



Care and rehabilitation of survivors of torture: the experience of MSF in Italy

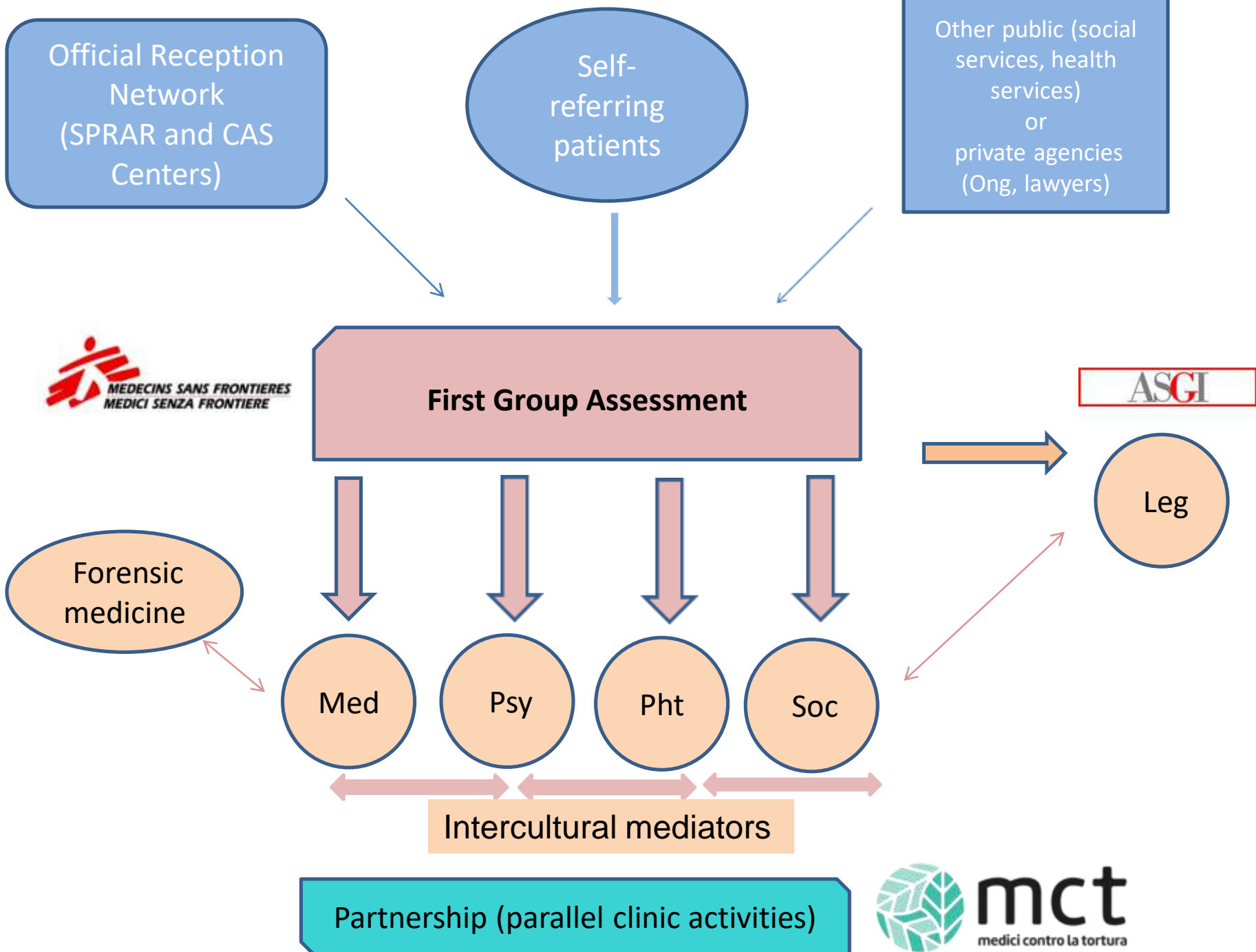
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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

and Torture consequences as Public Health issue

- 1- specific attention developed after the Arab springs season
- 2 – assumption of new languages and categories than the traditional humanitarian ones
- 3 – young experience, started in Greece in 2014 and in Italy in 2015
- 4 – added value of the financial autonomy from public funds facing a sensitive topic such as Migration



Early Identification tools

- Every identification must be followed by immediate taking charge
- Possibility of recovery of "false negatives" at a later stage
- Manipulation by non-health actors (border authorities)
- Procedure trivialization by administrative actors (hot-spot managing companies, contracting organizations)

Medicalization/Psychiatrization of the torture consequences

“if you wish to know, the worst punishment they have inflicted upon me is every day to have to live with the fact that I could not defend my dignity” (Konuk, 1991).



- Central in Torture experience is not the Trauma, but the Interpersonal Relationship based on Total Power
- PTSD and other DSM5 categories as prêt-à-porter
- Inadequacy of peripheral MH services for this task



European responsibility and schizophrenia

- Many persons who flock to our borders are obliged to declare themselves refugees, and to deal with dangerous journeys becoming victims of torture because the EU procedures and legislation
- Here we are discussing about damage control practices to introduce in EU procedures and legislation
- It should not be the most economical solution to change those procedures and legislation rather than introduce new ones to mitigate its effects?



Thank you!

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