

Three GPs give their perspective on asylum seekers.



Caring for refugees

KEY POINTS

People seek refuge in another country to escape natural disasters, poverty, famine, war and persecution; and many asylum seekers have genuine tragic stories to tell. But even if they overcome the difficulties and dangers of travel, the administrative, financial, psychological and cultural hurdles of adapting to their new home are considerable. God has a heart for the poor and vulnerable, and many of the key players in salvation history, including Jesus Christ himself, have been refugees. Christian doctors therefore have a huge role to play and, if we are willing to make ourselves available, there are good ways to overcome language barriers and offer effective treatments, even to victims of torture.

Asylum seekers are frequently portrayed as bogus or economic migrants who enter the country illegally and should be locked up and sent back where they came from. One of these statements is true: if you are forced to flee your country there are few ways of doing it legally. Many have tragic stories and very genuine grounds for claiming asylum but inevitably there are some who have less than honourable motives.

The 1951 Geneva Convention defines a refugee as: 'One who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country'.

At the beginning of 2000, there were more than 22 million displaced people worldwide. 75% were seeking refuge in another region of their own country or in the developing world. Only four percent were seeking asylum in Europe with less than one percent in the UK.¹ There are various reasons for seeking asylum in another country, mostly unchanged over the centuries. Natural disasters, poverty and famine still compel their victims to move to a place of safety. War and civil war uproot innocent people from their homes en masse in fear for their lives. Alternatively individuals or specific groups find themselves the targets of violence. Governments may persecute various religions as well as cultural, ethnic and political groups. Ineffectual or corrupt government causes situations of lawlessness and political instability. Individual refugees may be strong idealists, active in politics and aware of possible recrimination, or unfortunates, born in the wrong place at the wrong time to families on the wrong side of the conflict.

The UK situation

Refugees come to the UK as single men or women, couples, unaccompanied children, single parents with children or whole families. Their reasons for seeking asylum may include persecution, imprisonment, torture or rape. The journey out of their home environment may have been hazardous and uncomfortable. Many have stayed in basic conditions at a refugee camp and travelled in cramped lorries or walked long distances. Human traffickers are often the only option for a successful journey and they charge huge fees, requiring refugees to sell all their possessions.

On arrival in the UK they are met with a whole series of new challenges. Escape had been a dream: their Utopian destination often fails to meet expectations. They are confronted by the Home Office and NASS (National Asylum Support Service) and a confusing asylum system: it is easy to stumble at various hurdles and so be refused asylum on grounds of non-compliance. The housing is usually in the poorest of areas. The subsistence living allowance consists largely of vouchers, instantly identifying the bearer as an asylum seeker. Racist attacks and attitudes are not uncommon. Communication is often a struggle increasing their isolation. The asylum seeker's life is a perpetual waiting exercise involving intense anxiety, boredom, frustration and loss of status.

Top seven countries of origin of refugees arriving in UK

- Afghanistan
- Somalia
- Iraq
- Sri Lanka
- Turkey
- Iran
- Former Yugoslavia

Since April 2000, asylum seekers arriving in the UK have been dispersed around the country while awaiting the government's decision on their claim to be recognised as refugees. Over this time their

Runaways: fear of reprisal

- Moses - murdered an Egyptian - Exodus 2:15
- Jacob - took Esau's birthright and blessing - Genesis 27:43
- Onesimus - runaway slave - Philemon 10-17

Economic migrants

- Abraham - escaped famine to Egypt and lied to protect his life - Genesis 12:10-20
- Naomi's family - escaped famine to Moab - Ruth 1:1-2

Escaping danger

- Elijah - stood against an evil regime - 1 Kings 17:2-3, 19:2-4
- Jesus with Mary and Joseph - escaped King Herod's wrath - Matthew 2:13-14
- Church in Jerusalem - scattered following Stephen's martyrdom - Acts 8:1-3

Driven out

- Joseph - sold into slavery - Genesis 37:28
- Israel - exiled into Assyria - 2 Kings 17:23b, 25:21b
- Judah - exiled into Babylon - 2 Kings 25:21b
- Priscilla and Aquila - Jews ordered out of Rome - Acts 18:2
- John - exiled to Patmos - Rev 1:9

presence has become a prominent political issue. As Christians and as doctors we are more likely than ever before to come into contact with these individuals in our communities, surgeries, clinics and wards.

A biblical perspective

The Bible makes it clear that God is sovereign over all peoples: his plans and purposes will prevail.² He is compassionate and just, concerned for the poor and vulnerable from every nation.³ He wants everyone to know the truth and experience his saving grace.⁴

In a world rife with conflict, displacement and terror, the prophet Micah gives a vision of hope: nations looking to the Lord for his truth and justice, resulting in freedom from fear, every person safe in his own home and land.⁵

Refugees in the Bible

In apparently unlikely circumstances, godly refugees influenced the destiny of their host nations: consider Joseph in Egypt, Daniel in Babylon and Esther in Persia. Jesus made it clear that his disciples would be hated by the nations and would flee from their homes.⁶ So, the scattered church spread the good news of Jesus wherever they went.⁷

The Bible acknowledges the psychological impact of being forced to leave one's beloved country.⁸ The Old Testament is insistent concerning the responsibility of God's people towards foreigners.⁹

Translation and Torture

GPs working with refugees and asylum seekers face several specific challenges, two of which are communication using interpreters and dealing with patients who have experience of torture.

A while ago a hospital colleague told me that his department had opted out of providing interpreters as it was too much hassle. This is obviously nonsense. There must be full understanding between doctor and patient before prescribing a medicine or performing an operation. If not, why practise medicine instead of veterinary science? Working with an interpreter is not easy. It takes great effort to speak normally, using eye contact and the second grammatical sense, whilst your patient looks at you blankly, waits for the interpreter to say his bit. Nevertheless, if you are motivated and have a motivated interpreter, the effort will be worthwhile. Suddenly the consultation seems to 'gel' with both patient and doctor almost unaware of the interpreter.

Some fascinating research shows that doctors and nurses tend to avoid ward patients who are terminally ill. Sexual abuse victims often complain that no one appeared interested when they wanted to talk. Torture victims equally find themselves ignored and sidelined by health professionals. This can be an expression of doctors' own fears of death, impotence or shattered illusions. However, giving in to our fears means denying care to those who need it most.

How should we provide adequate care for survivors of torture?^{10,11} Firstly, make yourself available to these patients. Their stories are hard to listen to but many survivors find relief in simply being heard by someone without being rejected. It can be the first and most important step to recovery. Secondly, there are many forms of helpful therapy: physiotherapy can have almost miraculous results, cognitive behavioural therapy may be beneficial and medication is sometimes necessary. However, unless we listen in the first place, patients may not return to benefit from these therapies.

Opportunities

There are many medical opportunities to become involved with refugees.¹² There are several medical organisations with concerns for asylum seekers and torture victims.^{12,13} Many churches are also leading by example in providing drop-in centres where second-hand clothes and other articles can be obtained. Opportunities abound for offering friendship.

We are reminded of Jesus' words: 'I was a stranger and you invited me in...Whatever you did for one of the least of these brothers of mine, you did for me'.¹⁵

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6. Matthew 10:22-23, 24:9
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