, 'What? Does that go on in the world?' Laws feels strongly that medical school did not prepare her for human rights work and she wants to help change that. "I really would like to expand this program into some kind of clerkship for medical students."

The HRC's unique positioning within a residency training program serves as a natural means of building awareness in the medical community. Shenson feels this is an exciting aspect of the clinic. "Doctors come out of their training knowing how to do this kind of work." He believes that residents' clinical skills are stretched in the HRC and that learning how to help patients in dealing with very significant psychological and physical traumas are skills that benefit physicians working in the emergency room and other clinical settings.

Strengthening the effort to train other health professionals is a primary goal of the CVT, which hosts training for providers who are trying to establish similar centers in such conflict areas as the former Yugoslavia and Turkey. Says Jaranson, "We realized some time ago that we were only going to be able to treat a very limited number of the torture survivors in the U.S. unless we were to get other people involved." Medical students, residents, and practicing physicians from across the nation and other countries are regular visitors to the center.

Unexpected rewards

Why would physicians want to practice in an arena where clinical vocabulary is juxtaposed with terms of torture? "There are more personal connections that you make with people in any circumstance where someone has suffered something extreme," Laws explains.

Says Shenson, "It is the most rewarding clinical work I have done— for many reasons." Very simply, he reflects, "You really do some good. Simply pro-

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PHOTO/ DOROTHY LITTELL-GRECO

TENDING TORTURE VICTIMS

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viding documentation is lifesaving." In the HRC, Shenson finds that a particularly human kind of interaction occurs between doctors and torture survivors. "Often they feel a tremendous sense of shame about having had this happen and—you see the extraordinary unburdening that people experience as they share this with you. Often when you hear a story, your reaction is 'this is a terrible thing that has happened to you' and the amazing thing is that often no one has ever said that to them before. You really make a profound and meaningful connection with people who are usually from the other side of the world."

Shenson notes a contrast to medicine's more common practice of treating diseases that often can worsen with time. "In this case, the bad thing that happened is in the past and is not going to happen to them again." Though it doesn't mean that people will ever forget or can return to whom they were before their torture experience, Shenson notices, "They somehow move on and they integrate it into their life, it becomes part of who they are. They get on with living."

Even in this year of the 50th Anniversary of the Universal Declaration of Human Rights, a document adopted by the United Nations, abuses remain shockingly prevalent throughout the world. This reality compounds the already substantial need for involvement of the medical community in the work of human rights. Listening to the stories of torture survivors is not the easiest way to practice medicine, but more often than not, it proves lifesaving. In the complex, changing world of medicine, it doesn't get much more rewarding than that. ■

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