

ASYLUM SEEKERS: PRACTICAL AND THEOLOGICAL CONSIDERATIONS

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Abstract: The area served by Stobhill Hospital in Glasgow has become the home for the majority of Asylum Seekers in Scotland, which has had a profound impact on the local community and the hospital. While there are religious issues, what hampers spiritual care most are communication problems. This article seeks to set practical concerns and experiences expressed by hospital staff, chaplains and parish clergy in a theological context and draws inspiration from European theologians who had to wrestle with the reality of a Europe with displaced people damaged by atrocity and genocide in the 1930s and 1940s.

Key Words: Asylum Seekers, Spiritual Needs, Communication, Theology, Suffering, Narrative

Introduction

The narrative of the tragic life and murder of asylum seeker Firsat Dag in Glasgow has forced the issue of Asylum Seekers once again to be front-page news. Just one example of how the presence of Asylum Seekers impacts on a community. Using Scottish Refugee Council figures, of the estimated 6000 refugees or Asylum Seekers in Scotland between 3,400 and 4,000 are in Glasgow and ninety per cent of this total are in the Sighthill and Red Road areas of the city. Stobhill hospital is the first port of call for many seeking medical help.

The purpose of this paper is to look practically and theologically at what the presence of Asylum Seekers has meant in a hospital.

While the Asylum Seekers are not malnourished and in general their healthcare needs are similar to the indigenous population, there are often serious psychiatric problems resulting from torture. UK policy dictates that those with psychiatric needs should not be located in Glasgow, but this does not always apply. In any case the overwhelming disorientation and trauma of any Asylum Seeker's experience needs to be recognised.

Conflicting Emotions

Working with Asylum Seekers produces conflicting reactions within healthcare professionals. Their stories of torture and flight from brutality may cause

listeners deep pain or result in scepticism, so incredible do the stories seem. There becomes a real need to support staff who are nursing bodies bearing the marks of torture. The Asylum Seeker's plight may evoke genuine sympathy yet their constant requests for this or that can lead to weariness and irritation, and hospital staff can feel they are being manipulated in order to get more help.

The Rev. Josef Chaplar, a Hungarian now working with refugees on the European Border in Hungary was himself a refugee in England after the 1956 Uprising. He speaks candidly of how the need for survival leads to saying anything that is "required" to elicit help. The Rev. Gwynfai Jones is one of the Chaplaincy team at Stobhill whose Church of Scotland parish of St Rollox, includes Sighthill. He responds to the criticism of Asylum Seekers selling clothes given to them through charity organisations, by asking what would we do if we were given vouchers to live on to the value of 70% of income support level? In Sighthill the supermarkets refused to accept the vouchers, and the local shops which did, increased their prices. The vouchers do not cover items such as clothes, and often the Asylum Seekers only have the clothes they stand in. In an attempt to help, St Rollox Parish church runs language classes and distributes clothing, kitchen utensils, bedding, prams and etc. supplied by local churches. Many Asylum Seekers live in fear of the Immigration authorities. Fast Track asylum applications take eight months, most are turned down and then go to appeal. Their applications are not sympathetically received, nor is any help given. For those

who arrive with no papers then the situation is even more difficult. These difficulties do not arise from poor education, as many are young professional families. Sighthill now houses twelve doctors who are awaiting news of their applications.

Hospital Difficulties

Communication

In a survey of 11 wards and departments at Stobhill only two had had no Asylum Seekers as patients. The main problem all experience is communication. With nearly thirty ethnic groups in Sighthill translation services are over stretched. As Sighthill is now 68% non-UK residents patients can speak Kurdish, Pharsi, Arabic, Kosovan, or a number of other languages and dialects. Gwynfai Jones, whose first language is Welsh, has sympathy for them trying to learn English. The hospital has access to two translation services. The Glasgow Interpreting Services (GIS) is supported by Social Work, Health Board and Strathclyde Police and employs 200 sessional interpreters. Eighty per cent of their work is in health care and hospital referrals are largely from Stobhill or Leverdale Psychiatric Hospital. As healthcare is a specialised field there can be difficulty in translating medical terms. Although in the last two months, the translation service has improved dramatically, staff on the ward still witness to the difficulty at times of getting a translator. A member of GIS related the exhaustion of trying to cope with this tide of Asylum Seekers. The toll on the interpreters is now also being recognised and training and counselling is becoming available for those working with patients. It is not always obvious to clinic staff which patients will need an interpreter, and one clinic suggested that medical records should have a coloured sticker so this could be prepared for. The burden of frustration of staff not able to care for a patient because they cannot communicate is heavy.

Non-attendance

Second to communication, non-attendance of patients for appointments is a problem. Often they don't understand the need to attend (the letter will be in English), or the address they have given is incomplete (even Glaswegians have problems with Tower Block addresses), or they have other appointments at the same time.

Cultural

Some difficulties reported by staff are perhaps cultural. Sometimes it is assumed that the whole family can visit, all the time, and that they will be fed by the hospital. This has led to resentment on the part of other patients. Symptoms which should be first seen by a GP are often presented at A&E (for some the hospital is closer than the GP), where they expect treatment will be given, often to the irritation of busy casualty staff. This may be linked to the fact Seekers do not receive fully free prescriptions and they will be charged at the local chemist but not the hospital pharmacy.

Religious and Spiritual

In religious terms there are difficulties of prayer times and in which direction prayer should be made, there are difficulties of diet, and there are difficulties of washing rituals and which gender staff could work with the patient, but these can be worked around. In response to these needs the chaplaincy team has offered to update the Religious and Cultural Guidelines for Stobhill. However, with the general hospital procedure, which assumes that part of spiritual care is the reduction of anxiety, which in turn leads to improved recovery and health, then the staff and chaplains have felt that they have been banging their heads against an immovable wall. Shifting the wall is dependent on other developments happening first. In discussion with staff, chaplains can help inform and listen, but if spiritual care in its broadest and most effective way is to be provided and the health of patients to be improved, then better communication comes first.

A theological reflection

Part of the role of the Christian chaplain to interpret and articulate, within a Christian framework, theologically what is happening. To help do this, study has been made of the theological response given by some of the major European theological figures from 1930s onwards as they wrestled with their experience. Reference will be made to Jurgen Moltmann and John Baptist Metz, (both POWs who had to cope with the disintegration of their world-view); Jacques Ellul (a French Resistance Fighter who went on to eschew violence); Dietrich Bonhoeffer (who was executed by the Nazis in prison); Karl Barth (deported by the Gestapo) and Karl Rahner and Hans urs Von Balthasar who both lived through the

the war. The significance of these theological figures is not just their prominence, but that their theology was heavily influenced by a previous time when Europe was full of the displaced, the tortured, and genocide. Of course war was not the only influence on their theology. The trends we see below had been running for some time. Rahner (Vorgrimmler 1986) was reacting against a "rigid Catholicism", Barth (Heron 1980) and Metz (1981) against "Cultural (Bourgeois) Protestantism", but the events of the 1930s & 1940s do provide the context of their theological thinking.

There are certain key themes that are common to the theologians named above. These themes will be considered in turn and related to Healthcare chaplaincy. These common themes are: 1] the centrality of Jesus within the Trinity; 2] the Kingdom of God; 3] the eschatological hope; and, 4] the Suffering of God and the role of the church in representing God.

Centrality of Jesus

Many examples could be given of the centrality of Jesus for these theologians. In the multi-cultural Scotland of the 21st century, we rightly espouse the virtue of tolerance. Many Asylum Seekers are Muslim, and entitled to expect from Christians a respect, both for themselves as persons and as adherents of one of the great world faiths, which may have been all too tragically lacking in their past experience. But the open and respectful welcome offered by Christians is possible precisely because we are rooted and grounded in Christ. Our attitude to the suffering world is shaped by our belief in the Incarnation, by which, according to Karl Rahner, God took the world 'fundamentally and once and for all into his mercy.'

We minister to the hurt and broken; as Christians, we can do so because in Jesus God has changed the ground rules. The mercy of God has overcome the sinfulness of man in all its dimensions. We do not ram theology down throats and so continue to abuse the abused, but we do have a confidence based in hope rooted in Christian tradition. From the total despair of the POW camp, Moltmann (1980) came to assert hope based on Christ and wrote:

*We are called to hope!
Let us go forth from our anxieties and learn to hope
from the Bible.*

*Let us reach beyond our limitations in order to find
a future in a new beginning.*

*Let us take no more account of barriers, but only of
the one who broke*

The barriers down.

He is risen, Christ is risen indeed. He is our future.

The Kingdom of God and Prayer

Both during, and more definitely after the War, this group of theologians affirmed the importance of initiatives for justice and reconstruction. But they did not stop there and argued that political initiatives were only a part of the answer. The clear responsibility of Christians was to look for the spiritual and the coming of the Kingdom of God (Rahner 1965). Only an understanding of the Kingdom "can save us from nationalism and false dreams of what the world will be like after" (Moltmann 1980). Ellul (1951) argues that we should give up the idea that we can make the world less sinful by our efforts, but equally we cannot accept it as it is. The Christian's job is to "discover the real spiritual difficulties which every political or economic situation contains. So far as the solution is concerned, it cannot be a rational one; it can only be a solution in terms of life and acceptance of forgiveness given in Jesus Christ" (Barth 1941). We ourselves cannot make ourselves good, this only happens as we are re-formed by the life of Christ (Ellul 1951). Ellul also speculates that if Christians had been really spiritual and prayed then the Nazi spirit would not have triumphed.

Christians need of course to exercise a prophetic witness through our engagement with the political realities of the day, while at the same time recognizing that the kingdom of God can never be realised in this way alone. Nevertheless, the murder of Firsat Dag has highlighted a darkness in the community which is as much spiritual as it is political and economic. Ellul would advise us to pray. It has to be our responsibility to encourage and join in with initiatives for boundary-crossing prayer in the City.

Eschatology (the doctrine of the Last Things)

Allied to hope for the world is a strong eschatology. Indeed, the Parousia (second coming of Christ) is the only hope for a broken world. It is to be suspected that academic theology west of Calais since the war has largely dismissed or demythologised eschatology (Bonhoeffer 1955). This is in contrast

to the theologians under consideration here. An example of this is Metz who writes: Christian faith declares itself on the *memoria passionis, mortis et resurrectionis Jesu Christi*. At the mid point of this faith is a specific *memoria passionis* on which is grounded the promise of future freedom for all. We remember the future of our freedom in the meaning of this his suffering – this is an eschatological statement that cannot be made more plausible through any subsequent accommodation and cannot be generally verified..

When confronted with the awe-full horror of patients who have suffered in ways we cannot imagine, and for whom genocide is not a fancy word, then with a (transcendent) eschatology we can operate out of an assurance that there will be justice and wholeness. This realisation will save us from despair and rage.

Suffering

The fourth common denominator of this post-war group is suffering and the presence of God in suffering. Sometimes a simplistic connection is made that in the suffering of people we see an image of the suffering of God. However, the controlling theological factor of this should not be the suffering of humanity, but the suffering of God through which we interpret the suffering of humanity. Perhaps in our own Scottish 21st Century thinking more thought could be given to the statement of Paul that we “complete” the sufferings of Christ. (Colossians 1:24)

Rahner (1966), in writing of prison chaplaincy views the church and her people as a sacrament. We represent Christ to the World. He then outlines two basic approaches. Firstly in the suffering of the prisoners we encounter Christ. Secondly we see an image of the reality that we live in, “an image of us in our prison of guilt and inability to perform any saving act” but we receive our freedom by the grace of God. So in the Asylum Seeker we face the fragility of our own life and understand anew our dependence on God for all that we are and have.

Conclusion

The practical problems outlined earlier challenge all of us who come into contact with Asylum Seekers to

move towards a more generous and understanding appreciation of the plight of the Stranger in a strange land. Congregations are challenged to prayer and to creative action. Health care professionals need to work towards improving communication, in order to overcome difficulties of language and of culture, and to acknowledge the importance of staff support.

A consideration of the European theological response of a previous time can enhance the chaplain’s spiritual resources in the context of our present situation. The Stranger in our midst, in the person of the Asylum Seeker, requires of us a response, both practical and spiritual, which is worthy of the Christ whom we profess. The Asylum Seeker of a different faith invites us to exercise a hospitality which emerges from our rootedness in Christ. S/he brings us face to face with the spiritual darkness in our own communities, as well as with the depravity of which humankind is capable: yet we are challenged not only to practical action and prophetic engagement with society, but also to place our whole hope and trust in God, and in the fulfilment of a higher justice. In the Asylum seeker, embodiment of suffering, we see our world in its lostness, and ourselves in our dependence upon the grace of God. Yet we also encounter the Christ who makes all things new.

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