EASING THE TRANSITION
Asylum Seekers in the US

Santiago De Chile: A tank moves forward in a street in downtown Santiago amid shootings from the Palacio de la Moneda soldiers, 11 September 1973, during the military coup against President Salvador Allende.
PHOTO: PRENSA LATINA/AFP PHOTO

Chilean born Dr Jose Quiroga is a founder and director of the Program for Torture Victims in the US. He is also a member of the board of Physicians for Social Responsibility and former vice-president of the International Rehabilitation Council for Torture Victims. He is a co-author of several papers on the effects of torture. ***DR QUIROGA*** *visited START TS recently.*

Interview by **Olga Yoldi**

Your interest in the effects of torture must have been triggered by the 1973 coup in Chile. You were at the Palace of La Moneda with former President Salvador Allende when the army overthrew his government. What happened that day?

It was a very traumatic event. I was inside the palace. I never thought for a moment that anything would happen to me, but evidently, I was wrong. When I think about it, the chances of surviving that coup were very small.

The battle for La Moneda started towards eight o'clock in the morning. Around 10 the front door was open and many people left at the request of the president. A few of us chose to stay there with Allende. Nobody knew at that stage what was going to happen to us. Towards two o'clock in the afternoon Allende decided to surrender. A white flag was raised. That marked the end of Allende's Government. I remember I was standing, talking to two other doctors in a very long corridor. Allende walked towards us and went into a room. He did not say anything to us and closed the door behind him. A few minutes went past. We were wondering what he was doing there, all by himself, so we decided to open the door. He was sitting alone facing the door. At that precise moment Allende shot himself. We saw his head virtually disappearing from the impact. We all saw the same thing.

That was a traumatic experience, although I did not feel anything at the time. But 25 years later, when I wrote about the events of that fateful day in detail, I suddenly experienced an intense grief, a very profound sadness, then I realised how badly it had affected me psychologically. This proved that when you live through a traumatic event sooner or later you will go through a grieving process.

Were you arrested when you left the Palace?

We were detained for a few hours. We were not interrogated. Later that night the general in charge let us go. He realised we were Allende's personal doctors and saw no reason for us to be detained. The rest of the people were still lying on the ground. They were Allende's ministers and some doctors who happened to be part of Allende's political inner circle. Allende himself was a doctor. The Health Minister and other ministers were detained. All the others were killed by the military.

You stayed in Chile for a while after the coup. How was life in Chile during the dictatorship?

It was very difficult because we were all harassed and downgraded in our jobs. After a long while I was able to resume my work at the university. I had had a senior position there. I was in fact treated as a second-class citizen, really. The conditions in which we lived and worked were not very good.

At the same time, there were lots of people living underground, clandestinely in safe houses who needed medical care and I would provide it for them. There were few doctors willing to do that. Life became increasingly difficult. After four years I decided to leave Chile since I had a job opportunity in the US.

Chilean army troops attack the Palace of La Moneda in Santiago de Chile during the coup on September 11, 1973 against the constitutional president Salvador Allende.
PHOTO: PRENSA LATINA/AFP PHOTO

You played a key role in setting up the Program for Torture Victims in Los Angeles, the first centre of its kind in the US. What were the circumstances that led to its creation?

A number of circumstances triggered the formation of a social movement that contributed to the creation of the Program: the political situation in Latin America in the 1970s particularly, and the military government in Greece, which was overthrown in 1977. To everyone's surprise, torturers were prosecuted by a court of law and some were incarcerated.

Amnesty International published a report titled: Torture in Greece: the First Torturers Trials. Also a film was made, titled "Our Neighbour's Son" in which torturers were interviewed about their actions. They spoke openly about the type of training they had had, the torture methods they used and their experiences.

That trial positioned torture at the forefront of public attention. It was a major breakthrough in the advancement of human rights.

At the same time, military governments were ruling over Latin American countries - in Chile, Uruguay, Argentina, Brazil, and in some other countries. The first centre for the rehabilitation of torture and trauma survivors was established in Chile. It was associated with the church, also known as *La Vicaria*, an ecumenical centre for all catholic, protestant and jewish religious groups.

The Pinochet government, while being most powerful and able to control all institutions, never interfered with the church, so those persecuted found a safe haven there. Those people working for *La Vicaria* documented cases of torture. As time went by, new services were established.

In 1977, the Social Aid Foundation of Christian Churches (FASIC) was formed with the support of various churches. They offered legal aid for former political prisoners and families of the disappeared and those executed by the state for political reasons. FASIC also provided a medical and psychiatric service. The first medical director was a member of the communist party. Nobody wanted to hold such a position.

Later, other human rights non-government organisations were formed. In 1988 the Latin American Institute for Mental Health and Human Rights (ILAS) was formed. Health professionals developed a model for medical and psychosocial care using various forms of multidisciplinary intervention (medical, psychological, family and group therapy). It soon became a leading authority on torture rehabilitation.

I was familiar with the work done by those groups in Chile so when I arrived in the US in 1977 I made contact with Dr Chris Nelson, a psychiatrist from Boston, and a group of doctors that belonged to Amnesty International. They helped set up the Amnesty International Medical Group in Los Angeles and later the Program for Torture Victims. Our aim was to document cases of torture. A protocol had recently been developed and I started documenting cases of newly arrived Chilean refugees in the US. That was 1980. Then we made a presentation of the first

"At that precise moment Allende shot himself. We saw his head virtually disappearing from the impact."

Former Chilean President Salvador Allende. IMAGE FROM THE FILM SALVADOR ALLENDE: PATRICIO GUZMAN (DIR), COURTESY OF JBA PRODUCTION / 2004

25 torture cases to an American Psychological Association meeting in Los Angeles in 1982. Five new rehabilitation centres were created as a result. Most of them don't exist anymore.

I became the medical director. A psychologist, Ana Deusch joined me as a clinical director and we started to make psychological and medical assessments. But people needed more than just an assessment. At the time, little or no research on how to treat victims of torture existed.

With government funding, we were able to develop an integrated service adopting FASIC's intervention model, which was documented in a paper written by one of FASIC's founders, Elizabeth Lira, called Narrative and Exposure Therapies.

We didn't know how to psychologically classify the effects of torture or how to interpret them. We analysed and documented torture symptoms then we realised that Posttraumatic Stress Disorder (PTSD) was actually included in that analysis, but at the time we did it, the term was not known, even though PSTD had been actually defined after the Vietnam War.

Those of us who were working around the same time with torture and trauma survivors were making discoveries that were very similar, in Chile, the US and Copenhagen. But I think Chileans played a key part in the development of treatment for torture survivors, as psychologists (FASIC, ILAS) in Chile and as refugee patients in clinics in Europe.

On the other hand, social psychologists, such as Ignacio Martin Baro, wrote a number of articles about the effects of state terrorism on societies and developed what is known as *Liberation Psychology*, which promoted community intervention. The aim was to apply the experience of psychologists to organise communities, as a focus of psychological intervention. In *Liberation Psychology* psychologists are seen as a resource for the community, offering expertise in research and an understanding of leadership, group dynamics and knowledge of the system.

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Baro wrote a book in which he established the steps for community leadership and explained the type of interventions that were therapeutic and could be conducted by not only psychologists but community leaders. As time went by, a body of knowledge was built up and conveyed to those working with refugees. All that helped us build what we know today.

Nowadays the LA Program for Torture Victims is the oldest centre in the US. Recently we have celebrated 30 years of hard work and we are proud of it. The reason it has continued for the last three decades is because of the commitment and motivation of those that work there. Perhaps that passion was lacking in the other centres. It is interesting to note that the US government has never really prevented us from working with asylum seekers, in fact, they have supported us.

What types of clients do you see at the Centre?

Our clients are mostly asylum seekers, who come to the US illegally and apply for asylum status. Of course asylum seekers and refugees are two separate groups of people. Refugees come legally under the refugee program. The US had a quota of 100,000 refugees per year. Although, after the 9/11 attack it was reduced significanly. We do not see refugees as they have their own services funded by the government.

When asylum seekers lodge their applications for refugee status they live in limbo even though they have a legal right to stay in the US until their cases are decided, which can take quite some time.

They normally apply for asylum under the UN Convention against Torture. They are usually interviewed by an immigration officer, who has the authority to grant political asylum if a case does appear to be bona fide. Some asylum seekers are in transitional detention until a lawyer is able to represent them. When that happens, they officially become asylum seekers and can work until such a time in which their status is decided.

Cases with strong grounds are granted asylum early, but it normally involves a complex process. For instance, the application needs to be lodged within a year of arrival. Sometimes asylum seekers lodge it after a year so they have to go to court as a result.

If any of our clients need to go to court, we will find a lawyer. Our program has a number of lawyers from the University of California Los Angeles, the University of Southern California and from law firms willing to do pro bono work. We have never experienced any difficulties accessing legal aid. Of course lawyers will need physical and psychological evidence of torture. That is when we assist, by testifying before a court of law and by providing affidavits.

Initially, most of our clients came from Latin America. Five or six years ago many came from Africa, before that from Vietnam and Cambodia (although they mostly came as refugees under special programs) and the rest came from a number of different countries around the world. The types of clients we have are representative of conflict areas around the world. Asylum seekers and refugees tend to congregate in areas where their communities live. In Los Angeles for instance we get a high proportion of Iranians and Armenians because most Iranians and Armenians in the US happen to live in California. Often, family or community members help asylum seekers since they have to fend for themselves and don't have access to housing or any other services. I have seen very few experiencing homelessness. Somehow they manage to fend for themselves.

About 95 per cent of our clients tend to obtain political asylum and for the remaining five per cent that don't they will have what is called 'withholding of removal status' which means they may live and work in the US but will not be able to apply for citizenship and if they travel outside the US, they will not be granted re-entry.

Some cases take a long time, up to two or three years or longer to be resolved. In other cases it becomes obvious that they won't be successful. It is a difficult for applicants because uncertainty aggravates existing symptoms.

So you provide an integrated model that includes psychiatric, psychological, medical and legal services. It seems quite unique.

Yes it is. I am a physician so I treat all clients that come to our clinic. I do medical check-ups and provide free medication. I have an agreement with a community clinic, which I use if clients need treatment: the Venice Family Clinic. I use their services and infrastructure. If patients need more complex treatment we need to refer them to a hospital. That is when we run into problems. If we know someone that works in a hospital it might help.

While health is a right in most western countries that concept does not exist in the US. People have medical insurance provided largely by their employer, but of course many people don't, and asylum seekers are among this group. The cost of health care is $7000 to $8000 per capita and there are about 50 million people who don't have medical cover. So even asylum seekers are better off than those, at least they have access to our program. Those without cover can go to community clinics, which are free but have limited resources and only provide basic medical care.

At the centre we have interdisciplinary meetings where we discuss cases and analyse how the physical and psychological symptoms interact. We all work as part of a team. There will be clients that I see more often than the psychologist does because they have a medical problem, but I can tell when there are psychological issues that need to be addressed and then I refer the client to the psychologist. Generally speaking, doctors in the community have no idea of medical problems experienced by torture and trauma survivors. We have to raise awareness among psychologists and doctors about torture and trauma sequelae and keep them up to date with new developments in treatment.

How many refugees have experienced torture and trauma? Are there similar centres in other cities in the US?

There are similar centres in San Francisco, New York, San Jose, and San Diego. California has the highest number of refugees and asylum seekers, followed by Florida and New York. We are the only centre in Los Angeles. Our capacity is limited. We have a budget of approximately $1million, 12 staff and 100 new clients per year.

The US Government provides settlement services to refugees who come to the US under the Refugee Program, for the first

Dr. Jose Quiroga, Co-founder and Medical Director of Program for Victims of Torture (PVT), speaking on Effects of Torture. PHOTO: KURT LIGHTFOOT/DEJA VU PHOTO SERVICES

eight months, and there are private organisations, subsidised by the state, that provide those services. Those services are separate to ours. All refugees have medical insurance provided by the government for eight months, after that, they will need to fend for themselves. Many organisations that work with refugees do not identify them as refugees .The government doesn't identify them as such either. After the first eight months they are integrated into the US society. Later they can apply for citizenship.

So far, little research has been conducted to identify the number of torture and trauma survivors among the refugee and asylum seeker populations. Research conducted in the 1980s in Sweden and Germany showed that an estimated 35 per cent of the refugee population had experienced torture and trauma. We have no idea what the proportion is in the US. A study to identify them was conducted in Los Angeles in some of the community clinics where you can normally find asylum seekers seeking medical care. Around 7-9 per cent of those asylum seekers sitting at the community clinics had experienced torture and trauma. If we were to identify them among the psychiatric population, that number would increase.

The prevalence of torture and trauma among the world refugee population is unknown. I have read widely about the subject. Among the Chilean refugee population that arrived in the US, 100 per cent had experienced torture and trauma because they were selected among detainees in the jails. But there has never been a sampling that is statistically significant enough to know for certain. A study conducted among Ethiopian and Somali refugees in Minnesota showed that 50-60 per cent had been tortured. So there must be large numbers of refugees/asylum seekers who are suffering from the effects of torture and trauma.

Gaining an accurate picture is hard because refugees are not going to identify themselves as victims of torture. Many do not acknowledge there is a problem and may not be aware of it.

When we conducted the study at the community clinics, it was evident that they were there because of medical problems, but they can't see the relationship between their past traumatic experiences and their symptomatology.

And I guess doctors don't know either.

No. You can tell by the type of medical care they provide. Of course in many cases doctors lack the time and the knowledge. Also, patients are never going to tell their doctors they have been subjected to torture. At our centre we train doctors on how to identify victims of violence among their patients. We have medical students and resident doctors attending our sessions. I wrote a training manual about how to identify these types of patients for health workers who want to know more about the relationships between torture and physical and psychological symptoms.

What are your plans for the future?

I plan to write the history and the experience of our service with Ana Deutsch. It would also be nice to document the history of this movement of rehabilitation centres around the world.

I want to leave my work as a doctor. I am in the process of looking for someone to replace me. I want to focus on writing during the time I have left. I want to be able to document my life and work experiences in a book. I would also like to teach. Now I can see things from a much broader perspective.

I guess you have been back to Chile. How do you see Chile's future?

Chile's and most of Latin America's economies have been growing steadily. Following WWII Latin American economies grew by five per cent. After the crisis of the 1970s and 1980s those economies shrank. Fortunately in the last few years they have been growing again by 4-5 per cent per annum, in spite of the Global Financial Crisis. Chile's economy is predicted to grow by six per cent this year. The US is no longer the economic power that it once was, China and India are the new economic powers.

The problem in Latin America is that in spite of economic prosperity, income and wealth distribution are far from equitable. Chile is one of the worst cases. We need to acknowledge that the current neo-liberal economic system is not working. No wonder left-wing parties have dominated in most countries. In Chile we had Bachelet until recently; Peru, Ecuador, Uruguay, Argentina and Brazil are currently ruled by left-wing governments. It is obvious that we need a fair and equitable system of wealth distribution.

A few months ago we saw students demanding a high-quality, free, public education system in Chile. The protests grew into a more general movement demanding constitutional reforms: improved pension provision, new labour laws, and corporate tax increases to pay for education and health. President Pinera at the time had an approval rating of 26 per cent, the lowest ever in Chile's history. Similar protests have taken place in Spain, Israel and the UK, where young people are frustrated and disappointed with the current status quo and the political and economic systems.

There are social movements, people who are demanding change, and we don't know where this new impetus will lead to. But it is obvious that politicians need to do something about driving change and making reforms to increase opportunities particularly for young people. If they don't, they won't survive. We will see what will happen. It is quite obvious that the prevailing neo-liberal economic orthodoxy has failed miserably.

I hope the new economic model that emerges from this will be fairer and more equitable to all. These are interesting times in Chile and Latin American. I believe something positive is going to come out of this. ꟿ