

Connections

An information service of Immigration & Refugee Services of America's *National Alliance for Multicultural Mental Health*

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This second edition of *Connections*, an information service of IRSA's *National Alliance for Multicultural Mental Health*, is devoted to asylum seekers and to those who work with them. This issue follows closely on the heels of a change in policy by the Office of Refugee Resettlement (ORR) that improves benefits for asylees.¹ Although the United States awards refugee and asylum status based upon a well-founded fear of persecution in the country of origin,² those of us serving refugees and asylees have long been aware of the inequities in their access to government benefits.

On June 15, ORR Director Lavinia Limón announced that, effective immediately, asylees will be eligible for assistance and services³ from the day asylum is granted rather than from the date of entry into the U.S. This change is significant because the period of time between entry and award of asylum often stretches longer than the eight months of eligibility for cash and medical assistance, excluding many asylees from these benefits and reducing the time they may access social services. As service providers well know, this assistance can be crucially important in helping to ease the transition, reduce stress, and facilitate building a new life in this country. As Limón emphasizes, "These early months after the grant of asylum are critical, as asylees attempt to find work, adapt to their new culture and, in many cases, bring their families from countries at war and from other unsafe situations."⁴ This new policy ensures that eligible asylees now have access to cash and medical benefits for the full eight months and social services for five years.

ORR's change in policy was motivated in part by a special concern for asylum seekers who are awarded asylum while in detention. U.S. law currently requires that the INS detain all asylum seekers apprehended upon entering the U.S. until they can establish a "credible fear" of persecution. Although detainees may be released by the INS under certain conditions, others remain in the detention system for months or even years while their cases are pending. It is estimated that out of the

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approximately 20,000 applicants awarded asylum in the U.S. this year, at least 1,000 will receive asylum while in detention. Many are detained in facilities located in remote areas and consequently may be released many miles from their original destination, often speaking little English, and with few resources with which to begin their new life. These newly released asylees should benefit substantially from increased access to assistance and services. However, many asylum seekers will continue to face the grim reality of detention, as our authors discuss in this issue of *Connections*.

In the first article, Melanie Nezer relates the harsh and abusive conditions that asylum seekers endure during detention, noting that they are often housed together with criminals. During this time, they are usually isolated from family members and other support systems, while living with the uncertainty of the outcome of their application. Through her powerful description of the impact of current INS policy on asylum seekers, Nezer makes a strong case for “decriminalizing” the act of seeking protection under U.S. refugee law.

The remaining three articles describe mental health practice issues. Sarah Alexander interviews Gay Harter, a social worker who has served detained asylum seekers for more than eleven years. Ms. Harter makes clear her passion for her work and shares with us the strategies that help sustain both the detainees and those who work with them. She also discusses the new challenges that asylees face once released, such as the need for “a place with a certain peace and safety” and for re-establishing sometimes long-lost family relationships.

Next, Judy Okawa relates vivid stories from the lives of asylees she has worked with as a therapist for a program serving survivors of torture. Through these vignettes, the experiences that these survivors have endured—and still endure in this country—come to life for us, and their tremendous strength becomes evident. She makes clear the impact of an individual’s suffering on the family as a whole, and urges us to focus on the entire family when working with survivors. Finally, Sara Kahn provides us with insights on detention “through the eyes of a volunteer” as she describes Bill Westerman’s regular visits to detainees. Portraying the emotional intensity and challenges of this work brings to light the reasons it can be so engaging and deeply fulfilling.

Through this edition of *Connections*, we hope to clarify and increase awareness concerning policies that affect the emotional well-being of those seeking asylum in this country, and practices that may help to ameliorate their suffering

both during and after detention. The description of these issues and practices brings home the importance of the recent change in ORR policy that increases access to support services for those just granted asylum. It also makes evident how far we still have to go towards creating policies that reduce—rather than exacerbate—the suffering experienced by refugees and asylees while seeking protection from persecution. ■

¹ For a detailed discussion of this policy change, see *Refugee Reports*, Volume 21, Number 4, p.1-5. (www.refugees.org/world/articles/orr_rr00_4.htm).

² Refugee and asylum status are granted by the U.S. based upon a well-founded fear of persecution due to race, religion, nationality, social group, or political opinion. However, there are important differences in the process through which they are granted. Refugees must apply and be approved for refugee status and entry to the U.S. while in a country of asylum (outside of the U.S.), while asylum seekers enter the U.S. first and apply for asylum

status here. See USCR's website for more detailed definitions of these terms (www.refugees.org/world/glossary.htm).

³ Assistance and services include eight months of Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) and access to food stamps, housing assistance, furnishings, food, and clothing, assistance applying for social security cards, school registration for children, referrals for medical appointments and other support services, employment services, case management through local agencies, and adjustment of status to lawful permanent resident.

⁴ Lavinia Limon, Director of Office of Refugee Resettlement, ORR State Letter #00-12, June 15, 2000 (www.acf.dhhs.gov/programs/orr/sl00-12.htm).

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Detention of Asylum Seekers: U.S. Law and Policy

By Melanie Nezer, Esq., Immigration and Refugee Services of America

Most Americans would not be surprised to find out that refugees are routinely jailed and treated like criminals in their home countries. What might surprise them is that refugees often receive the same treatment—sometimes for months or even years—when they arrive at our borders seeking protection from their persecutors at home.

Immigration detention is the fastest growing prison program in the United States. On any given day, 20,000 individuals are in Immigration and Naturalization Service (INS) detention. In 1997, the daily detainee average was 13,500; in 1993, it was just over 5,500. The agency estimates that 5 percent of detainees are asylum seekers. Legal service providers believe the number is actually much higher.

The number of detainees has dramatically increased, mostly because of the passage of the

Illegal Immigration and Immigrant Responsibility Act of 1996 (IIRIRA). IIRIRA mandates the detention of asylum seekers until they can demonstrate a “credible fear” of persecution. The INS may release (“parole”) an asylum seeker who has proven a “credible fear” if several requirements are met. The asylum seekers must prove his or her true identity, that he or she has a sponsor (a person with legal status willing to provide food and shelter), and that he or she will report for all immigration appointments and hearings. A released asylum seeker does not have permission to work until his or her case has been pending for 6 months.

Most asylum seekers have no right to request a bond from an immigration judge. Only the INS has the power to release an asylum seeker who applies for asylum at an airport or at the border. Asylum seekers who are not released can be held in detention until a final decision on their case has been made. Adelaide Abankwah, who

fled Ghana to avoid forced genital mutilation, was detained for nearly 2 1/2 years until she was finally granted asylum.

The INS owns and runs nine of its own detention facilities, contracts with private corrections agencies to hold INS detainees in six facilities, and pays for bed space in two detention centers run by the federal Bureau of Prisons. The INS does not have the space in its own facilities for all of its detainees. Local jails hold more than 50 percent of INS detainees, including some asylum seekers. These facilities are often in remote locations, far from family, friends, and counsel. Within their walls, immigration detainees are often mixed with and receive the same punitive treatment as criminal inmates.

Even in INS's own facilities, parole decisions are inconsistent and conditions are bleak. Advocates have been working with the INS to improve its parole policies and detention conditions for asylum seekers. For asylum seekers, who may arrive in the United States both physically and mentally traumatized, medical and psychological care in detention facilities are often inadequate or inappropriate. Outdoor exercise and recreational activities are minimal. No translation services are available, further adding to the detainees' isolation and

fear. Arbitrary disciplinary measures are used, including solitary confinement. Reports of verbal and physical abuse are common.

For years, advocates have been pressuring Congress to reform INS detention laws and policies. Though Senators Robb (D-VA), Leahy (D-VT) and Kennedy (D-MA) have drafted comprehensive legislation to reform U.S. policy towards detention of asylum seekers, it has not been introduced. Recently, Representative John Conyers (D-MI) introduced a sweeping immigration bill (H.R. 4966) that would eliminate the mandatory detention of asylum seekers.

The right to seek protection from persecution is a fundamental right, not a crime. According to the United Nations High Commissioner for Refugees (UNHCR) Guidelines on Detention of Asylum Seekers, "The use of detention against asylum seekers is, in the view of UNHCR, inherently undesirable. This is even more so in the case of vulnerable groups such as single women, children, unaccompanied minors and those with special medical or psychological needs." Clearly, U.S. law and policy regarding the detention of asylum seekers fall far short of compliance with international principles of refugee protection and basic notions of decency and compassion. ■

An Interview with Gay Harter: Assisting Detained Asylum Seekers

By Sarah Alexander, LICSW, Coordinator of Social Services, International Institute of Boston

Gay Harter is the former director of Refugee Immigration Ministries, an organization in the Boston area that sponsors asylees to gain release detention and helps them through the asylum seeking process. Ms. Harter, a licensed social worker, worked for eleven years at RIM, and organized housing support for many of those who were released. For more information on RIM contact Ruth Berson, Executive Director, at 781-322-1011 or email RIMBoston@mindspring.com.

Describe your work in the detention centers.

The style of work we did was very personal. The director who founded RIM negotiated an agreement with the INS district director that he would release political asylum seekers from detention to the sponsors of our organization once they were able to establish some identity. We sponsored quite a number of persons applying for political asylum and helped them to resettle in the community.

What do you think are the most important mental health concerns of someone in detention?

First, most of the people seem to be completely disillusioned. They had come to a country that they thought was the standard bearer of freedom around the world, then found themselves arrested and locked up. So their first problem was this disillusionment and shock.

In many of the world's cultures, people only go to jail when they've committed a terrible crime. So they felt it was a terrible stigma to be jailed. Often, they found themselves in jail with people who had committed crimes and who brought with them to jail a kind of American street culture that was very foreign to the asylum seekers, and that was also a shock.

If they had been tortured in their own country, they were not likely to know whom to trust. And being here felt like an extension of the torture. Another major concern was "How long will I be in here and what's going to happen to me?" I think one of the other big issues was that in many cases that the anxiety and fear manifested itself in physical symptoms. And the INS was not particularly sympathetic toward those and even thought that some people were malingering because they complained of headaches or stomach aches or what have you.

How do they sustain themselves in detention?

For those who held religious beliefs, whatever they might be, that helped them. Through whatever relationships they could establish sometimes with their fellow detainees, sometimes with those of us who came from the outside to conduct programs or even with some of the guards or persons who were there to maintain the institution.

What do you see as the key mental health issue for someone who is seeking asylum and is released?

My experience was that when someone was released, they first felt a wonderful euphoria, which lasted about a week. Then they faced the reality of dealing with another culture and of supporting oneself.

I think the first thing that people needed was a place with a certain peace and safety and supportive relationships. I've found that a lot depended on whether the person was single and had come here alone or had left behind a family that they worried about. I've seen people who lost contact with that family over time and had great anxiety about that. When they re-established contact with that family, their mental health improved tremendously.

I always asked the young men when they got out of detention, "Does your family know where you are? And do they know that you're safe?" One of the things that we did was to help people to call home to tell their family that they were all right and to re-establish contact with them.

What about their living situation?

We were a small nonprofit organization, and we spent part of our resources finding places for people to live, and supporting them until they could gain asylum. The people who ended up having to go to shelters had a very difficult time, because they did not feel they were in a safe place. They had to deal with all the problems of other people who were homeless, some of whom had mental health problems and others who had substance abuse problems. For these people who had to go to shelter I think being in a shelter prolonged their inability to adjust.

Most of the people whom RIM assisted did not have other family members here. The few who did got along better.

How does someone overcome torture?

I think a lot of TLC, a lot of personal attention, a willingness to take time to sit down and listen to people between the lines, to hear the pain and the depression. Encourage their strengths. Most of the people wanted to keep occupied. The waiting and the lack of things to do while waiting for asylum was debilitating. Most of the people said, "I have too much time to think." That's when the flashbacks would happen and things would come back to them.

The safety and the practical ways of keeping

people occupied, even if they couldn't work, the sense that they were learning the American culture and how to get along or learning the language was helpful. Depending on what was needed, we got them into English classes, GED classes, located documents, health insurance, dealt with any physical problems. Simple things like learning the subway system, learning the library and getting a library card, finding out what resources existed.

Did traditional therapy help?

I worked closely with a French-speaking therapist who responded to emergencies, helped people to get sustained treatment over several years. She made home visits, and she was accessible by telephone. People who had sustained relationships with her did well. She also accepted that people who had reached a certain point, might not be able to go further at that time.

She believed that the process of seeking asylum was not helpful for someone to recover, because they have to tell their story in great detail in front of many strangers, several times over, so it brings up a lot, without any process to deal with it.

I've found that in many other cultures there is a great stigma against seeing yourself as having any mental health problems. They think people will consider them crazy, and they fear they will be locked up—in a situation that would be like asylum.

Offering them therapy and treatment reinforced those fears. And many feared medication, and what that means. They were often reluctant to take medication, and often stopped before it was recommended.

Many individually found their own ways to deal with it. Quite a few of them loved to play soccer, and just physical exercise and exhaustion helped them.

What about alternative treatments for people?

We did not have a program for alternative treatments. I wish there had been more of that avail-

able, especially in the area of spiritual resources and rituals. I did ask people, "If you had this problem at home, what would you do and who would you go to?" Sometimes we could follow up with this.

My style of working with people was a very personal model. Going with people to do all kinds of things that needed to be done, practical things. A lot of listening and a lot of discussing general cultural issues, in some cases giving advice. I found I was accepted as an older woman, as a wise elder, or an older person from an extended family. That was not as intimidating as some of our more medical models, where people have to go and see the doctor in an institution in order to get help.

What about group therapy?

Most were young men and had left their family behind, or came here as single people. One of the things I learned over the years was that I had assumed that people who came from different countries but had been through similar experiences would therefore have a bond with each other. That didn't prove true. Because of the horrendous experiences that they had been through, they found it hard to trust anybody and they didn't really trust each other.

What was gratifying to you in the work?

Sustained relationships with many people over the years, seeing them achieving their goals, and achieving in some cases the American dream. I just came this morning from a naturalization ceremony for a man whom I've known for 14 years. He came from Iran. His dream was to become a long-distance truck driver. He never was able to read English, but with considerable work, he was able to pass the citizenship exam. And he is a truck driver—California and back—in an industry that is becoming increasingly complicated. ■

The Impact of Trauma across Generations

By Judy Okawa, PhD, Program for Survivors of Torture and Severe Trauma, Center for Multicultural Human Services

Mr. D. fled to the United States from his home country in Africa to seek political asylum after he had been arrested and tortured for three months for attending a political rally. Barely able to utter the words to describe his experiences, he explained that he had been strung up from a ceiling fan and beaten as his body rotated and that he had been forced to watch others, including a ten-year-old child, be tortured. Now Mr. D. feels forced to re-live this trauma over and over again when he has to tell immigration authorities and his attorney what happened to him. Emotionally, Mr. D. talked of his worries about his family, left behind in his country. He feels completely alone in the United States and suffers from nightmares, flashbacks, and intrusive memories of his torture, constant fear of being victimized, and difficulty sleeping more than two hours a night. He spoke of the "second torture" of resettlement in this country, of having no job, no recognition of his professional skills, no language, no money, no health care, no power, and almost no one to care about him.

Mr. D's story is not uncommon among the political asylees that we see in the Center for Multicultural Human Services' Program for Survivors of Torture and Severe Trauma (PSTT). Asylees and detainees who are fleeing persecution and potential arrest and imprisonment in their countries frequently find that the consequences of their previous experiences remain with them. Symptoms of depression and post-traumatic stress disorder like those described above keep the trauma alive, and the stresses of trying to adapt to a new culture and to earn a living can be monumental. If the asylee seeker is among those who have the misfortune of being arrested and imprisoned by INS once they arrive in the United State, re-traumatization can be severe.

In the meantime, the asylee's family is enduring its own stresses back home. The absence of the asylee may mean the loss of the primary breadwinner, a decision maker, a beloved parent or spouse. The family may feel abandoned by the asylee because he or she cannot contact them easily and cannot send money for their survival. Young children in particular may not understand why their parent left them. Family roles shift, as the remaining spouse becomes responsible for all child care, discipline, and earning a living. In many cases the family is harassed about the whereabouts of the asylee or even threatened.

After several years of waiting for political asylum and for his family to be granted visas, Mr. S. and his family were finally reunited. His wife and children were so excited to be in America! Their expectations of life in this new country were high. There were some adjustments to be made, however. Mr. S.'s minimum wage job barely covered family expenses. They had to live in a low-income neighborhood with a high crime rate. Doctors' visits could easily put them in debt. And school clothes were so expensive! Mrs. S. in particular had to cope with a sense of loss of family and friends, culture, and language. Twelve-year-old Ahmed and his little brother initially reported being afraid to go to school because some American kids were ganging up on them and stealing their food in the cafeteria. Nonetheless, the children adjusted rapidly, learning English much faster than their parents.

When families are reunited after a period of absence, there are usually some adjustments, both in life style and in relationships. Many families go through initial periods of euphoria, followed by adjustment to the realities imposed by limited income and differences in culture. Most of these families adjust well and, because of their considerable internal resources, strong family values, and work ethic, give much to society in this new country.

Yet in families where one or more people have been severely traumatized, the family faces the additional challenges posed by the consequences of this person's trauma. The trauma suffered by many asylees, particularly torture, can have a profound impact on a person and, by extension, on his or her family. The following example illustrates the impact of parental trauma on a Vietnamese family who sought refuge in the United States.

16-year-old Lili's father was tortured in a "re-education" camp for Vietnamese political prisoners 25 years ago. Her mother was left to scrape together a living to feed her children for 5 years. Most of the 7 children are doing well now. However, Lili and two of her older brothers are showing signs of emotional problems. Lili has run away from home, saying that her parents are "always angry" and that they "don't love" her. Lili's father admits he cannot control his temper. He can't sleep because of nightmares. Her mother feels hopeless and depressed. They both feel helpless because they can't speak English and they can't control their children.

Research literature from the Holocaust sheds much light on the intergenerational impact of trauma and supports what PSTT staff has seen in some families of asylees, refugees, and immigrants who have suffered from the horrors of torture and war trauma (Danieli, 1998). When a person has experienced torture or other severe trauma, his or her

life view is often affected. The world may no longer seem safe. People may be viewed as sources of danger rather than solace. These views of the world are passed down to the children, who in turn pass their belief system to their own children.

In addition, symptoms of trauma can interfere with a person's ability to maintain relationships. The survivor of severe trauma may suffer from a restricted ability to feel positive emotions, such as love. Another common symptom of trauma is unpredictable outbursts of rage. If a parent's ability to feel and express love has been affected by experiences of torture, the children may grow up with insecure attachment relationships.

The home atmosphere may be characterized by emotional numbing and denial of the past trauma. However, although the trauma is not talked about, it has "a constant psychological presence" in the household, according to Danieli. Danieli quotes Bettelheim, who said "What cannot be talked about can also not be put to rest. And if it is not, the wounds continue to fester from generation to generation." It is important for people who have suffered from severe trauma to be aware of the fact that it can continue to affect their family. We are becoming more and more convinced that assisting asylees and other survivors of torture with their primary needs—be it language, employment, or talking about trauma symptoms—is important, but that these services need to be extended to their families, thus helping ensure that the trauma can finally be put to rest. ■

The Captive Voice: Detention Through the Eyes of a Volunteer Visitor

By Sara Kahn, MSW, MPH, Cross-Cultural Counseling Center, International Institute of New Jersey

The first time Bill Westerman entered a detention center, he knew his life would never be the same.

It was early 1994, and Bill was working for Philadelphia Folklore Project in Philadelphia. Working towards a Ph.D. in Folklore from the University of Pennsylvania, he was studying the connection between cultural differences and the legal system. At a seminar, Bill learned of an upcoming art exhibit by a group of Chinese immigrant artists who had created works of Chinese paper folding while detained in a maximum security prison in York, Pennsylvania. He was reminded of the incident that was to become the genesis of the criminalization of undocumented immigrants. On June 6th, 1993, a ship named the Golden Venture ran aground in New York Harbor, with over 350 Chinese stowaways on board. Six persons escaped, 10 persons drowned, and the remaining survivors were taken into custody by the Immigration and Naturalization Service. One-hundred fifty were still being detained in York, awaiting the outcome of their asylum hearings, while others were scattered among detention centers throughout Pennsylvania, Louisiana, and New York. They had mostly been forgotten by the media and the public. But that was about to change.

On Valentine's Day, 1994, Bill got in his car and drove 2 1/2 hours from Philadelphia to York, to attend the opening of the art exhibit. The second-floor gallery at the York County Historical Society was filled with 35 of these statues ranging from a few inches across to four-feet tall, all created in prison cells. He was not prepared for his reaction. "I was blown away by what I saw," Bill recalls. At a subsequent reception, he bought four pieces, and wrote a letter to each of the imprisoned creators of the works he had purchased. One wrote back in English, and a cause that was to capture Bill's passion for social justice—and his compassion for those treated unjustly—was set in motion. Bill was invited to visit the York facility. During the next three years, he went back more than twenty times, meeting with

small groups of artists to discuss the art and how to bring it to a wider audience. Eventually, Bill helped the exhibit reach galleries in New York City and Philadelphia. It is now on a national tour.

The first thing that struck Bill was the huge barrier between prisoners and free society. "Unless someone has a relative or friend in prison, this is not a divide Americans typically cross," Bill observes. "Their artwork was their voice, their letters cries of freedom."

Because of his ongoing relationship with the prisoners and the prison hierarchy, Bill was granted access to the deeper recesses of the separate immigration wing at York. By the end of the project, he was allowed to enter the detainees' quarters. "You go into a stone building with people who are desperate," Bill remembers, "passing murderers and rapists as you walk down the hall, back towards the immigrants cell. This stark space had become their house. It was like being a guest of someone who *had* no guests, who *had* no home."

Despite these bleak surroundings, York's warden recognized that the Chinese immigration prisoners were not criminals, and relaxed the typical maximum security standards applied to hardened criminals. The Chinese detainees were even afforded the freedom to make their art. At first, the artists used whatever materials were at hand, crafting paper mache figures from toilet tissue. Later, the warden saw the enormous creativity bursting forth from his prisoners, he allowed volunteers to donate glue, baby scissors, and other supplies. The complex Chinese paper foldings—begun as a way for the detainees to express their thanks to pro bono attorneys—became a way to communicate their plight to the outside world.

In 1995, Bill moved to northern New Jersey to start the Program for Immigrant Traditional Artists (PITA) at the International Institute of New Jersey, and began to visit the detention center in Elizabeth—when it reopened after having been closed by a prisoner riot. The relatively enlightened treat-

ment of detainees in York, Bill soon learned, was not to become the norm. The Elizabeth and Wackenhut (Queens) detention centers had since become part of the detention industry, taken over by correction corporations and run according to the norms of correction facilities. Now, the mindset of the INS leadership and the corporations running these facilities reflected a starkly different view: asylum seekers have violated the laws of the United States by entering the country illegally, and were not entitled to live a life of luxury. Bill recalls the response of a guard—like most, a former correction officer—to a detainee who requested a bar of soap, “Just because you want soap doesn’t mean you can get it right away. This is not a hotel.”

In York, 150 people from the same country were housed together because it was easier to communicate with them as a group, and this provided them a measure of mutual artistic, emotional, and spiritual support. In Elizabeth, Bill noticed, people from the same nationality were split up. “Even if they see two people spending too much time together, they’ll separate them.” Such actions give the impression that the INS is trying to break the detainees’ spirit, so they’ll give up their cases and go home.

Those attitudes can take on frightening dimensions. For example, one of the persons Bill visited was an epileptic, who had three seizures before he was given medication. “And even then, it wasn’t enough,” Bill remembers, “because he had a fourth seizure soon after.” For eight months, the detainee’s lawyers worked to get him parole on the basis of a medical condition. In the end, the man lost his case, and returned to Albania.

Bill’s anger at the system motivates him to continue his visits. But it is not easy. There are times when he is greeted with a smile of relief from a detainee who sees he has not been forgotten. But most visits are not so joyful. “For the first time in my life I understand where the expression ‘chin up’ comes from,” Bill says. “I could judge by how people came to the window with their chins down, how depressed they were.” He was heartened later by hearing from the detainees’ lawyers that his visits seem to cheer them up. “That’s one of the most discouraging parts of being a volunteer,” he continues. “You don’t often get to witness the impact of your visits until much later, if ever.”

Others he visited would express their feelings more outwardly. “One person I visited used his time with me to vent his fury and frustration,” Bill recalls. “He would just rant, and yell, and complain, pausing occasionally to ask how I was!” Later the man was granted asylum and acknowledged to Bill that he hadn’t been himself, and hoped Bill hadn’t taken the things he said personally. The two are now friends and have remained in frequent contact for two years.

Bill knows from experience that new volunteers often make the mistake of confusing visits with friendships. When someone is in captivity, they are not the same person as when they are free, he notes. “Someone can be very nice, or very desperate, or very angry when they’re imprisoned,” he relates, “and may be completely different when they’re released.” The stress of imprisonment is so intense that it makes somebody different. “This is not a friendship,” Bill states. “You are serving in a role that may be the basis of a friendship, but in fact a friendship may never result. The power imbalance between visitor and detainee needs to be re-aligned after the person gets out.” And the cultural differences may never be reconciled. “I will always be an American, and they will always be the one new to my turf.” Bill describes an often painful phase of adjustment of the relationship when the detainee is released, that can sometimes never be navigated. Still, out of the dozens of detainees Bill has visited during the last several years, he has formed true friendships with about six. “It’s not always possible to predict who will end up being a friend,” he notes. People he was positive would stay in touch after their release, never contacted him again. “And a few I didn’t expect to hear from have become my friends.”

What sustains him in the work? The support of other volunteer visitors helps a lot, and he meets informally over coffee with them. “Volunteers really do need time to talk, because you’re carrying around someone’s pain.” And laughter helps. Bill remembers a time when he and another volunteer waited in the lobby of a detention center to pick up a detainee who was being released. For 90 minutes they told each other stories of their visits, and laughed, incurring the disfavor of not a few of the guards. “Laughter really is the best medicine.” That theory seems to hold true for the detainees, as well. “If I can go into a visit with a detainee, and get them

to laugh, I know it's been a good visit."

Political action helps, too. Bill is active the Detention Subcommittee of the Immigration Policy Network in New Jersey and had formed a group with other volunteers to bring attention to the nationwide policy of detention. An antidote to his own sense of helplessness, the act of visiting, for Bill, is a political statement. "Even if I don't like the person I'm visiting, no one, *no one* deserves to be treated like that. My personal feelings should not get in the way of my feeling that this is wrong, it is a violation of what we all stand for. That makes it even more painful for people I grow to like and respect." And he is constantly learning from those he visits. Speaking with Guatemalan refugees who were victims of persecution from the Right, and Cambodian refugees suffering persecution from the far Left, Bill wondered whether he could maintain compassion and connection across such wide ideological differences. "I learned that the goals people have, for a decent life for themselves and their families, and freedom from fear are the same."

There are some happy endings. Of the Golden Venture detainees, thirty were granted asylum, and

five got green cards on the basis that their artistic talents demonstrated an "extraordinary ability." Several minors were granted parole: One-hundred found the struggle too arduous, and returned to China; 52 remained imprisoned 3 years and 9 months, and were paroled by a direct order from President Clinton. Since then, some of these have been granted asylum, while other cases remain pending after more than seven years in the legal system. Bill has kept in touch with several of these young men, and will attend his second Golden Venture wedding this Sunday.

In the end, Bill's passion for justice fuels him. "It bothers me so much that this is going on in the name of democracy in my back yard. If I just thought about it and didn't do anything I would feel helpless. Visiting is one of the few weapons I have to prevent my anger from becoming depression. To express my anger at the system, and express my compassion at the same time."

For readers in New Jersey and New York City who wish to become volunteer visitors, contact Will Coley, at Jesuit Refugee Services at (973) 733-3516, ext. 207 or check the IRATE website at www.geocities.com/breathefree2000 ■

Announcements

IRSA's National Alliance for Multicultural Mental Health held yet another successful conference in the Los Angeles area in late July, co-hosted by the International Institute of Los Angeles. Professionals from a wide variety of backgrounds attended workshops including ● "Future Directions in Refugee Mental Health" ● "Domestic Violence in Multicultural Perspective" ● "Spirituality, Religion, Well-Being, and Emotional Health" and ● "Stress Management for the Caregiver." A troupe of Laotian dancers performed during an evening of networking and celebration.

SAVE THE DATE! *The National Alliance for Multicultural Mental Health* will be holding its next annual conference in the Houston, Texas area on June 4-6, 2001. The YMCA International Services of Houston will co-host this conference. Watch for more information via email and the post during the next two months or contact Madelyn Leeke, IRSA Training Center, at 202-797-2105 or mleeke@irsa-uscr.org for more information.

"Building Networks of Support": The Third Annual "Caring for Torture Survivors" conference of The Center for Victims of Torture and Health Partners will be held in Minneapolis, Minnesota on Friday, October 20, 2000. The keynote speaker is Dr. Kathleen Culhane-Pera, family practice physician and medical anthropologist. Dr. Culhane-Pera has worked with Hmong people for 17 years in Minnesota, California, and northern Thailand and is currently co-editing a case book about cross-cultural ethical medical care.

Resources

Refugee Reports

This highly respected monthly publication by the U.S. Committee for Refugees provides technical information on a wide variety of issues related to refugees. A range of articles is available on detention (www.refugees.org/world/themes/detention.htm) and on mental health (www.refugees.org/world/themes/health.htm).

Detention Watch Network

The Detention Watch Network was founded in 1997 in response to the rapid growth of the immigration detention system. The network now includes over 100 religious, civil, immigrant and human rights organizations concerned about immigrants detained in the U.S. detention system. Many Network members provide direct legal, social, and religious services to people in immigration detention; others are personally affected by the detention policies enacted by Congress in 1996. Through information-sharing and collaborative efforts, the network seeks to improve legal, social, and pastoral service delivery to immigrants in detention and to advocate for systematic reform of U.S. detention policy. Detention Watch Network is coordinated by Lutheran Immigration and Refugee Service (LIRS) and sponsored by LIRS, Catholic Legal Immigration Network Inc. (CLINIC), and the Florence (Ariz.) Immigrant and Refugee Rights Project.

On behalf of the Detention Watch Network, LIRS publishes the newsletter "Detention Watch Network News." Each issue highlights a particular topic about detention issues and also includes updates on network efforts, resources, job announcements, and more. The April/May 2000 issue focuses on the special needs of children in detention, and the June/July 2000 is devoted to INS restructuring. The August/September issue highlights alternatives to detention. Contact Roxie Johnson at LIRS (rjohnson@lirs.org) for more information about the network or to be added to the mailing list. Current and past issues of "Detention Watch Network News" can be viewed on the web at www.lirs.org/dw/cover.htm.

The Detention Resource Manual is intended for organizations and individuals providing legal and/or social services to persons detained by the U.S. Immigration and Naturalization Service (INS) in any part of the country. The manual is currently being revised and will include four volumes.

The LIRS Pen Pal Project fosters hope for asylum seekers imprisoned upon their arrival in the U.S., who often remain detained for months, even years, while their asylum claims are considered. Volunteers convey hope through personal letters to these detainees, and learn firsthand the realities of the United States' detention system.

Well-Founded Fear

Political asylum in the United States—who deserves it? who gets it? who decides? With unprecedented access, filmmakers Michael Camerini and Shari Robertson enter the closed corridors of the INS to reveal the dramatic real-life stage where human rights and American ideals collide with the nearly impossible task of trying to know the truth. This feature-length documentary addresses issues concerning political asylum, but more broadly deals with human rights and America's role in protecting the citizens of the world. The film debuted on Point of View (P.O.V.) on PBS Monday, June 5, 2000. For more on the film and ordering information, look for their website at www.wellfoundedfear.org. The website also provides an excellent resource list at www.pbs.org/pov/wellfoundedfear/frameset.php3?section=yourquestions.

Abandoned: The Betrayal of America's Immigrants

A 1999 Film by David Belle & Nicholas Wrathall, Crowing Rooster Arts, Inc.

Abandoned illustrates the results of the most recent wave of anti-immigrant sentiment in the United States. New Immigration laws passed in 1996 by the U.S. Congress are causing thousands of legal permanent residents to be detained and deported for minor crimes long in their past. Asylum seekers, also caught in this legalistic web, are now mandatorily detained upon their arrival to U.S. soil. They can be held for years in county jails and private prisons while their claims of persecution are judged. The film takes a close look at the personal impact of this legislation. Copies of this film can be ordered by emailing cra@crowingrooster.org.

Comments

Thanks to those of you who wrote to us in response to our first issue of Connections. We received emails from all over the U.S., as well as other countries, and from resettlement workers, mental health professionals, academics, medical professionals, and students, to name a few. Some of these comments are highlighted in the box below.

We do appreciate your strong response and feel it shows that this type of information service is indeed useful to those of you in the field, facilitating information-sharing and networking. Please let us know if there are specific issues concerning refugee mental health that you would like to see covered, or any other type of information that would be useful to you.

We take your feedback seriously, so keep the comments rolling in!

I recently received your wonderful new newsletter "Connections." Congratulations on an excellent publication.

Psychologist originally from Macedonia, working with refugees

I received the first copy of the newsletter today, which has prompted me to write to you. The newsletter looks quite good and is an important contribution back to the refugee and immigrant community and professionals associated with those communities. Thank you.

Professor of Psychology, George Washington University

Congratulations for the first Volume of "Connections"! It is [an] extremely valuable source for anybody working with refugees, and a real opportunity for connection with people and events in the field.

Hospital and Trauma Center Staff

Thank you so much for the first issue of the Connections newsletter, it looks great!

Resettlement Agency Staff

[W]e are a student-run organization that specializes in preventative health education in diverse and underserved populations. [Y]our newsletter [will] be a valuable resource to us! We look forward to future newsletters!

Contact Information for *The National Alliance for Multicultural Mental Health*

**Immigration and Refugee Services
Of America, Washington, DC**
Lyn Morland
(202) 797-2105; Email: lmorland@irsa-uscr.org

**Heartland Alliance for Human Needs
And Human Rights, Chicago, IL**
Thanh Son (Lisa) Nguyen
(773) 271-1073; Email: chomcml@enteract.com

**Center for Multicultural Human Services,
Falls Church, VA**
Dennis Hunt or Shaila Menon
(703) 533-3302; Email: CMHS2000@aol.com

**Center for Victims of Torture,
Minneapolis, MN**
Evelyn Lennon
(612) 627-4272; Email: elennon@cvt.org

Safe Horizon/Solace
Jackson Heights, Queens, NY
Ernest Duff
(718) 899-1233 ext.101; Email:
eduff@safehorizon.org

**International Institute of Boston,
Boston, MA**
Sarah Alexander
(617) 695-9990; Email: salexand@iiboston.org

**Cross-Cultural Counseling Center,
International Institute of New Jersey
Jersey City, NJ**
Sara Kahn
(201) 653-3888, ext. 12; Email: C4IINJ@aol.com

The National Alliance for Multicultural Mental Health offers expert technical assistance through:

On-Site Training and Consultations tailored to each agency's needs. Topics have included:

- Refugee mental health
- Cultural backgrounds of newly arrived groups
- Integrating resettlement and mental health services
- Innovative approaches to working with special populations:
 - Children and adolescents
 - Refugee women
 - Older refugees
 - Survivors of torture and extreme trauma
- Addressing family conflict
- Models for using interpreters
- Working with the schools
- Community approaches to mental health
- Working with natural support systems and indigenous healers
- Creative therapeutic approaches using the arts and media
- Spirituality and mental health
- Stress management and self-care for service providers

Community Workshops aim to increase communication and coordination among refugee-serving agencies in communities. IRSA and its partners will work closely with your agency to organize a workshop, tailoring it to agency and community needs.

National Training Conferences—Local and national service providers and experts in the field offer sessions crafted to participant needs. These gatherings have proved an excellent opportunity for networking, sharing experiences, and learning from one another. Comments from participants include:

“Presenters were clear and focused, provided valuable information...”

“I believe the two days have affected me so deeply that it is likely to change my career and my life.”

“GREAT CONFERENCE! Honestly and truly...I will attend the next one.”