



The
CENTER for
VICTIMS of
TORTURE

**Statement Submitted by the Center for Victims of Torture to the
U.S. House Judiciary Committee
“The Syrian Refugee Crisis and Its Impact on the
Security of the U.S. Refugee Admissions Program”
November 19, 2015**

The Center for Victims of Torture (CVT) welcomes the opportunity to submit a statement for this timely and important hearing on the Syrian refugee crisis and the U.S. Refugee Admissions Program (USRAP). CVT provides healing services to survivors of torture and severe war atrocities at its clinics in the United States, the Middle East and Africa and engages in training and capacity building initiatives in support of torture survivor rehabilitation programs worldwide.

CVT’s largest program serves urban refugees in Jordan. In 2015, CVT provided inter-disciplinary counseling, physical therapy and social work services to over 1,000 Syrian and Iraqi refugees who come to us with severe psychological and physical wounds resulting from torture and other traumatic experiences. For example, a CVT psychotherapist trainer recounted the story of her client, “Jana,” who was detained and tortured when she was almost 11 years old:

Jana was put with the other children in a dungeon underground in the dark for 22 days. They were beaten by four soldiers using guns and hoses, and were humiliated verbally... [She] witnessed the death of another child as a result of being tortured. The boy was beaten on his head using a hose and he was crying for help. The child was left bleeding until he died... Jana was extremely affected physically and psychologically by this experience... [She] developed severe PTSD symptoms, depression and anxiety... [She] became socially withdrawn, had nightmares about watching her friend being killed, guilt feelings as she recalled the boy’s voice crying for help as he was bleeding and she couldn’t help him. She would re-experience her trauma when she heard other children at home cry or scream, reminding her of the other children who were tortured.¹

As the House Judiciary Committee considers the Syrian refugee crisis and the role that USRAP can play in saving the lives of Syrian families and offering them new hope, CVT urges the honorable members of the Committee to not conflate the victims of terrorist activities and/or mass government-sponsored atrocities with the perpetrators of such horrific acts. At all of CVT’s programs that are helping survivors heal from severely traumatic experiences associated with war, violence, terrorism and government repression, we see the psychological, physical, economic, and security-related impacts of such horrors every day. CVT abhors the brutal and inhumane tactics that have been employed in the course of the Syrian conflict and by terrorist organizations with roots or bases in Syria. We stand in solidarity with efforts to bring perpetrators on all sides of the conflict to justice. We also support measures to ensure that the United States is not a safe haven for human rights violators and that USRAP is not exploited as a way for terrorists to enter the United States. At the same time, we believe that national security protections and a robust refugee resettlement program are not mutually exclusive.

¹Abbasi, Reem, “The Joy of Seeing Joy, Hope, Dignity and Spirit Restored in Victims of Torture,” MinnPost, October 2, 2015, <http://www.minnpost.com/community-voices/2015/10/joy-seeing-hope-dignity-and-spirit-restored-victims-torture>.

As explained in greater detail below, Syrian families are suffering. Jordan, Lebanon and Turkey are overwhelmed by the numbers of refugees in need of protection within their borders. Desperation is leading Syrians to assume huge risks in taking the dangerous journey to Europe and the refugee crisis in the Middle East has become a crisis in Europe. Believing that the United States can and must do more, CVT continues to call for the United States to commit to resettling 200,000 refugees in FY 2016, with 100,000 of them being Syrian. Likewise, given the high prevalence rates of torture and trauma among all refugee populations, including Syrians, CVT continues to call for increased investments in specialized trauma rehabilitation services for refugee survivors of torture in the United States.

The Syrian Refugee Crisis

As the conflict in Syria shows few signs of subsiding and its spill-over effects are increasingly evident—including through the rise and expansion of ISIS and the escalation of violence in Iraq—the levels of suffering, damage and despair throughout the region are immense. The UN High Commissioner for Refugees (UNHCR) reports that over 4 million Syrians are registered as refugees, with the majority in Turkey, Lebanon and Jordan.² The UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that 7.6 million people are displaced internally in Syria, with 12.2 million people in need of humanitarian assistance.³

Without the prospect of returning home in the near future and conditions for refugees in highly strained host communities ranging from challenging to hostile to impossible, refugees are becoming more frustrated and more desperate.⁴ As United Nations High Commissioner for Refugees, António Guterres stated, “One thing is clear: the situation in the region has become utterly unsustainable,” calling the crisis, “a cancer that risks spreading and metastasizing.”⁵

At CVT’s program in Jordan, clients report that life is extraordinarily challenging for refugees. One CVT client commented, “We are like the living dead here.” Work authorization is highly restricted and most refugees in Jordan do not have permission to work legally and earn a living. Simultaneously humanitarian assistance is being reduced or cut, leaving refugees in an impossible situation of having neither the means nor the opportunity to meet their basic needs of shelter, food, medical assistance and education. A CVT staff member in Jordan explained, “Syrians are feeling anger and frustration. Before they had the belief about returning, now they are stuck and they don’t know what to do.”

Given that children are less at risk of being punished or deported for violating labor restrictions, families are sending them to work, disrupting their limited educational opportunities and upsetting traditional family dynamics as children assume the role of the family’s breadwinner. Meanwhile, as children and as refugees, they are highly vulnerable to dangerous work environments and to being exploited by

² U.N. High Commissioner for Refugees: Syrian Regional Refugee Response, July 15, 2015, <http://data.unhcr.org/syrianrefugees/regional.php>.

³ U.N. Office for the Coordination of Humanitarian Affairs: Syrian Arab Republic Crisis Overview, September 2015, <http://www.unocha.org/syria>.

⁴ CARE International in Jordan, Five Years into Exile: The challenges faced by Syrian refugees outside camps in Jordan and how they and their host communities are coping, June 30, 2015, <http://www.care-international.org/uploaddocument/news/publications/english/care%20five%20years%20into%20exile%20exec%20summary%202015%20print%20final%20recut.pdf>.

⁵ Gladstone, Rick, “U.N. Refugee Official Calls Situation in Syria and Iraq ‘Unsustainable,’” The New York Times, April 24, 2015, <http://www.nytimes.com/2015/04/25/world/middleeast/un-refugee-official-calls-situation-in-syria-and-iraq-unsustainable.html>.

unscrupulous employers. A Syrian mother lamented about her teenage sons who are now responsible for supporting the family, including her daughter with a rare and costly medical condition, “Three years ago they were children and we had their father and suddenly they became adults with many responsibilities.”

Ultimately, the long-term solution to the Syrian refugee crisis will have to come through a peace process that creates the conditions for refugees to return home safely and voluntarily. However, there are few signs of the conflict ending soon and the immediate needs of refugees and host communities must be addressed in the short term. As part of this, the United States must substantially increase the number of Syrians it resettles in the coming years. Refugee resettlement not only helps address the immediate protection needs of some of the most vulnerable of refugees, it is also a vital component of international-responsibility sharing.

USRAP’s eligibility criteria and scrutiny are so rigorous at each stage refugees are the most thoroughly screened people to travel into the United States. Prior to being admitted, all refugees undergo a series of meticulous security screenings conducted by the U.S. government. These checks include multiple biographic and identity investigations; FBI biometric checks of fingerprints and photographs; in-depth, in-person interviews by specialized and well-trained Department of Homeland Security officers; medical screenings; and other checks by U.S. domestic and international intelligence agencies including the National Counterterrorism Center and National Security Council.⁶

The recent announcement by the Obama Administration of its intention to resettle 85,000 refugees in FY 2016, including at least 10,000 Syrian refugees, is a step forward. Thus far, the United States has only resettled 1,854 refugees.⁷ Nevertheless, given the scale and severity of refugee needs globally, current U.S. resettlement goals are still far more modest than the number of people the United States can and should welcome.

Recommendation: The United States should commit to resettling 200,000 refugees in FY 2016 with 100,000 of them being from Syria.

Torture Survivors Resettled to the United States

USRAP seeks to prioritize for resettlement the most vulnerable and those with the greatest humanitarian need. Annually, among the refugees who meet that criteria are thousands of survivors of torture and their families who are being given a chance to rebuild their lives in the United States.

Torture is the intentional infliction of severe pain and suffering, physical or psychological, upon another individual. Torture survivors come from all walks of life and corners of the globe. Some were journalists or pro-democracy activists who were targeted by oppressive regimes for their activities, while some were targeted for trying to practice their religion or live in accordance with their own sexual orientation or gender identity. Others were punished because of the activities of family members or friends, while

⁶ Center for American Progress, “Infographic: The Screening Process for Entry to the United States for Syrian Refugees,” <https://www.americanprogress.org/issues/immigration/news/2015/11/18/125812/infographic-the-screening-process-for-entry-to-the-united-states-for-syrian-refugees/>.

⁷ New York Times, “Paris Attack Intensifies Debate Over How Many Syrian Refugees to Allow into the U.S.,” <http://www.nytimes.com/interactive/2015/10/21/us/where-syrian-refugees-are-in-the-united-states.html>, November 16, 2015.

others were targeted because of humanitarian aid activities. Some were simply in the wrong place at the wrong time. Amnesty International found cases of torture committed by government officials in 141 countries between January 2009 and May 2013.⁸

For nearly 20 years, CVT has estimated that 400,000 – 500,000 refugee torture survivors live in the United States. However, based upon a meta-analysis of previous research studies, CVT has concluded that the number of refugee torture survivors in the United States could be nearly three times the previous estimate, making the refugee torture prevalence rate as high as 44 percent.⁹ Applying this percentage to the more than 3 million refugees who have arrived in the United States since 1975, the number of refugee torture survivors in the United States could be as high as 1.3 million without including the number of torture survivors who have been granted asylum status or other forms of immigration relief.¹⁰

Survivors report being subjected to severe beatings, rape, deprivation, and witness to murder and torture of family members. These experiences commonly lead survivors to demonstrate symptoms such as chronic pain in muscles and joints, headaches, incessant nightmares and other sleep disorders, stomach pain and nausea, severe depression and anxiety, guilt, self-hatred, the inability to concentrate, thoughts of suicide and posttraumatic stress disorder (PTSD). Studies suggest that 40-50% of refugees who survived torture experience posttraumatic stress disorder and/or major depressive disorder and thus often require mental health care to facilitate effective integration into communities and economies.¹¹

Effective torture survivor rehabilitation programs are able to address a survivor's physical, psychological, legal and social needs to reduce their suffering and restore functioning as quickly as possible. There are more than 40 specialized torture survivor rehabilitation programs operating in 25 states and the District of Columbia. However, all of these programs are under-resourced, under-staffed and face demands that far exceed capacity. Thus, current programming is only meeting a small fraction of the people in need and greater investments are required in order to ensure that survivors of torture have access to this lifesaving assistance.

Recommendation: Congress should increase funding to the Office of Refugee Resettlement Survivor of Torture program and pass the Torture Victims Relief Act of 2015, a bi-partisan bill championed by Senator Amy Klobuchar (D-MN) and Congressman Chris Smith (R-NJ/4th).

⁸ Amnesty International, "Torture in 2014: 30 Years of Broken Promises," <http://www.amnestyusa.org/sites/default/files/act400042014en.pdf>, 11.

⁹ Higson-Smith, Craig, "Updating the Estimate of Refugees Resettled in the United States who Have Suffered Torture," The Center for Victims of Torture, September 29, 2015, http://www.cvt.org/sites/cvt.org/files/SurvivorNumberMetaAnalysis_Sept2015.pdf.

¹⁰ U.S. Department of State, Bureau of Population, Refugees and Migration: Refugee Admissions, <http://www.state.gov/j/prm/ra/>.

¹¹ Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van Ommeren M., "Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis," Journal of the American Medical Association (JAMA), August 2009, abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19654388>.