



***In this Issue:***

VCST and our mandate	1
Review of Part III Workshop	1
Reflections: Chilean Referendum	2
Health Care Flowchart	6
What I Learned, by Howard A Personal Connection with Sherri	7
Web page referrals of interest	10
Current Affairs	11
Thanks	12
Upcoming Event	12

**Refugee Resiliency, Part III: The Health Process for the Refugee Claimant** by

*Joan Schwartzberger*



On October 24, 2003, the VCST facilitated another successful workshop: Part III of a series of three. Part I focused on social services, Part II focused on the legal process.

Howard Dieno, President of VCST, chaired the workshop and presented an overview of the refugee claimant process as well as an orientation to VCST. The guest panelists were: *Adrienne Carter* from

**The VCST Board Members:**

**Howard Dieno: President and Website Manager**

**Marco Andino: Past President**

**Sherri Hohert: Vice President**

**Ken Agar-Newman: Treasurer**

**Joan Schwartzberger: Chief Secretary**

**Peter Golden: Assistant Secretary**

**Tomoko Okada**

**Marianne van der Meij**

**Cristina Shore: Meeting Chair**

**Andrea Monteiro**

**Okot Alfred Ochen**

**Penny Whillans: Newsletter Editor, Photographer**

**Jan White**

The **VCST** was established in 1991. It is a non-profit organization that is deeply concerned with the health and welfare of people who have experienced torture.

Our mandate:

- 1 to help survivors of political violence overcome the legacy of violent oppression and return to living normal functional lives.
- 2 to provide specialized knowledge to professionals and to increase public awareness regarding survivors of torture.
- 3 to cooperate with the health community, social service agencies, immigrant settlement workers and the broader community to ensure that the needs of survivors of torture are recognized and met at all levels. ♦



Child and Youth Mental Health and from Doctors Without Borders (Medicins sans Frontier); *Okot Alfred Ochen*, a Refugee claimant from Northern Uganda (near Sudan); *Tomoko Okada*, Coordinator of Immigrant/Refugee Settlement Services for the Victoria Intercultural Association (ICA); *Bob McKechnie*, Coordinator of Urgent Short Term Assessment and Treatment (USTAT), ... continued on page 3

***Refugee Resiliency Part III -***

The Panel: *Howard Dieno, Alfred Ochen Tomoko Okada, Adrienne Carter, and Bob McKenchie*

**Torture:** is “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official or person for such purposes as obtaining... information or confession, or punishing ... or intimidating him, her, or other persons.” (UN Declaration, 1975) ♦

## Reflections on the Chilean Referendum. Santiago Chile, October 1-7, 1988 by

Chris Balmer. Chris traveled to Santiago, Chile for the 1988 referendum that led to the end of the relentless Pinochet dictatorship. He drew these condensed reflections from his personal journal.



I took a taxi to the bus station in Arica, Chile out of curiosity. I was only over from Peru for the day, and had been warned not to visit during the referendum. I went to the modern bus station only out of curiosity. Chris Benning, a recent political science graduate from Amherst College was headed for Santiago to cover the referendum; he needed a photographic assistant, and he had an extra bus ticket if I had \$25.00. "Danger - of course there would be - but you know how it is always exaggerated in the newspapers. It'll be fine," he said. With a sense of trepidation and more curiosity, I boarded the bus.

*"Danger - of course there would be - but you know how it is always exaggerated in the newspapers."*

Our first overnight stop was Antifogasta. As we rounded a corner on an after-dinner walk, we encountered the first "No" demonstrators. These were the social democrats, the previously outlawed supporters of the populist movement led by President Salvador Allende, slain by a CIA backed coup a decade earlier. They had a week in which to hold organized sanctioned rallies on alternate days to the Pinochet "Yes" faction, as a "run up" up to the

referendum. No sooner had Chris finished his explanation than the tear gas hit us. The police were volleying canisters from across the intersection. People scattered and donned water soaked handkerchiefs dipped in the nearby fountain. I was startled and confused. This rally was legal, but this was a typical intimidation tactic of the police and army. Anything goes in the name of "order" I later learned.

*"Instantly, we are running full tilt down the street in a crowd, being pummeled..."*

A day later we arrived in Santiago. It was a designated "No" rally day. The rallies were now building in size and passion. A short column of pick up trucks laden with "No" supporters sped onto O'Higgins Avenue, the city's broad main thoroughfare with banners and flags waving and horns blowing, disappearing five blocks later into the safer suburbs. "No" rallies were apparently confined to the suburbs and the police were taken by surprise...this time.

*Two Days before "El Plebisito:"*

The next day was designated for the "Si" supporters. As we walked down O'Higgins, a carefully orchestrated parade of supporters filed past, and right on cue thousands of purple and white confetti streamers descended from the rooftops and windows of buildings for eight blocks. The main street was soon covered with "Si" cars and trucks filled with flag waving supporters.

At the other end of the street, two chartered busses are trying to leave, with "No" observers onboard. A

group of "Si" demonstrators converge on the bus, begin to hit the bus with their flagpoles and spit on the bus as it pulls away. The passengers defiantly give the "thumbs down" signal, as fruit peels are hurled out though an open window.

Later that night the "No" supporters begin to gather calmly along O'Higgins Avenue as if drawn by a sense of uncertain destiny. An invisible threshold is reached. Suddenly and out of nowhere, a water cannon truck comes barreling down the street with high-pressure water spewing directly at us. Instantly, we are running full tilt down the street in a crowd, being pummeled by a second water cannon burst. I didn't even catch a glimpse of the fire hydrant as it pummeled my knee square on, and I limped off into the alley out of harms way.

*One more day:*

My knee was still puffed up even though I had taken 2 anti-inflammatory pills last night. Thank-

*"...one man's lips began to mouth the words to the song, outlawed for over 10 years-but not forgotten."*

fully demonstrations and the wearing of any buttons were outlawed today. We took it easy and try to take in some of the sights. Things are unusually calm and we were curious... but grateful.

*October 5th -Voting day:*

Hundreds of businessmen silently file down Alameda- the main pedestrian street. It's business as usual, leather brief cases in tow, stopping at the male dominated

*... continued on page 4*

... *Refugee Resiliency, Part III continued from page 1*

Mental Health, Vancouver Island Health Authority(VIHA).

Adrienne Carter presented us with information from her experiences and with some provocative reminders. She reminded us that both medical and mental health issues are often presented as physical problems and that refugees tend to mention only physical problems. That is, refugees may present with physical symptoms that signify a psychological trauma. A stomach ache for example, may represent a response to horrific trauma from beatings, multiple rapes or children watching their mothers being raped.

*“... A stomach ache ... may represent a response to horrific trauma from beatings ...”*

She reminded us that while refugees are very strong and resilient, they may be experiencing “an amazing amount of pain” and that the idea of ‘counseling’ is often unknown and foreign in their cultures. It may also be considered ‘weak’ to talk, especially with strangers, about past traumas. She stressed, therefore, that those who work with refugees need patience to support people with torture in their history. She talked of the grief, trauma and difficulties of leaving homes and friends, often in traumatic circumstances, and often after having experienced torture. She talked of the experience of loneliness and depression. With refugees, depression is almost a given while the adjustment to a new culture and

to the many losses, is occurring. She emphasized that most refugees need, and are helped when they can experience, a strong sense of

*“... depression is almost a given ... [with] adjustment to a new culture ...”*



Adrienne Carter

community and friendships. Again, she emphasized the need for patience on the part of the non-refugee.

*“... 97.5% were suffering from Post Traumatic Stress Disorder (PTSD)...”*

Adrienne also shared some of her experience and knowledge about refugee conditions. She told us that in some countries the malnutrition is so severe and widespread that brain development is altered or slowed in children and this means that these children will face a variety of problems throughout their entire lives.

Malaria is a killer of little children and many children die daily of malaria and anemia. TB is also still widespread and stress-related gastrointestinal problems are numerous.

Adrienne spoke of some of the research that has been done in Liberia and Kosovo where she has worked. Of a random sample of 200 refugees, 97.5% were suffering from Post Traumatic Stress Disorder (PTSD) and 65% of this group had severe PTSD. She reminded us that long-term wars and killings are not unique to Liberia or Kosovo.

For people to recover and heal from this kind of severe and complex trauma people need time to connect deeply with others. She reminded us

*“... refugees need a certain kind of ‘connection.’ ... people to learn about their culture, respect their religion and to listen non-judgmentally.”*

that refugees need a certain kind of ‘connection.’ They need people to learn about their culture, respect their religion and to listen non-judgmentally. She strongly reiterated that “people are people... if you connect and are willing to hear the story, they have a story to tell... . It is important they tell and process their story and they need to be witnessed... . The healing occurs through the connections with others in this process.” She advised the listener to just listen, healing will occur with this connection.

Okot Alfred Ochen talked about life as a survivor of torture.

... continued on page 5

... Reflections...Referendum

*continued from page 2*

coffee bars. We spent the day observing. That evening side walk musicians gather to cautiously play outlawed songs of "hope and freedom" with scouts keeping a watchful eye open for the police. Chris has been glued to the TV all evening as the referendum results were tallied, and when the recounts concluded at 4 am he woke me to say that the "No" side has garnered 54%, had won the referendum, and the government has accepted the outcome. Democratic elections would return to Chile!

*"... joy began to appear on stoic faces transfixed in passive wonderment."*

*The aftermath: "Phoenix rising:"*

We made our way toward downtown early, still groggy with anticipation of what would evolve today but with a growing sense of humility in sharing this moment in Chilean history. As we make our way down Alameda, the businessmen are filing to work as usual. There is a palpable pensiveness in the air. I imagined that many businesses did well under Pinochet rule. A small group of university students wound their way toward us, singing a song symbolic of the hope and democracy popular in Allende's time. The businessmen next to me stopped, looked up and one man's lips began to mouth the words to the song, outlawed for over 10 years-but not forgotten. Others stopped and began to join in song, as the memories returned and the first tears of joy began to appear on stoic faces transfixed in passive wonderment. We follow the gathering crowd

headed for O'Higgins, and when we arrive, the street is already packed. The mood is jubilant. People are singing, dancing and spontaneously hugging each other. The celebrating continues into the afternoon.

Then, suddenly, at 2pm the police jeeps come speeding down O'Higgins firing out tear gas canisters into the crowd, followed by the water cannon truck or "rochie bus" as it's called.

*"...people spontaneously begin to hug two policemen who breakdown in tears..."*

People scatter into doorways, some picking up the gas canisters and throwing them back toward the trucks. Curiously, the well-armed police stationed at various points, looked stunned and immobilized, as people plead with them to call off the trucks. A man is knocked down, and I dash behind a news kiosk as the "rochie bus" levels its powerful spray our way, soaking the newsstand. Someone throws lumber at the police jeep as it careens by and a windshield cracks.

Then, just as suddenly as it began, the jeeps and bus speed away and the police sling their rifles downward. Right next to me people spontaneously begin to hug two policemen who breakdown in tears. People all

*"Through the disappearance of thousands, the torture and the killings, somehow these people were able to hang on and believe."*

around began to hug the police and began to move toward the square of

the eternal flame, forming a huge circle around a stalled "rochie bus" and someone places a daisy in the cannon barrel. This is incredibly moving. I have suddenly become emotionally exhausted.

As I pull out of the bus station at 6 pm on the deluxe tourist bus headed south toward Puerto Varas for a planned rendezvous with friends, I am incredibly heartened by this day's events. Even though the tear gas and water cannon would return over the next hours and days, I sensed that an impassioned journey back toward democracy had begun in earnest. It was, after all, a journey set in motion years ago by unjust and powerful events that, try as they might, could not extinguish the human spirit or passionate determination of hundreds of thousands of Chilean people whose beliefs and hope somehow sustained them. Through the disappearance of thousands, the torture and the killings, somehow these people were able to hang on and believe. Believing that freedom and justice would one day return to their beloved Chile, and believing in the prophetic words of Sting who would sing in the Amnesty International concert just across the Argentine border the next week: "One day we'll sing our freedom...and we'll dance." ♦

Chris Balmer works at Camosun College as a counsellor and chair of the employee wellness committee. He also speaks on the value of laughter in the workplace. He can be reached at [cbalmer@shaw.ca](mailto:cbalmer@shaw.ca).

For further information on the U.S.A. led overthrow of Chile's democratically elected leader, Salvador Allende (1973) go to the following web sites.  
[http://www.thirdworldtraveler.com/Chomsky/SecretsLies\\_Chile\\_Chom.html](http://www.thirdworldtraveler.com/Chomsky/SecretsLies_Chile_Chom.html)  
<http://www.neravt.com/left/allende.htm>  
<http://www.frif.com/new98/boc.html>

Penny Whillans also highly recommends viewing the video: [Chile, Obsolete Memory](#), by Patricio Guzman. ♦

... Refugee Resiliency Part III: continued from page 3

He commented on the difference in behaviours within different cultural communities. In his home community he described people as “very tight; ...you would just go visit and not be alone;” whereas in Canada, people live more separately.



Okot Alfred Ochen

He mentioned there are two kinds of refugees, those who got out, and those who are internally displaced.

*“... mental torture is terrible, not just the obvious ... physical torture and starvation.”*

The internally displaced refugees include “kids who live in camps, have no homes, no education, no clean water,... . Who are very vulnerable to rebels and government troops.” He told us that they are raped at random, and school girls are abducted and the “nice” girls are given to the officers. There is a high rate of HIV.

Many who are refugees have

undergone arrests and detention, torture in jail and food deprivation by being given poor and minimal food once every three days. He talked of people being castrated, witnessing torture and being kept in the dark. He talked of the overwhelming problems that result from this. He also mentioned that the mental torture is terrible, not just the obvious physical torture and starvation.

Alfred spoke about how it can even be worse when a refugee goes to another country, “you don’t know anyone, or the language, you have no food or shelter or money, or anyone to assist you when you look for asylum.” Eventually he sought help

*“...the health care system ‘was not so helpful’ in terms of looking for or addressing symptoms of torture and PTSD. ”*

from the Victoria ICA and there he received help in applying for welfare. He talked about the very complicated and long bureaucratic process.

He told us that refugee claimants are “given a [physical] exam without any information or consent needed.” The whole process of being considered for refugee status (as a claimant) can take a minimum of 3 months and is often longer. During this time the individual “cannot work, so [s/he] has no money.” He told us that “welfare accuses [people in his situation] of not trying to work when they can’t.”

It is clear to him that not all doctors understand the immigration forms. He also mentioned that the health care system “was not so helpful” in terms of looking for or addressing symptoms of torture and

PTSD. He said that torture victims need free access to services; and that he believes there is a need to revise the health system here because there is no access to the system for treatment until he receives the “health care card/passport.”

*“... mentors for refugee’s should be available.”*

Alfred also spoke to the need for refugees to know where to go for immediate access.

He talked of many other stressors that he experiences in adjusting to this culture: weather; food; delays; “getting the feeling that you’re not wanted;” restrictions on work, study and healthcare; racism; “unfriendly people” and the unfriendly behaviour of many people.

Alfred reported that racism and contempt are experienced because of colour, and that “people are afraid of people of colour, a minority.” He told us that in Uganda, they do not go to strangers for counselling; they go to a friend or a family member.

He suggests that mentors for refugees should be available from a refugee’s own country.

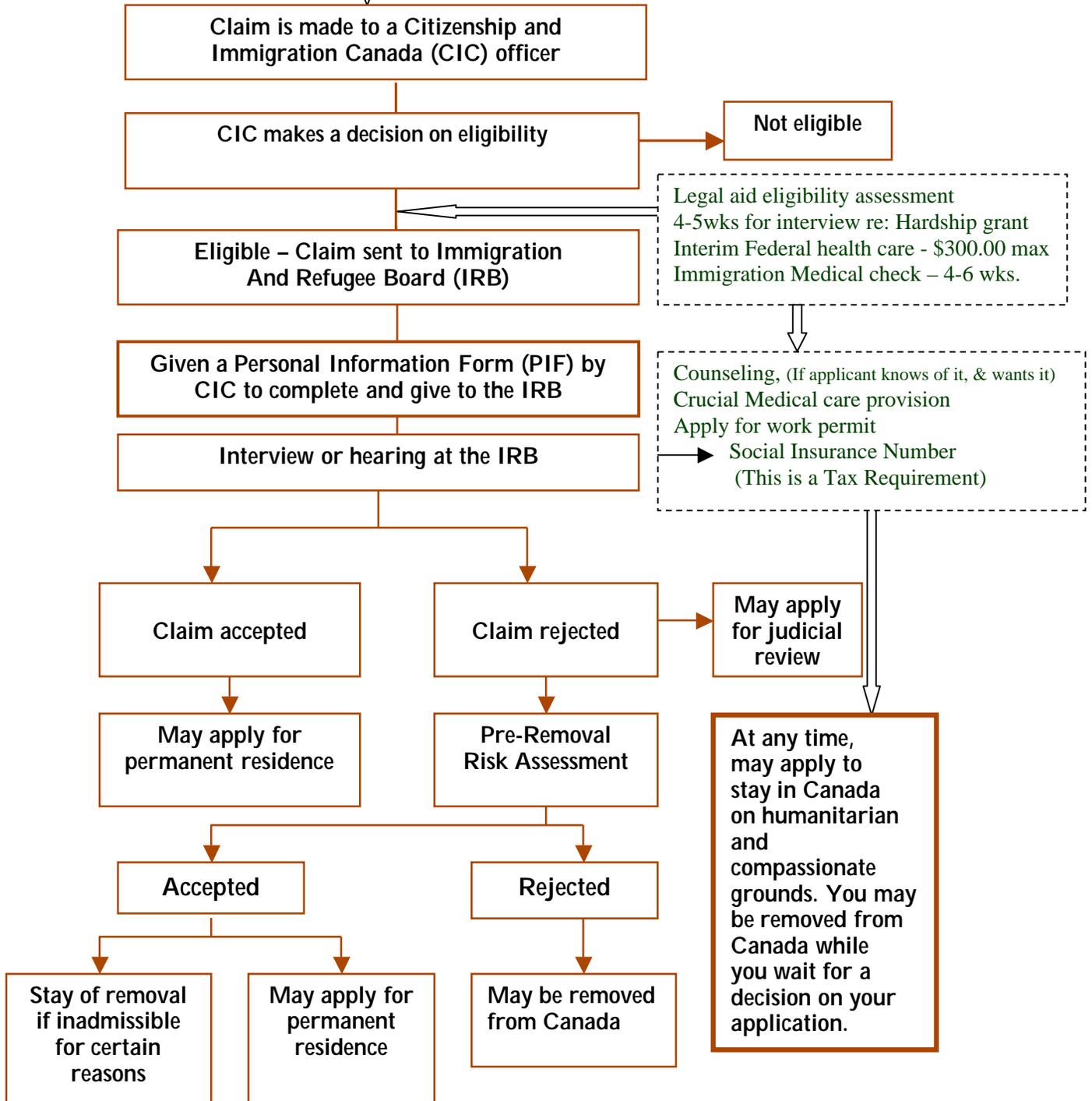


Refugee Resiliency Part III Workshop  
Two Participants

... Continued on page 8

*Torture Survivor – Refugee Claimant arrives in Canada*

**FLOW CHART: OVERVIEW OF THE PROCESS**



Flowchart (in **Bold**) from: [http://www.cisr.gc.ca/en/about/divisions/rpd/claimant/chart\\_e.htm](http://www.cisr.gc.ca/en/about/divisions/rpd/claimant/chart_e.htm)

Flowchart additions (dotted-line boxes) by Howard Dieno – VCST President

**The Flowchart** *by**Howard Dieno*

*The flowchart, on page six to the left, is from the Canadian Immigration and Refugee Board's website (the URL is at the bottom of the flowchart). The regular (non-bold) text, in dotted-line boxes, is what I have added, in an attempt to graphically display some of what I learned, in the recent workshop we hosted: Refugee Resiliency – Part III: The Health Process for the Refugee Claimant. That is, I learned about the concurrent social and health care issues that arise while a survivor of torture is making a claim for refugee status.*

*Thanks to Tomoko Okada in particular, and to Alfred Okot Ochen, Peter Golden and Sherri Hohert also, for their joint input to the early discussions. Their contributions helped me to correct and refine the information added. The information from the workshop's panel presentations and discussions added further clarity.*

*This chart and information is, of course, just one preliminary step in helping people who are involved in a portion of this process (as claimants, social service or medical staff, or other advocates) become more aware of the whole process. Much is left to be done.*

*When I became a board member of the VCST a couple of years ago, I had very little understanding of how survivors of torture might be further assisted, and little clarity on how I might play a role in this important work. As a health care practitioner, I learned a lot from the Refugee Resiliency workshops we have hosted*

*– particularly the recent Part III. (See my article “What I Learned” below.)*

### **What I learned from the Refugee Resiliency Part III Workshop** *by*

*Howard Dieno*

**T**he presentations by each panel member showed a different facet of the health care process for the refugee claimant.

From Adrienne Carter's reported experiences, I learned that many of these clients will arrive with pre-existing medical and/or malnutrition conditions. If that is the case, the physical context will certainly have an important role to play in how well these people cope with the extremely stressful process of applying for refugee status. I realized that the stress involved would be extreme even for myself, if I were arriving in another country *without* any history of malnutrition, or of torture and persecution.

When Bob McKechnie spoke, I saw that many claimants would either not know of some of the health care services available; or, might not know how best to access the limited resources. In addition, it became clearer to me that many people arriving from other cultures, would be unfamiliar, and perhaps uncomfortable, with the idea or practice of counseling.

Alfred Okot Ochen conferred on this point, stating that people from his culture (in Uganda) would be much more likely to go to a friend, or other community members, to discuss problems and frustrations, than to consult a health professional

(a stranger). Alfred's reported experiences also showed me two other things:

- 1 That even when refugee claimants have excellent skills with the language, and with advocating for their own needs; and when they receive good, clear support from social service staff (all of which appears to be the case with Alfred), it is still possible that necessary information regarding access to available resources may not have been communicated.
- 2 The provisions presently available to refugee claimants for interim health care expenses are meagre, at best, and will likely often be woefully inadequate.

*Unfortunately, pending cuts to funding by the present BC government will remove some of the basic support measures that currently exist for refugee claimants.*

Finally, Tomoko Okada made it clear to me that both the Intercultural Association (ICA) and the VCST are really only able to function as they do because of the depth and breadth of her skills, compassion and hard work.

Here is just a short distillation of a few of the things I learned listening to her:

1. When the present provision for health care needs of a refugee claimant is insufficient, or not so far along in the process as to be available yet, the “Streetlink” clinic doctors can, and have, treated people.

*... continued on page 11*

... *Refugee Resiliency Part III: continued from page 5.*

Tomoko Okada shared her vast knowledge and experience with us. She informed us that there are over 30,000,000 accounted for refugees or displaced people in the world and that this number can likely be doubled when we consider those that are not accounted for. She reminded

*“... the media has ... reported that asylum seekers are illegal: this is not true.”*

us that since 1951, Canada has had a commitment to protect refugees (1951 UN Convention for the Status of Refugees). However, refugee claimants have been affected by government cutbacks and staff reductions, and the current focus of the government now appears instead to encourage the claimants and refugees to establish life here and become more independent as quickly as possible. This is not often possible.

Tomoko told us that there are two streams available to claiming refugee status: 1) seeking asylum; 2) refugee claimants.

*“ ... Claimants are not covered by provincial medical plans ... ‘*

Asylum seekers first arrive in a country and then ask for asylum. She told us that the media has frequently and incorrectly reported that asylum seekers are illegal. This is not true. Those seeking asylum are entitled to a hearing by the refugee board which then decides if the asylum seeker

meets Canada’s criteria for claiming refugee status within this context.

Conventional refugee claimants receive and complete their refugee papers before arriving in their country of destination. They are accepted as refugees prior to their arrival.

In 2002, Canada received a total of 229,000 immigrants of whom approximately 10% (or 24,951) were refugees. 10,544 of these were asylum seekers. There are currently 24 asylum seekers in Victoria.

Tomoko told us that following September 11/01, it has been very hard for refugees; their numbers of entry have decreased, and in June 2003, the refugee protection law changed. The process for refugees is complicated and difficult. Claimants are not covered by provincial medical plans and although the federal government funds some medical expenses, this is very minimal and many medical practitioners are not aware of this.



Tomoko Okada

Tomoko suggests it is important for doctors and pharmacists to be informed of the Federal Interim Medical Health Plan.

*“... employment education has no meaning to those refugee claimants who are elders and women from a different cultural way of life ... “*

The Cool Aid Medical Clinic on Swift Street is a good resource with knowledgeable professionals who can give aid without pay for people who do not have coverage for a physician. She stresses that there needs to be a balance between front line services and systems and support for this work.

*“People keep the hurt in, but it will come out some way, ...”*

We were told that income assistants (now termed ‘employment counsellors’) are told to focus on pushing people to work, but it takes much time to get appointments, and going to an employment counsellor for employment education has no meaning to those refugee claimants who are elders and women from a different cultural way of life and who have no educational background. Yet these people must do this in order to receive the assistance that is available and to apply for social insurance numbers.

Refugees undergo a tremendous amount of change and adaptation. Tomoko reminds us that change happens in the heart especially, as

well as the mind. “People keep the hurt in, but it will come out some way,” she said. It comes out for example, through dreams and flashback memories. She reminded

*“ ... it is not a mental illness, it is normal people’s reactions to abnormal situations.”*

us that when this occurs, it is not a mental illness, it is normal people’s reactions to abnormal situations. It is common that when (for example) a small accident occurs, it may trigger a 3 year depression, or a body response, or memory flashbacks, or nightmares, ... .

Again, Tomoko, like Adrienne, emphasizes the importance of talking, and the need for the refugee to share her/his story to a willing listener. This helps alter the current experiences and the body physiology. The faster people get help, the faster they get better. ... Talking it through helps. “

*“... Talking it through helps.”*

Bob McKechnie gave an overview of resources within the mental health services and he talked of the referral process.

For a referral to occur the first step is to inform the general medical practitioner of physical problems and of factors that might effect mood. The physician can then undertake the second step by faxing a one-page referral to Mental Health Intake (telephone: 370-8907). Translation can be arranged through ICA for attendance at Mental Health

Outpatient services. Bob offered his phone number 213-4405 to call if you have problems accessing these services.



Bob McKechnie

*“... first step is to inform the general medical practitioner of physical problems and of factors that might effect mood.”*

If the presenting symptoms are seen to be ‘emergency’ in nature, “meaning that it can’t wait until tomorrow,” the individual should be taken directly to the Royal Jubilee Hospital Emergency Room where there is 24 hour psychiatric nursing care available and a psychiatrist on call.

If the circumstances are seen as less urgent or less serious but supportive counselling is still needed, then referral to lay counselling service agencies is appropriate: Citizen’s Counselling, Peninsula Community Services, Esquimalt Neighbourhood House, Pacific Centre, and Sooke Neighbourhood House are examples.

*“... second step ... faxing a one-page referral to Mental Health Intake...”*

Bob also mentioned directories for information about services such as the Needs Crisis and Information Line (telephone: 386-6323), VIHA Community Resources on the VIHA website.

The VCST extends a ‘thank you’ to all who participated. Thank you for a workshop that was highly informative and helpful. And special



Cristina Shore

thanks to the Women’s Multicultural group for the delicious lunch. Also, special thanks to Cristina Shore for her organization of this successful workshop. ♦ Thanks too to Ken Agar-Newman and Penny Whillans for their editing and additional contributions. ♦

-----  
**Important Telephone Numbers:**  
 Area code 250  
 Mental Health Intake: 370 –8907  
 Bob McKechnie: 213 – 4405  
 Needs Crisis Line: 386 – 6323  
 -----



**Refugee Resiliency Part III Workshop**  
Participants



**Refugee Resiliency Part III Workshop**  
Sherri Hohert and Joan Schwartzenberger at the registration desk



**Refugee Resiliency Part III Workshop**  
Participants in animated conversation

-----

**A Personal Connection** by

*Sherri Hohert* -  
Vice President of VCST.



I am a Mom, a family counsellor in private practice, and I work as a trainer at Citizens Counselling Centre.

I became interested in refugees in a more aware way when I was volunteering for 'Project Accompaniment' in Guatemala. Over the years about 15 volunteers went to Guatemala from Victoria. I was one of these volunteers, as was Liz Stannard, who many of you might know. Our job was to live with the Guatemalan refugees either in the camps in Mexico, or in their return communities in Guatemala. Because these refugees had experienced massacres they wanted an international presence. We were this presence.

We lived with the refugees in their daily life, in remote and basic conditions. It was here that I became

aware of how difficult it is to have your life as you know it torn away from you.

Despite the atrocities they had experienced and the upheaval in their lives, these people were determined to begin again. The resiliency and bravery of these refugees has contributed to my involvement with the community of the VCST. ♦

-----

**Your Feedback and Contributions are IMPORTANT.**

We invite you to include your thoughts in this newsletter. We are interested in printing your words in the form of poetry, articles, journals, your experiences, your reactions. Please send them to us at VCST Newsletter, 930 Balmoral Street, Victoria, B.C. V8T 1A8. E-mail us at [vcst@info.ca](mailto:vcst@info.ca) Visit our webpage [www.vcst.ca](http://www.vcst.ca) ♦

-----

**A Special Thanks to Christine Lintott at Merrick Architecture**

Thank you to Merrick Architecture partner, Christine Lintott, for the donation of an iMac on which this newsletter was arranged. It is thanks to Christine that the VCST has moved into this generation with an easy to use computer editing system. In upcoming newsletters we may expect 'great wonders' as our editor, Penny, becomes more familiar with all the miracles that this 'new' computer can perform. ♦

-----

... What I Learned continued from page 7

2 In emergency cases, Tomoko has called an ambulance for claimants who have no medical coverage. In one particularly dire case, the person received the ambulance transport and appropriate medical treatment even though the service staff might not have been paid. But in at least one other case Tomoko cited, a claimant was refused transport to hospital as soon as it was discovered that there was no funding for the service.

3 Making sure that her clients get all the support that they are entitled to, and much that they absolutely need, whether “entitled” or not, is a Herculean task – one that no single person, should feel responsible to carry out.

So finally, and most of all, I learned that we, at the VCST, need your help.

If you can spare some time to contribute to supporting survivors of torture, please get in touch with us at: [info@vcst.ca](mailto:info@vcst.ca) ♦

-----

**Thank You** to all those who have donated their time and money to the VCST: special thanks to Mrs. E. Penny, in Owen Sound, Ontario. ♦

-----

### **Current Affairs: International Rehabilitation Council for Torture Victims (IRCT) Counsel**

**Meeting, September 2003**

*by Donald Payne IRCT Council member.  
(reprinted in pat, with permission)*

The International Rehabilitation Council for Torture Victims is an independent international health professional organization that promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide. It provides financial assistance to about 100 treatment centres in many countries where torture is still occurring.

In June 2003, the first election for 30 regional representatives to the IRCT council was held. The elected North American representatives are Jose Quiroga from the USA and Donald Payne [Victoria] from Canada. The first meeting of elected council members was held in Copenhagen on September 8, 2003.

The main issue facing the IRCT at the meeting was its difficult financial situation, with one of its major donors withdrawing support because IRCT could not accept the conditions which it wanted to impose. This will result in a down-sizing of the organization. The Danish government, also a major supporter of IRCT, has encouraged it to become more of an international, rather than Danish based, organization. The Statutes and By-laws need to be revised to reflect the current organizational structure.

The members elected to the council executive reflect the changing nature of the council, moving from a first world organiz-

ation to one representing centres who have to deal with torture occurring in their countries. The new executive is composed of members from Nepal, Romania, Palestine and South America, with independent experts from England and USA, and a local representative from Denmark. ♦

-----

### **Welcome to All New Members!**

**All are welcome** to attend our meetings. The next VCST Board meeting is scheduled for Monday, February 2, at 3:15 pm, at the ICA offices. Please call Cristina Shore at 388-4728 ext. 108, for details and for date and location confirmation. We invite you to become a part of our board and our activities.

We are a lively ‘crew’ and we welcome new people and new ideas and approaches. ♦

-----



**Together Against Torture**

**A Message from the Editor** by

*Penny Whillans*



It is a privilege to sit on the VCST board beside its dedicated executive and members. I am awed by the collective skill and knowledge base and the collective commitment and active compassion on this board.

Nothing can be said that can accurately portray the cruel horrors of what we as people can intentionally do to create suffering within others. It is unspeakable! And yet it must be spoken of, so that at the least, we do not numb ourselves or delude ourselves into thinking or believing that we are somehow separate from it, or 'not like that,' or 'incapable of such acts.' The moment we believe in this 'separateness,' is the moment when we begin a great cruelty to all humans and all living creatures. The moment that we begin to believe that we are incapable of such horrors, we are a step away from seeing reality as it is, and we will then act from a position of denial and/or defense rather than a stance based on open compassionate and strong 'right action.'

In my work with people who have survived torture I also experience awe: awe in witnessing the depths of 'being' and in seeing the human capacity to survive, even when it seems that the will to survive has died. This too is also our human nature.

We are capable of great cruelty and we are capable of survival, and we are capable of compassionate action. As the panel speakers in our

last Part III workshop emphasized, if we are to help one another, we must be willing to listen non-judgmentally and openly. Can we do this?

During this holiday season while I share with family and community and as I reflect on the year past, I will also be remembering what we are capable of, and meditating on listening. I invite you to join me.

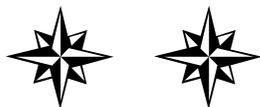
May you have a safe holiday and may we each hold those we love in our hearts (those with us or otherwise) and may we all learn to listen more openly and deeply. ♦



**WISHES FOR A  
WONDERFUL HOLIDAY  
SEASON – For ALL !**

May this be a time of remembering family and friends, including those that we do not know personally. May this be a time of joyous renewal of commitment - to the welfare of all.

May this coming year bring deeper and more profound peace throughout the earth and may we increasingly practice firm peace and gentleness to all. ♦



***Wishing Everyone  
SAFE HOLIDAYS***

**Upcoming Event**

The Puente Theatre Society with the Intercultural Association of Greater Victoria (aided by the Canada Council for the Arts) will be presenting "Long Ago And Far Away," an afternoon of traditional stories from around the world. Stories will be featured from Chile, Congo, British Isles, India, Nigeria, the Philippines, and other countries. As with all Puente Theatre productions, this promises to be a delightful and insightful afternoon.



The fee is by donation. All ages are welcome.

Date: Sunday, December 21, 2003.

Time: 11:00am to 3:00 pm.

Location: 3277 Douglas Street: The Ukrainian Cultural Centre.

For Information: please call (250) 592 – 4367. ♦