

Murmurs: Stories from Our Journey in Medicine

[Episode 6: Asylum Body Work](#)

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Podcast Transcript

Speakers

Lucy Candib, Divya Bhatia, Hugh Silk

Hugh Silk 00:21

Welcome back to the podcast Murmurs: Stories from Our Journey in Medicine. This podcast series is meant to act as a reflective experience for the way health providers and those in training think about their patients in medicine. Not so much about how they make diagnoses, but about how they relate to their patients, continue to think about them long after a visit, and what makes doctors and nurses tick. Each episode we will interview someone from UMass Medical School who has written a creative piece and listen to the story behind it. The hope is that this podcast will inspire others to be more reflective practitioners as well.

Divya Bhatia 01:04

The following episode includes discussions of physical and sexual abuse, homophobia and torture. Listener discretion is advised. Hello, and welcome to another episode of the podcast Murmurs: Stories from Our Journey in Medicine. This is Divya Bhatia.

Hugh Silk 01:24

And this is Hugh Silk.

Divya Bhatia 01:25

And today we're pleased to host Dr. Lucy Candib.

Lucy Candib 01:28

Hello.

Hugh Silk 01:31

Dr. Lucy Candib has been a family physician practicing and teaching at the Family Health Center of Worcester since 1976. She is professor emerita at the UMass Medical School. Throughout her career, Dr. Candib has fiercely advocated for improving physician-patient relationships, with a special emphasis on bringing caring to the fore. In her teachings, lectures and writings, she explores and challenges the assumptions underlying current teachings of the modern medical system. She examines the way in which women are often ignored, subordinated or blamed in the medical system.

Divya Bhatia 02:07

Dr. Candib observes that today's health care providers deal with difficult topics beyond disease status, and are likely to encounter patients who are survivors of inflicted torture and abuse and have to work

with their suffering. She examines the vulnerability of patients, physicians, families and communities, going beyond the patient perspective to address the effects of societal and economic constraints on physicians and the community. Today, Lucy will be sharing her poem, Asylum Body Work, which is a reflection on the work she does to support individuals seeking asylum in the US. Before we dive into her poem, we'd like to ask you some questions. So the first question I'd like to ask you is how did you become involved in asylum work?

Lucy Candib 02:57

I became involved because a lawyer in Worcester called me up and asked me if I would work on a case of a woman who had left her home country because of domestic violence that was very severe, and was at the point of risking her life were she to stay in her country. That was actually in about the year 2000. And after that, the asylum cases started to be more political and having to do with belonging to movements that were against the government of the country that people were from. And then in the sprinkled through those were domestic violence cases, have always been part of the way that women seeking asylum, experienced the legal system, and may have experienced their family in violent ways. And then in the last 10 years or so, I have been doing a lot of asylum work with GLBT people who have been fleeing the countries where they are not allowed to live freely, and sometimes are persecuted to the point of death.

Hugh Silk 04:15

With what's going on politically, in the last, you know, four years, have you noticed any change in the work you do in terms of where people are coming from or anything like that?

Lucy Candib 04:26

Well, obviously, there was a huge push at the southern border of the US of many immigrants, immigrant families, and individuals and then of teens whose families sent them to the border because it wasn't safe for them to remain in their countries in Central America. This did not result in so many more cases for me because many of them were detained and those people have gotten into long chains of legal problems and how many now are on are in detention. But the the overall perspective on it has changed because the current government is very hostile to anyone getting asylum in this country. The judges that our president has appointed into the immigration system have been instructed not to let anyone get asylum, which is against the law. And in fact, not allowing anyone seeking asylum at any border to present themselves and be heard as having a credible fear of harm were they to go back to their country, that's against the law, the international law. We have signed on to an international law that says we will take a certain number of refugees, but also asylum seekers. And the current government does not support asylum seekers and in fact, denies their cases when they are legitimate.

Divya Bhatia 06:03

So often, people don't think that as a medical doctor, you can have an influence in supporting asylum cases. So how is it? What is your role exactly as a medical doctor in supporting individuals who are seeking asylum in the US?

Lucy Candib 06:21

People seeking asylum have usually undergone some horrific experiences. Some of those are only psychological, but by and large, people are also victimized in physical ways. While they're imprisoned, while they're being captured, while they're being tortured, while their spouse is beating them multiple times. All of those things leave scars, some of those scars are psychological and some of those scars are physical. A medical doctor who's been trained to do asylum work will ask people to identify scars that they have that came from the things that happened to them, they may not even know of all the scars they have, especially not scars on their back, or the back of their arms where they can't really see things that happen to them. But the other scars are psychological and emotional. And those scars also leave their tracks and can be elucidated in an interview and subjected to DSM categorization. And certainly PTSD is one of the most destructive aspects of people surviving the things that happen to them.

Divya Bhatia 07:39

Absolutely. You've also done a lot of work in your career around feminism, whether it's advocating for female patients, or female health care workers, such as residents or doctors. How does your feminist mission and mindset shape your asylum work?

Lucy Candib 08:00

Well, the asylum work is all about abuse of power. It's about abuse of power, by those who can over those who are vulnerable to them. Now, abuse of power of women is something we have understood for a long time. But it really only became unacceptable in this culture in the late 70s, early 80s, where violence against women resulted in shelters where people should go, could go, go with their kids. That is only one kind of abuse of power. And abuse of power is inflicted by dominant cultures against minority cultures, by dominant races against minority races, by dominant tribes against other tribes, and against people who choose to have different sexuality from what the church or the state recommends. These things result in the torture of GLBT people, in many countries, and in many countries, there are still places where it's punishable by imprisonment or death. So all of those fit together with the feminist recognition, which was, I think, my first recognition about the abuse of power. And then I came to see all the things that were done, but racism is a big piece of it. So racism in this society is now being relabeled unconscious bias when we're not calling people names and enslaving them. But racism is also part of thinking that people come from shithole countries or people are unworthy of coming into our country because they're poor. Those people are bright, their kids are smart. They have things to offer. They when they get here, they have been real anchors in their communities, and yet, they are regarded as less human, less worthy than others. And that's racial. So all of those pieces are part of the abuse of power and asylum is one way to work on that injustice. So it's a lot about justice.

Divya Bhatia 10:20

So your work really started with the power structures that are combatted by feminism. How does feminism play into your asylum work even today?

Lucy Candib 10:35

That's a good question. Apart from very many cases of domestic violence that are part of many people's need to flee their families, there is also the practice of female genital mutilation, which is very common in Africa and parts of the Near East. It is something that I have seen clinically in women

getting obstetrical care. But I recently had a case of a woman fleeing her country because she had three daughters, and she didn't want this to happen to them. This was a woman who was cut when she was age 11. And she was fully conscious. And she was it was done by some lay practitioners, who were part of a religious sect, and she had a terrifying experience, bled a lot, and has remained permanently marred by this experience. She was very eager to tell it and she was absolutely totally committed to not having it happen to her daughters. The country she comes from about 80% of women are exposed to this practice. As girls, that's sometimes as infants. She was older than that. But that's not uncommon either. And she was willing to leave her country with her daughters, and come here and leave behind all of her past and her language and her spouse. Because it was so awful for her and she didn't want them in their brains forever. It is really her physical health, her sexual life, her sense of herself as a whole and valuable human being. She's only had pain. Now is that pain, just due to the surgery notes, not just due to the cutting that she had. That pain is from a whole culture that thinks that women shouldn't have pleasure. It's really to keep them before their husband. That is the whole goal. This is a real agenda that has to be opposed around the world for women to have access to their bodies and to take pleasure in their bodies going forward forever. I mean,

Hugh Silk 13:15

I think this will be very insightful for people listening to this podcast. I think for our listeners to really get a sense of what you're talking about. I think we should have you read your poem now. And then we'll ask you a few more questions.

Lucy Candib 13:29

Asylum Body Work

With the new razor-sharp peeler
I quickly shave off the tough waxy flaps of turnip peel
Until I pull away the tough waxy nail of my left
fourth finger.
I feel a flicker of the shadow of T's pain
When they pulled off his right second toenail in
Uganda.

I cry out when the pad of my right fourth finger
Touches the door of the woodstove as I push a big
log in.
The aloe gel I apply soothes the second-degree
blister that fades in 2 days.
They applied a hot metal plate to the back of T's
right hand
Leaving a shiny scar of third-degree remembrance.

The trainer binds an elastic strap around each ankle
For me to press backwards to strengthen my
glutes.

The elastic binds tightly and hurts with each movement.
They made T hang from a strap around his left ankle with his face
Over a pan of snakes. I am glad not to share those nightmares.

I do not ruminate on T's account;
just living in my body recalls the work,
Work I choose to do for him, for others out there,
Who, having survived, are trying to live in their bodies.

Hugh Silk 14:45

So, you know in writing this specific poem, what what inspired you to write it the way you did and to take on this topic?

Lucy Candib 14:55

I think I wrote it the way I did because those things happened to me and I was not expecting to have his experiences be triggered by my own physical events, I think about the things that happened to him, he had a very horrific prison imprisonment and torture course. And it was quite amazing that he managed to escape and survive. But the things that would bring it back to me were actually, more the things that I could recognize, that were something would touch me and I would feel his and record in my brain, that's about what it's like to have it in your body. That's what it's like to remember. So it was a way of me understanding, a little bit, just the tiniest shadow of a bit of what somebody who had experienced these things. And when you get to rape, which both men and women are raped in prison, in, in torture prisons, in regular prisons too, when you get to talking about rape, your sexuality can't be sort of separated off from you, it doesn't go away, your vagina doesn't go away. If a man's been raped by a bunch of other men, that doesn't go away every time he has a thought that's somewhat sexual, that's there, every time he goes to the bathroom, it may be there. So the the context of the of the circumstance stays with the body of the person, even when they're not thinking about it. And that's what I wanted to bring forward in this poem.

Hugh Silk 16:52

Lucy, you're you're very, like objective and specific. When you describe things like the nail of your left fourth finger or the pad of your right, fourth finger. Why did you choose to be so specific and objective in this poem?

Lucy Candib 17:10

I think I was echoing the legal part of the documentation of asylum evaluations, medical evaluations, because I need to write down and summarize the scars of what the person tells me happened to them, what the scars that I find, how they, how big they are, what shape they are, where they are on their body, and I was having things happen to my body that echoed for me, things that happened to him. And

it was, it felt like I needed to say it was my finger, it was his hand, it was my ankles, it was his ankle. It was it was echoing the the specific ways that things get done to torture somebody.

Divya Bhatia 18:07

Absolutely. Your poem also revolves around daily routines and mundane activities, such as peeling turnips, adding logs to a wood stove, exercising, and it contrasts those very mundane activities with traumatic events that one of your clients has experienced. Do you often think about your clients in this manner throughout your day?

Lucy Candib 18:32

I don't know if I often think about them, they are often in my mind, not in quite so specific ways. But in the months after I did T's evaluation, the very specifics of his torture stayed with me for quite a long time. And this was one of the ways that that happened. It was a very overwhelmingly awful story. And some of them are more awful than others. Some of the tortures and rapes and repetitive stuff is more is more than you want to keep in your head. So after a while, you let it go, it gets a little more remote, it's further away, and then you can move on to something else. But he can't.

Hugh Silk 19:26

Right, right.

Lucy Candib 19:27

And that's what I was in some way driving at it. You know, my burn healed and my fingernail came back and my ankles are fine. And now they have a strap at the gym where I can do that exercise without him having to use a strap and a less plastic strap. So I don't think of it unless I'm - that something very specific reminds me of things that happened to him.

Hugh Silk 19:55

I want to pick up on that from you, Lucy, and this this question may be a little bit provocative. So I don't mean to come across the wrong way. But I think it's important for us to think of as physicians. So is there risk of when we try to empathize as you have done in this poem, that we could do a disservice, because, you know, our experiences are usually not even close to the suffering of our patients. So I'm wondering what your thoughts are on that.

Lucy Candib 20:24

I don't, you know, doing asylum evaluation is a legal procedure. And I am called upon to do a pretty neutral and formal document that describes what the person said, and what I found, without a layer of emotional context. When I am with that person, and I am hearing it, it's necessary to say some things to recognize their humanness and my humanness. And that has to do with justice. So, when someone tells me what was done, I may say, that is so wrong, no human being should be expected to suffer that, no human being should do that to another person, I am so sorry. That is different from empathy. I cannot feel what they felt, it is beyond what I can get to. And I'm not sure it's appropriate, even were I be able to do it. Yes, if somebody lost someone, and you know, their partner was killed, they brought the dead body for him to see his partner. That was one of the more tragic cases that I remember where empathy was the right thing to say, what the right thing to express, to have to offer. But really, what was

wrong was the whole system was so unjust, so unfair, so not right in the world. That's what I do this work for.

Divya Bhatia 22:31

Yeah. And in that vein, there's, there's this concept of vicarious trauma, which is defined as being witness to the pain, fear and terror that trauma survivors have endured. And it seems that in your poem, you certainly express your, that some of these feelings are very distressing. And your you do seem to be affected by your clients trauma in some ways. How do you practice self compassion, and continue to do this challenging and important work?

Lucy Candib 23:09

I suppose I use all the mechanisms everybody else uses with dealing with traumatic things. I give myself some space, I give myself time. Sometimes I procrastinate about writing them up, because I can only do a portion at a time. I talk in general ways about what is hard, and how brave the person was, and how brave they are to keep going forward with all this stuff in their heart and in their heads. And so I'm able to pull myself to a place of I am doing this for the right reason. And what I experienced is not a shadow of what they experienced. And I can handle this, I can handle hearing these memories. They don't change me and my work. But I do need some time to do that process.

Hugh Silk 24:18

Let me let me follow up to do this question with how specifically does writing about it help you in some way? Or does it?

Lucy Candib 24:29

Well, writing the document, the documents that I do for the cases, it provides some closure, and they go, I write them but then the lawyer goes through them and the lawyer checks that everything matches the history, matches the day it happened, the number of people doing it, all those things have to match. And so there's getting into the factual aspects of it and really getting to the nitty gritty and I think that's helpful, a helpful way to, to deal with the events in writing. So I'm writing, how do you write down the person was struck this way, was raped this way, was raped by four men who took turns doing this and that to that person, those things become a way of saying in quite neutral words, very awful things. And so then I don't feel so much the need to write something like this, I think this came about because my body wanted me to do it, my body was talking to me. And so I had to write my body's poem. Whereas the factual nature of what is so horrible, such such cruelty, unimaginable actions by people who are persons, but their humanity has been taken from them who do these things, they have lost the ability to relate to another person who's in their custody, or who is in their household, in some cases. So I think there's, and then some people look for the whole thing about GLBT people, it's like a hole, black hole. Here are ordinary people who go to church and believe in Jesus, and believe in love and all this stuff. And when it comes to a GLBT person in their family, in their neighborhood, they deserve to die, they are less than human, they deserve all the bad things you could possibly do to them. It's like, it's like their consciousness as a human being is gone. And then, you know, then there's all the latent homophobia that goes on in the prison where men rape the gay men, and then they're practicing this thing that they all think is so awful, that they try to kill people for so it's like, crazy. It's really crazy. But it has to do with these people have these almost caverns in their brain where they can go in there and not

be persons. And I don't understand how that happens. But I know that it's that there is a way that human beings let themselves into those caverns, or fall into those black holes. And clearly, in some situations, if they don't do it, because there's social pressure among the prison guards, you have to do these things. And there's an occasional prison guard, who will come back and bring people their clothes and say, Be ready tonight. I'm gonna get you out of here. But usually those are people who the guard and the prisoner knew each other before, like they went to high school together, sometimes there's some recognition, especially in the small country, where people have had some education, they know each other, or they've, they have a connection. And those people find a way to, to help a prisoner without anyone knowing. But if they were to be known, then they would be in the same situation as the prisoner. So they have to be very circumspect. So I know that there's some humanity in some of those people, that they are forced to comply with things they don't agree with, but they must shut down everything in order to keep doing it day to day.

Hugh Silk 28:46

Having done some work in the prisons in the US, some of this resonates with my experience. And then you know, some of the things you've talked about today, really shed new light, and, you know, really gets me thinking about topics way beyond what I was thinking. So thank you.

Divya Bhatia 29:04

Yes, thank you so much for sharing this very challenging, yet critical work. And thank you for allowing us to feature you and your poem on our podcast today.

Lucy Candib 29:17

You're very welcome.

Divya Bhatia 29:28

Thanks for tuning in to this episode of our podcast Murmurs: Stories from Our Journey in Medicine. If you have any questions, comments or suggestions, reach out to us via email at murmursumassmed@gmail.com. This podcast was produced and edited by Divya Bhatia and Qiuwei Yang with advice from Hugh Silk. Special thanks to Jake Paulson for our original theme music and Hillary Mullan for our logo art. To learn more about medical humanities and narrative medicine at the University of Massachusetts Medical School, visit the Humanities Lab page on the UMass Med Library website. We'll see you again soon at the next episode of Murmurs. Until then, keep reflecting and storytelling.