

# The dispossessed: diary of a psychiatrist at the Chad/Sudan border (2004)

**Lynne Jones**

*While working for an international humanitarian organisation in the Sudanese refugee camps at the Chad border, British child psychiatrist Lynne Jones kept a personal diary. In this diary, she reflects on the practical challenges and moral dilemmas facing a mental health practitioner working in this difficult context.*

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*(In order to protect confidentiality, personal details of agencies, colleagues and patients have been altered.)*

## **Guereda, Chad, Friday 9 July 2004**

The man from 'Help the World' told me this was the *most inhospitable landscape* he had ever experienced, and he was glad he was on his way out. He had done his bit, set up his programme. He was getting married next week, and nothing would induce him to stay. Yet, I have to say I like it. An irregular plane of scrub and thorn stretched beneath a vast sky, the horizon broken by small isolated treeless mountains of earth and rock, giving the feeling that a giant mole has burrowed through the terrain. There has been no rain for a few days, but a gloss of green covers everything. There is the sweetest smell in the air when we stop to take a break, and birds everywhere: small finch like ones, ibis, egrets, herons and storks, bright blue birds

with trailing tails, swallows, swifts, turtle and collar doves, all hinting of the water to come.

The only other traffic on the track is an occasional land cruiser, all with aid worker IDs, all of us alien forms in another world. The pictures outside my window are archetypal, from the human geography textbooks of my childhood. This is the 'Savannah'. Here is a white turbaned man riding a camel. There are more camels, quantities of them munching at new foliage. Here are the children, tending goats and riding donkeys. There are villages of round thatched huts, near which women till tiny patches of earth, back breaking work in the boiling sun. Here are yet more donkeys and camels and goats, seemingly quite untended, until suddenly a solitary man, woman or child emerges out of nowhere at the side of the road, and takes ownership.

In the beginning, all the wadis we cross are dry, but by early afternoon the clouds gather in front of us. First the dust comes creating a brown haze around the car and then abruptly, pounding rain. The water is not absorbed. It simply sits on the surface so that the whole landscape suddenly acquires a patina of silver, taking on the wintry feel of a Breughel picture, minus ice skaters. The rain stops and the wadis still seem passable. Within half an hour, the water has drained away leaving more astonishing green, and even more birds.

## Sunday 11 July, Mille Camp

The camp is made up of rows of United Nations High Commissioner for Refugees (UNHCR) tents, one per family. In many cases, the tent has already been absorbed into a complex structure of mud walls, providing cooking enclosures, large oven, and surrounding outer walls. Sometimes a thorn fence and cloth roof provides additional space. Inside the tents, families have put down mats and carpets. I am constantly amazed at the capacity to construct homes out of nothing, in the middle of nowhere.

The organised camp is surrounded by fields full of people. Vividly dressed families have erected tiny make shift shelters in the dust, from a couple of branches and a piece of cloth or plastic. These are the *'spontaneous arrivals'*, refugees who walked here of their own accord, as opposed to the ones convoyed from the border area in UNHCR trucks. According to more cynical aid workers, they could be refugees trying to register twice to get more food and supplies, or perhaps, horror of horrors, they are local citizens from Chad who see things being handed out to refugees from Darfur and not surprisingly want a share for themselves, this being one of the poorest places on earth.

Today I have a meeting with 10 of the Faquirs: the local religious healers who all want to discuss what they can and cannot treat. Regarding mental illness, I am becoming convinced that all societies have a category for the really disturbed, and that the broad parameters of what falls into it are the same in most places: the violent, uncontrolled, bizarrely behaving, person who can no longer take care of themselves is called *majnoon* and his problems are caused by *Djinn*, devils. The illness is treated, as in many Muslim societies, with the word of God, written upon a board and the ink washed into a drink to be taken by the

patient. However, the Faquirs make some subtle distinctions, there is another form of *majnoon*, called *amfitfit*, where the man falls to the ground unconscious with lots of saliva. He fights or waves his arms, and then he recovers. *'This you can try to treat 99 times with prayer but it does not get better'*, one Faquir tells me.

But none of them can work here.

*'Can a man go the forest without an axe and still cut down a tree'*, one asks me. All of them abandoned their books and boards and incense, and all the tools of their trades, when they fled. They are strangers here and guests, it is not necessarily right to work, which means there is no mental health care of any description in the camp.

We talk on. I explain my own view of *amfitfit*, which sounds like epilepsy. They are very interested. I ask if they would like to learn more. We could teach them our understandings, they could teach us theirs. They think this an excellent idea. One by one they stand and thank me with great formality for coming and meeting them, and wishing to help. They are all elderly men. Most have lost at least one or two family members, along with all their possessions. One man is now sole carer of 12 grandchildren, his two sons, and their fathers, having died. Their long white robes and turbans are not very clean, their faces are lined, their feet calloused and dirty. Some hold small strings of beads. One has severe cataracts. I am a strangely dressed white woman behaving in a very unwomanly fashion, yet they treat me with extraordinary kindness and courtesy, as an honoured guest and colleague.

Then one of the Faquirs says he wants me to see a patient. We walk to the outskirts of the camp where a thin naked man is chained to a tree in a small enclosure of thorns, the kind normally used to keep cattle in or out. When we get close he curses us, refusing to answer

our questions, telling us to *get away*? He has been there 30 days. I get all the water we have in the car and give it to him. He gulps down two bottles but keeps up his angry muttering. We go and find his brothers, camped almost a mile away in a homemade shelter of plastic on poles, stretched over two or three carpets. They explain that Abdul has been violent, aggressive and paranoid since his early twenties. He is now 34 and was calmer in the last few years. When the war began he went back to his old thinking and preoccupations, and started fighting and threatening people. When they had to flee Darfur he refused to go, so they bound him and brought him with them. They have no alternative to chaining him up. The camp management says *'no tents for individuals'*, but they cannot live with him when he is like this. So he is getting worse by the day. Not surprising given his exposure to the wind and sand and heat and rain.

It is quite unbearable. I cannot unchain him in his current state. Chad has one psychiatrist who has six beds in the capital city, some thousands of kilometres away. I tell the family I will see the camp management about shelter and we will start treatment here, with the anti-psychotic medication I have brought with me from England. On the way home my driver Hassan says, *'Dr. Lynne you drag George and me through the desert and back and then you give all our water to a madman.'*

*'I know, I know, I am so sorry, but we have more water at home and he has none.'*

*'Never mind,'* Hassan is smiling. He puts on Sudanese music that he sings along to while George translates; it is about a man mad for love that wants the Faquir to cure him.

## **Tuesday 13 July, Am Nabak camp**

Khadije is 13. When the army arrived at her village, her mother was in the house with

her two newest twin babies, boiling water in a pot. The soldiers burst in and took the babies and threw them in the boiling water, then they cut Khadije's mother's throat. Khadije, tall and stunningly beautiful in her pink wrapper, smiles and smiles at me when I am introduced, then she runs behind one of the thorn enclosure walls and hides her head to cry. When I follow her, she does not want me to see her tears. Then more women come to sit with us, her grandmother, another woman whose 10 year-old son was captured and killed while tending cattle, and a third, whose daughter was beheaded. This latter woman cannot speak. She mumbles, cries and wanders, making the same gesture over and over with her hands, turning them out, palms up as if to say, *'can you believe it?'* The community thought of tying her up, but worry that it will make her worse. She is not dangerous, more like a female Lear, mad with grief at the loss of her daughter. We sit behind the thorn hedge while each woman tells her tale. *'Tell'* is not the right word. They use few words, and many hand gestures, yet Asra translates full sentences, so I am not sure what comes from her memory of previous telling, and what is being said now. But it does not matter, as the women seem to want to be here. I realise that in these meetings my main function is as a witness. I am the outsider to whom no bad thing has happened, my heart is not burdened, and so I can listen.

There are no tents or earth walls here in Am Nabak. Three communities have made their own encampment in the back of beyond, and everyone has constructed tightly woven briar fences, usually around a single tree. The slightly better off have roofed these with mats, or cotton, or whatever they can find. Water is now trucked in from a town an hour away, and one of the water agencies is checking to see if wells can be made. If so, it will

become an official camp. Meanwhile people struggle on ‘unofficially’ in the dust.

It grows cooler. Asra marches me around, her wrapper blowing in the wind: Here is a ‘boy who has not talked since the bombs fell, do I think he is mad?’ Sadly I do not. The story of seven days lying unconscious, bleeding from both ears and a swollen head suggests brain injury, more than psychological damage, as do the limb contractions. When the inevitable dust storm blows up, preceding a heavy downpour, a whole crowd gathers, pulling out sheets and mats to find a way to shelter me while I examine the child. I am given glass, after glass, of sweet tea. I feel completely helpless in the face of these kinds of problems. At present, we have nowhere to refer or investigate, and the families are so gracious and grateful for nothing at all. It is a strange reversal from home, where psychological diagnoses are seen as the last resort when physical explanations fail. These people seem to seek out the psychological, regarding it as something that can be undone by either the Faquir or me. In a world with no access to modern health care, physical complaints are far more damning.

### **Wednesday 14 July, Kounoungu**

In grade 8, at the school in Kounoungu camp, there are 15 children and young people between 13 and 26 years of age, every single one of whom has lost a first-degree relative or more, mostly by Sudanese army bombing. The stories are heartbreaking. *‘My five-year-old brother could not run fast enough, and so fell behind and he was killed.’ ‘My elder brother stayed in the house to help my grandmother, and was there when it caught fire.’*

Every child and every family I talk to has had similar experiences. First bombing from the air, then the army arrived with guns mounted on cars. They surrounded the villages on three sides, and then moved in

leaving one way out. Sometimes armed Arab men accompanied the army on horseback. Often the planes pursued the lines of those fleeing and continued to fire on them, so the young, the old and the less fit got caught. After they fled, the villages were systematically and thoroughly burned, leaving nothing to return to. Even the pots had holes shot through them, not random damage, but a single shot through each one. The women all pull out pots they managed to retrieve to show me. Each has a ragged hole shot through the base. *‘They want us to starve,’* one says.

### **Saturday 17 July, Am Nabak**

We live in a compound with three rows of single mud brick rooms around a beaten earth square. In the day it is blindingly hot. My favourite place is on the top of some ruined old barracks type building. It has a sign outside celebrating the *glorious martyrs* in French, although there is no indication as to the cause for which they were martyred. Up on the roof I am on the same level as a tree full of nesting storks and their young. I can sit and look out over mud walled compounds and deserted streets to the full wadi and the dark green of the mangrove trees.

Workdays have acquired a kind of rhythm. I wake around five thirty with the light, and am up by six thirty, sitting in the shade of the office wall, drinking tea, eating the small balls of cooked dough that make up breakfast, and watching the water man fill the plastic water barrel from the water sacks carried in on his donkey. Then we drive out to one of the camp clinics, with Hassan singing along to his cassette player, and George sounding off on whatever he has just heard on the BBC about Darfur. He is optimistic. He feels the world is finally paying attention and that now things will surely *‘happen’*. I do not share my own Balkan and Iraq tinged

pessimism with him. He blames everything on the Bashir regime. He tells me there is absolutely no distinguishable difference between himself and his Arab neighbour, and in the eighties, Africans and Arabs all got along well. This government has used ethnicity deliberately to create conflict. George says he can remember the British in Sudan from his childhood and wishes we had not gone. There was a Mr. Moore he liked very much. His English, learnt from school, listening to the World Service and reading *The Economist* when he can get it, is almost perfect.

We spend some hours at one of the camp primary health care clinics, with me seeing anyone people choose to bring, and then we drive home before dark. In the evenings, I can usually have a shower by pouring donkey-carried-water over myself with a jug. The egret roost in our compound is now full of adolescent egrets, who never stop jumping about and sort of moaning, probably complaining about having to go to bed early. They look like egret punk rockers with little yellow tufts on their heads.

This afternoon I see one paralysed girl and two children scared out of their wits by the bombing. This phrase actually has some meaning here. One boy has been in a vacant trance like state for months, since the bombing. He has no physical injuries. There is a girl who sees the devil as a ball of light that picks her up off the ground and throws her down again. After these, and four cases of *amfitfit*, I am really ready to go, but then some women come running, they have found Tabitha and I have to see her. Half the camp is concerned about Tabitha, because she leaves her baby under a tree in the hot sun, wanders off and won't feed it. Every time we look for her, she is gone. This time, someone brings her in and she sits down voluntarily on the carpet in our enclosure, a rake

thin woman, with a skeletal face and staring frightened eyes, plucking anxiously at her clothes.

She has her baby with her, tied tightly to her back. She unties him for me to look. He is a tiny old man in a bundle of rags: enormous eyes, tiny limbs, skull like head, sunken chest and large distended abdomen, breathing rapidly, hot skin. When I touch his eyelashes, they scarcely move. He whimpers a little. I ask Tabitha to feed him and she puts his mouth to a flaccid looking breast, which he initially sucks. But after a few seconds his head falls away, mouth open, uninterested in the proffered nipple. Tabitha does nothing to encourage him. She is not sure where she is, or what she has been doing. She knows this is her baby and tells me he is 10 months old. She thinks she has three others, she cannot remember their ages. She cannot explain why she keeps running away. *'Will you and your baby come with us to the therapeutic feeding centre we have in town so we that can feed you both?'* I ask. *'You will have a shelter in our feeding tent, and be much more comfortable than here.'* She looks uncertain, *'what about my sons? I need someone to watch them.'* *'Get in, let's find someone.'* In a moment we are all in the vehicle driving to her section of the camp.

When we arrive people crowd round. When we ask if anyone can help us by caring for Tabitha's two older boys for two nights, everyone backs away. Then a thin angry looking man appears in a long blue shirt. *'I am her brother. She is forbidden to go, absolutely not.'* Tabitha looks at him, listens to his rapid angry instructions and gets out of the car, hiding herself in the middle of the crowd, baby held indifferently in her arms. George and I try to explain, *'the baby is very sick, it is just for a couple of nights, if he stays here he will die.'* *'If that is Allah's will,'* says the angry brother. *'I cannot believe you mean that.'* I pull him over to the child and pull back the clothes to show

the protruding ribs and swollen stomach. *'We can change this. Would your father want his grandson to die when he could be saved?'* The man sets his lips, looking stubborn and saying nothing. *'Maybe its jealousy.'* George mutters to me, *'I don't believe he wants the boy to do well? She will run away. She won't take care, she's crazy? I don't think so. I think she's hungry and feverish, but why not come with us and help, and I will take responsibility for her not running away.'*

I am near to tears, exhausted with the day, worried about the darkness, dust and rain that I can see quite literally marching towards us across the desert. No way will we be home before dark now, and Dr. Jim, our medical coordinator, has already warned me about security on the road.

George starts talking to the crowd. I no longer ask for translation, he can do a much better job negotiating if given a free hand. He stands very still and upright, talking in the serious, solemn manner of the schoolteacher that he is. His white hair (come much too soon for his own liking) adding to his gravitas. People listen.

Apparently George was making a speech about the foolishness of his people (and he included himself). How they were too suspicious and unable to accept the generosity of others? Here was the world on the doorstep wanting to help, and the kind lady doctor who had come all this way, and had no reason to be here except that she cared about sick people? Look now; she was crying because a baby would die, and why did they turn down this offer of help, they were lucky to have such a chance? I was quite moved myself when he related all this to me later, but while he was speaking I did not feel either kind or generous, just completely pissed off and exhausted.

*'I have had it George,' I say after what seems like 15 minutes with no change, 'get in the*

*car we have to go. We will be desperately late as it is.'*

I cut through the now enormous crowd, to the vehicle. I am also worried that the protracted argument over the child will actually exacerbate a family conflict. I will have to let it go. What, after all, is one more dead baby? Except that I know this baby, and that makes him my responsibility. We are in the car. The brother comes running. Somehow seeing us leave has precipitated a change. He will come with one more child and Tabitha and the baby, his wife will watch the other boy. We wait another 15 minutes while he gets his carpet and puts on his turban, and we are on the road, driving an hour through darkness and pouring rain, back to Guereda to get Benjamin (our nutritionist) to admit them to the therapeutic feeding centre. *'I know this mother!'* Benjamin says when he opens the car door; *'I have been trying to get her in for days.'*

### **Monday 19 July, Mille Camp**

A man came to the clinic yesterday and asked me to visit his 'crazy' niece. He took me outside the camp, to a small, circular, mud brick animal enclosure built to waist height with a piece of UNHCR tarpaulin stretched over it to make a roof. *'Her name is Amela,'* he said, *'she is in there.'* I got down on hands and knees, and crawled inside. Sitting against the back wall, just visible in the dim light from the entrance, was a skinny, completely terrified, teenage girl. Her longish hair was clumped into uncombed tufts, she was wearing a filthy ragged dress, and all visible skin was covered in a crust of dirt. She sat on a woollen blanket that smelled of pee. The only other things inside were a couple of filthy tin plates with food remains, and some rags. When the girl saw George crawling in after me, she started screaming

*'they are coming to kill me, they are coming to kill me'*, and wriggled rapidly out of the shelter. Immediately, her uncle started kicking her hard and shouting at her. By now I was back outside myself, the girl had just escaped her uncle's grasp and was crawling away again, across the white sand between stunted trees, her uncle pursuing her. So I ran between them, placed my arms firmly around her from the back, held her still and helped her sit up, shouting at her uncle to please leave her alone, with George rapidly translating. Then I just held her, rocking her, saying repeatedly and quietly *'it's alright, it's alright'*. Within a minute she had turned and wrapped herself tightly around me clinging, with her head buried in my shoulder. Some situations do transcend language. George appeared to be admonishing her uncle about his behaviour, so I left him to it and crawled back inside the hovel. Amela followed me quite docilely, and then lie down and put her head in my lap. After she had calmed down, I went out to try and explain that there was no way to assess if she was actually psychotic, while she lived like this. She was obviously terrified and miserable. Living in a hovel like an animal, and being beaten if she tried to go out, would not contribute to her mental wellbeing.

Today I take Beverly, one of the UNHCR protection officers, to see Amela. I also take Diana. She is an Australian missionary who has lived in Guereda for 15 years, runs a small clinic, gives classes, grows and sells trees, acts as a de facto social worker and knows everyone. She thinks she might be able to help find a local foster family. Hassan somehow knows at which tree in the middle of nowhere he should turn off. Amela is still in her hovel. On this occasion she talks, she is not happy, she is scared. Her uncle beats her, she does not sleep, and she is hungry. Beverly looks at the hovel and agrees they

have to find another solution. Meanwhile Diana has brought soap, water, and fresh clothes, and says she will spend some hours with Amela, giving her a wash and getting to know her. So I head off to the camp clinic.

Abdul, my psychotic man, is definitely better. After I jumped up and down for two days and became a complete pain, UNHCR gave his family some plastic sheeting, but no poles. More jumping up and down, actually this time I switched to wheedling in the *'Help the Homeless'* tent, and the man there promised he would ask *'People who Care'* for poles. If you want to know why UNHCR and *Help the Homeless*, who are the camp managers, have responsibility for one bit of shelter building material, and *'People Who Care'* (who are never there) have the responsibility for another, you will have to ask someone else. I am just happy Abdul has a roof! An unsteady affair, which will have given little protection from yesterday's storm, but is better than nothing. At least it is located close to his family.

Today he greets me! He takes my hand and allows me to take his blood pressure. He is dressed, talking with his family, no longer cursing, and reasonably coherent. He is still unpredictable. I sit down in the clinic tent with the family and Dr. Salim, one of the general practitioners working here, to make a long term plan.

While we are doing this, Diana turns up with a clean, quite transformed Amela in her car. She has brought her to the camp clinic because Amela's temperature is 38.5. Dr. Salim diagnoses malaria. This means taking chloroquine and paracetamol at regular intervals for the next few days, and none of us can see how she will get the tablets if we put her back in her hovel. *I can take her home for a few days, and we can treat her there*, Diana offers, *'it would mean we could see how*

*she was mentally as well. Her uncle was happy for me to take her? 'Do it,' I say, 'we cannot leave her sick in that place. I will find UNHCR and inform them, and I will take responsibility.'*

I get back to Guereda in mid afternoon, having searched the camp in vain for Beverly. I visit Tabitha at the feeding centre. Both she and her baby are unrecognisable. Food has transformed the baby in the way water changes a wilting flower, his skin is smooth not wrinkled, his tummy no longer swollen, and he holds up his head and gurgles and smiles and responds to his mother's kisses. She has lost her anxious bewildered look, shows no signs of confusion, and now behaves like any other mother. And, the other mothers, instead of avoiding her, now chat and talk with her as normal. I wonder if the abandonment was because she believed that the baby would die. Tabitha's brother is delighted. *'I've been telling her for weeks she should come here,'* he tells Benjamin. This is the first time I have treated a mental disorder with food.

Meanwhile various reports are coming in suggesting there are just as high levels of malnutrition in the local Chad population, as among the refugees. In the evening I go round to Diana's house to check on Amela. There is a mum with a starving baby who having been turned away from the feeding centre a few months back and has struggled on alone. She only came to Diana today because the baby is almost moribund.

## Tuesday

I am now in serious trouble with UNHCR. I tried three times yesterday to find both their protection and field officers in the camp, to tell them I had moved a refugee. I tried again at 7am today, but no joy. Just as I am leaving for camp, Albert, the UNHCR field officer comes storming into our compound demanding to see Dr. Jim, our medical

coordinator, waving his fist at me. Dr. Jim appears and stands quietly while Benjamin translates Albert's tirade against irresponsible doctors who kidnap refugees and transfer them with out permission, and against express instructions to the contrary. When he finishes I ask if he would like an explanation.

*'Yes,'* he says with little enthusiasm. I apologise and explain that I understand the rules and have no wish to act without his authority, but that yesterday I was faced not simply with a protection problem that could have waited a day or two, but with a very sick girl with a fever who needed medication, which I did not think she would get in her existing living situation. It was a medical decision, just as transferring babies to the feeding centre was. Of course, if he feels it is inappropriate, he can take the girl back to her uncle right away, but I think it extremely unwise and hope UNHCR will take responsibility for her wellbeing.

*'I am so sorry,'* I repeat again, trying to look abject and going into my *'junior- hospital-doctor- what- an- idiot- I-am and how much I-have-to-learn-from-you'* mode. This is a tried and tested approach that has worked in health systems around the world. I have found it effective in humanitarian hierarchies as well. *'I really tried to find you three times yesterday, and this morning. I do apologise.'* Albert appears very slightly mollified,

*'Of course if it is a medical matter, but I must in all cases be informed. You cannot just move refugees around as you wish. As soon as she is well we must make arrangements for her to be fostered in the camp.'* *'Of course,'* says Dr. Jim, *'and can I apologise on behalf of the Agency. We have no wish to disrupt procedure.'*

Albert leaves looking askance at me one more time. Don't I understand he is trying

to look after 30,000 refugees? What with demanding single tents for madmen and kidnapping feverish 15 year olds, I think he cannot wait for me to leave. This is the trouble with mental health, it brings up the most difficult to solve cases. All this fuss over just one or two people, neither of whom can be said to be upstanding, productive or attractive members of their communities, neither of whom are actually dying, at least at this moment. But all my life I have simply wanted to be on the side of the most dispossessed. I cannot think of anyone more

dispossessed than a mentally ill refugee. Someone has to speak up on their behalf, and demand the things they cannot demand for themselves.

*Dr. Lynne Jones OBE, MRCPsych., is currently a visiting scientist at the François-Xavier Bagnoud Centre for Health and Human Rights, Harvard University. She was the former senior mental health adviser, for the International Medical Corps. This piece is part of a memoir she is writing about her humanitarian experiences. e-mail: [lynnemyfanwy@gmail.com](mailto:lynnemyfanwy@gmail.com)*