



YEARLY REPORT 2020

HEALTHCARE FOR VICTIMS
OF TORTURE DURING THE
COVID-19 EPIDEMIC

CENTRE
PRIMO LEVI
VIVRE APRÈS
LA TORTURE

TABLE OF CONTENTS

01	EDITORIAL
03	KEY FIGURES
04	HIGHLIGHTS
07	HEALTHCARE
09	Reception and referrals
11	STORY Welcoming patients during a health crisis
13	Multidisciplinary healthcare
19	ANALYSIS Healthcare for victims of torture during the Covid-19 epidemic
21	Healthcare for minors
23	ANALYSIS Best practice approaches in accompanying minors who have been exposed to torture and political violence
24	Treating women victims of violence
26	Interpreting services
27	2020 activity of the care centre (in brief)
28	ANALYSIS Treating survivors of the "Libyan hell"
30	TRANSMISSION
32	The training centre
35	The quarterly review "Mémoires"
36	ADVOCACY
38	Institutional advocacy
40	ACAT-France - "Combatting impunity, a major challenge in victim recovery: the DRC example"
42	Médecins du Monde - "How to deal with the impact of the health crisis"
44	THE MEANS OF ACTION
46	Financial elements
49	Internal organisation
50	The three year action plan
51	The Primo Levi Centre mandate
53	Glossary

EDITORIAL

2020. A peculiar year. A grim year, during which each and every one of us was confronted, individually and collectively, with an unprecedented situation.

A global pandemic, a health crisis, social and economic crises, restrictions, we had to deal with these harsh realities, continue to live our lives in spite of everything, remain present for our loved ones and for the most vulnerable.

Between confinement and anxieties, the outside became hostile. Others became dangerous, the potential carriers of an invisible enemy, the coronavirus.

Though the first months of the year 2020 took place under the sign of permanent fear, especially from the March lockdown onwards, the human being has, once again, proved his capacity for resilience by adapting to multiple political injunctions.

We have learned to live with the reality of the Covid-19 pandemic, with the protective health measures and safety precautions that continue to weigh on our daily lives in order to safeguard ourselves and those around us.

The Primo Levi Centre was no exception to the rule. As soon as the lockdown was announced, the team had to take the necessary measures to operate remotely and protect patients while making the difficult decision to keep them physically distant from the healthcare centre for several months.

The first lockdown, during which we had to close our doors from March to May, had very negative consequences on many patients. Reminiscences of their past periods of confinement or situations of war and loneliness, but also difficulties in getting access to healthcare were sources of suffering.

In addition to these hardships on the body and mind, there were major legal and social difficulties, the context of the crisis further marginalizing some of our patients by exacerbating highly precarious situations.

With the shutdown of all administrative service counters, the procedures for applying for asylum or a temporary residence permit were put on hold, the difficulties of accessing the administration because of the dematerialization process were heightened. On the social level, the health crisis led to difficulties in finding food and accommodation as well as, basically, just getting around.

This growing state of precariousness has had harmful consequences on the ability of our patients to overcome the effects of trauma experienced in their country of origin or on their route to exile.

Faced with these difficulties, the Primo Levi Centre was able to adapt and continued monitoring at a distance during the lockdown period, regularly inquiring about the physical and psychological well-being of the vast majority of its patients.

The backing that the centre was able to offer, tailored to suit the needs of each and every patient, was rendered possible thanks to the active mobilisation of our partners and donors. Having set up of a strict health protocol, the Primo Levi Centre was able to reopen its doors, after the lockdown period, at the end of May, and welcome its patients once more without discontinuity since then.

Adaptability and goodwill have been the keywords throughout 2020. Adaptability to find immediate solutions to the difficulties imposed by the crisis, goodwill in order to establish continuity of healthcare by considering the specific difficulties of each and every one, enhanced by the crisis.

In this context, some of our actions went beyond our usual fields of intervention to ensure that no one was left behind.

Thus, despite a jostled year, the Primo Levi Centre maintained its activity and was able to take on its missions, which are even more needed than ever. 6,206 consultations were insured in 2020 with 412 patients.

Among them, a growing number testify to the violence inflicted on the journey to exile, especially during the passage in Libya where torture and injuries reign. Such experiences leave long-lasting, deeply-rooted scars that one mustn't forget to tend to in this crisis period.

Tried by the response to the pandemic and its social consequences, many professionals working with exiled people have expressed the wish to have access to spaces for reflection in order to recharge their batteries and share their experiences.

To meet their request, our training centre adapted to the constraints imposed by the health situation. Most of the training sessions planned for 2020 were offered by videoconference, 264 professionals and volunteers from the medico-social sector were trained during the year.

Likewise, the symposium "Between dreams and nightmares: the long night of exiles" initially planned for March 2020 brought together more than 300 people in October in a digital format. A meaningful way to finish off the year – a close to nightmarish year - through discussions summoning dreams for a better world.

Indeed, it is with this in mind that the professionals of the Primo Levi Centre continue to get up every morning, driven by the desire for a more just society, in which differences are no longer synonymous with rejection but rather with strength.

These battles were fought this year, through advocacy, by defending the right of asylum and access to medico-psychological care for all person who flee torture and political violence in their country of origin.

In order to render these claims as effective as possible and meet the growing needs of exiled people, the Primo Levi Centre launched, in July 2020 a strategic plan that aims to consolidate its healthcare activity, to develop its training sessions with professionals and to strengthen its overall impact.

The three-year plan is in line with the development logic that was initiated in the last few years, based on the mobilisation of both the team of salaried staff and the members of the Board of Directors.

With its three-year plan, the Primo Levi Centre seeks to strengthen ties with its founding associations, and in thus wishes to give the floor to two of them (ACAT-France and Médecins du Monde) by offering them to write texts in resonance with its activity.

It is therefore in an active and dynamic manner that the Primo Levi Centre came through 2020, with strengthened convictions and reinforced commitment to all exiles.

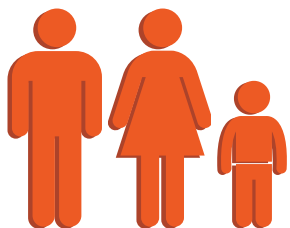
This mobilisation is made possible through the professionalism of its team, the active engagement of its Board of Directors and its volunteers, and the invaluable support of its numerous donors, financial partners and sponsors who enable the Centre to provide care, pass on know-how and raise awareness on a daily basis.



Antoine Ricard
President of the
Primo Levi Centre



KEY FIGURES



412
persons seen at
the centre



62
new patients



81
children



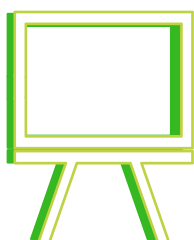
48
nationalities



6206
consultations



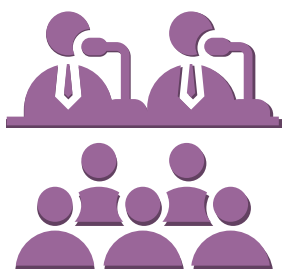
Of which
29%
with interpreters



32
trainings sessions



264
participants



13
representations



>1200
people reached
(professionals and general audience)

HIGHLIGHTS

The March 2020 lockdown

The health context and the containment measures forced the Primo Levi Centre to close its doors from March 17 to May 25, 2020. However, it was unthinkable to completely cease all activities. Indeed, our patients are comprised of a most vulnerable public for whom an abrupt cessation of healthcare would have disastrous consequences. The Primo Levi Centre team therefore rose up to the challenge in order to face this exceptional situation, adopting the necessary stance for quality listening, advice and support to take place. This was reflected on different levels:

MAINTAINING CONTINUITY OF TREATMENT AND HEALTHCARE

The main risks in the event of discontinuation of treatment concerned psychiatric decompensations, hypertension and diabetes. Doctors therefore continued to interact with patients to discuss their symptoms in order to follow the evolution of their state of health, to make contact with other close stakeholders and communicate with local pharmacies so that each patient was able to renew and continue their treatment without having to travel far from their place of residence.

Whenever possible, the psychologists at the Primo Levi Centre also maintained habitual weekly sessions in order to ensure continuity of follow-ups in a period favourable to depression, anxiety, suicidal tendencies... Regular calls between psychologists and patients were paramount. The conditions demanded a certain flexibility and mobility of each of the professionals of the healthcare centre.

In addition, the time taken for the diagnosis of Covid-19 was, and still remains, preponderant. A number of patients of the Primo Levi Centre were infected by the virus. In this situation, doctors kept in touch with the ill, cared for them (by sending their prescriptions and/or mobilising emergency medical services)

and informed them about the forms the disease could take, and the precautions to adopt to avoid contamination.

Many of our patients are cut off from sources of information. The formidable task of communicating the protective and sanitary measures was therefore undertaken. Instructions and preventive actions in particular had been translated into 21 languages at the initiative of volunteers and of the Migrants Reception and Support Office (BAAM).

RESPONDING TO EMERGENCY IN THE SOCIAL FIELD

In this exceptional context, the team of the Primo Levi Centre was forced to go beyond its mandate and engage in actions it is not used to taking.

To compensate for the temporary shutdown of food aid networks, the team distributed financial aid to the most disadvantaged patients, to help them cover their immediate needs, while waiting for alternative solutions. Our social service then acted as an intermediary between these solutions and our beneficiaries.

Among the patients at the Centre, five were identified as being devoid of shelter when the lockdown was announced. The social service worked hard to provide them with a solution for temporary accommodation. Thanks to the mobilisation of our donors and financial partners, they were accommodated in a rented apartment from March to June 2020.

In 2020, the Abbé Pierre Foundation attributed 400 service vouchers to the Primo Levi Centre which were then distributed to patients according to their needs. These service vouchers, worth 10 euros each, allow the purchase of basic necessities. Thanks to our network of partners we were able to secure a continuative form of support for the most vulnerable patients.

Thanks to Techfugees and Bienvenue WiFi, the Primo Levi Centre was able to provide six temporary internet access points to several of its patients during the first lockdown.

AND ALSO ...

17/03 - 25/05

Closing of the Primo Levi Centre due to the pandemic.

02/07

Adoption of the three years action plan :

In June of 2020, following the joint identification by the board of directors and the team of employees, in October 2019, of four priorities for the future, the Primo Levi Centre engaged a new chapter in its history with the adoption of a three-year action plan (2020-2023).

SECURING THE LEGAL FRAMEWORK

Despite the announcement of the suspension of legal and administrative procedures for patients applying for asylum as well as the extension of the validity of temporary residence permits, the crisis context proved to be source of anxiety and uncertainty. Our legal department therefore maintained informative and reassuring contact with everyone, followed up the cases and prepared as well as possible for the post-crisis period.

All these provisions were explained in a weekly newsletter devoted to presenting the adaptative activity of the Primo Levi Centre in times of a pandemic. Six newsletters were published during lockdown, with regular releases every Friday. Despite these measures and precautions, the spring lockdown had a very negative effect on many of our patients. It was important to be able to welcome them back to the healthcare centre in accordance with the sanitary measures, and to do it gradually from the 25th of May 2020. Henceforth, equipped with a strict sanitary protocol and properly resourced, the Primo Levi Centre has been able to remain continuously open since the summer, including during the second lockdown in November-December 2020.

“ For our patients, who, in their past experience, have often been isolated and hunted down, the lockdown may have been an already encountered condition, or indeed, a drill exercise in furthering their aptitude for withdrawal. But it will remain above all as the prospect of an insurmountable horizon of their condition, ever recurrent, of sustaining a bare life in which disappearance looms.”

Armando Cote, Clinical psychologist and psychoanalyst at the Primo Levi Centre

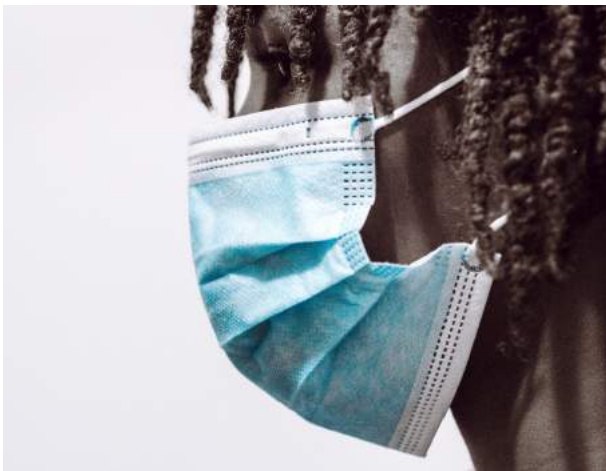


Photo credit : Kayla Speid



Photo credit: Tai's Captures

24/07

Colombia - Participation to the Columbian General Consulate in Paris initiative :

Through Zoom, moderation of two workshops: Victims of the armed conflict living in France.

06/10

Internal meeting at the Healthcare Centre:

Collective discussion on the lockdown period and changes due to the pandemic.

16/11

In Turin, Italy, participation to the Primo Levi Center for Studies symposium:

Through Zoom, intervention - The Word of Pain.

Symposium: “Between dreams and nightmares: the long night of exiles”

Dreams and nightmares affect every one of us, but they manifest themselves differently in our patients. For our clinicians, they may be expressions of the subconscious, indeed of a desire; but in our patients, they seem to be a sign of relentless yet ever unsuccessful attempts to forget negative experiences encountered in real-life.

The year 2020, with its enforced lockdown situation, which isolated and confined people, bringing up past emotions, was therefore both conducive to nightmares and the nighttime compulsion towards traumatic experiences, and an invitation to dream, opening a narrow path towards freedom and hope.

The symposium held by the Primo Levi Centre in October 2020 succeeded in drawing out the threads of each of those ideas through different topics and meetings, where dreams and nightmares were interwoven around the challenges facing exiles.

“BETWEEN DREAMS AND NIGHTMARES: THE LONG NIGHT OF EXILES”

Taking into account the deteriorating health situation and following the health authorities’ recommendations, the symposium “Between dreams and nightmares, the long night of exiles” was held by videoconference on the 15th and 16th of October 2020. The conferences themselves were given at the Centre Sèvres in Paris. The two days saw a whole series of contributions from professionals from our treatment centre, other institutions and also from academics, about issues related to dreams. These discussions sparked the interest of more than 300 participants.

THURSDAY OCTOBER 15TH: DREAMS AND DISAPPOINTMENTS

Following an introduction by the Primo Levi Centre’s executive director **Hélène Bonvalot**, and clinical psychologists and psychoanalysts at the Centre, **Armando Cote** and **Jacky Roptin**, the participants learned about and discussed what it means to live and talk about the migrant condition today through the prism of Ulysses’ nightmares. This session was presented by **Michel Agier**, anthropologist, researcher at the Institut de recherche pour le développement, (IRD - the French National Research Institute for Sustainable Development) and director of studies at EHESS, the School for Advanced Studies in the Social Sciences. Sleep medicine and its benefits was the subject discussed by the next contributors: neurologist and head of the department of sleep disorders at the Pitié Salpêtrière Hospital **Isabelle Arnulf**, and GP at the Centre Primo Levi **Agnès Afnaim**.

After a poetic interlude led by **Victoria Kaario**, outreach worker for teaching and creative work at the Maison de la Poésie, discussions continued with a section entitled: “The best route to the subconscious”, featuring the contributions of **Bertrand Piret**, psychiatrist and psychoanalyst in Strasbourg and co-founder of the organisation Parole Sans Frontière, and of **Armando Cote**. The first day ended with a discussion of the rude awakening exiles experience due to asylum policies and pathways, presented by **Karen Akoka**, lecturer in political sciences and researcher at the Institut des sciences sociales du politique (ISP) at the University of Paris Nanterre, and of **Aurélia Malhou**, legal adviser at the Centre Primo Levi.

FRIDAY OCTOBER 16TH: ESCAPING THE NIGHTMARE

Four contributions followed on the next day, completing the previous day’s discussion topics. The first, “The haunted worlds of childhood and adolescence” placed the experience of young people and their trauma at the centre of the discussion, via presentations by **Omar Guerrero**, clinical psychologist, psychoanalyst and member of the board of directors of the Primo Levi Centre, and **Martine Menès**, clinical psychologist and psychoanalyst. The next topic, “Asylum: our dreams, their nightmares”, examined the very expectations of people working with exiles, with a more sociological approach to the question. The presenters were **Evangeline Masson Diez**, doctoral student in sociology, and **Elise Plessis**, social worker at the Primo Levi Centre. **Antoine Duarte**, clinical psychologist, lecturer in psychology at the University of Toulouse and manager of the Institut psychodynamique du travail (The occupational psychodynamics institute), and **Beatrice Patsalides-Hofmann**, clinical psychologist and psychoanalyst at the Primo Levi Centre then explored the disillusionments encountered by professionals during a discussion entitled: “Working with exiles: in your dreams...” The next session sounded a more artistic note at a time when culture was in short supply, exploring the power of images and the creative field with filmmakers **Nicolas Klotz** and **Elisabeth Perceval**. **Antoine Ricard**, president of the Primo Levi Centre, brought the two days of intensive discussions to an end with his closing remarks.

This event was organized with the support of Sèvres Centre, as part of a project funded by the Directorate-General of the French Ministry for Solidarity and Health and the “Associations Grant” of the Fondation de France.



HEALTHCARE



In 2020, 412 people were received at the healthcare centre. Of these, 62 were new patients, down 42% from the previous year. The activity of the healthcare centre has therefore been maintained with an increase in the number of consultations delivered in the year (+ 8%), according to monitoring methods adjusted to health constraints, and despite the challenges presented by the Covid-19 pandemic and associated measures.

Among the new patients, 37% were minors - children with their family or unaccompanied minors - while this rate is globally 21% with regards to the overall number of patients. It's a notable percentage, which reflects growing needs.

Amongst new adult patients, the majority was constituted by isolated men, without any family at all in France, and who, in the context of an ever-present shortage of places for accommodation, are not eligible for being considered priority anywhere whatsoever. In addition, only 13% of new patients were accommodated in reception centers for asylum seekers (CADA), whereas more than half (51%) were actually in the process of applying for asylum.

Only 26% of new patients admitted in 2020 made their request for healthcare during their first year of exile, whereas this rate was 45% in 2019. Indeed, almost three-quarters of patients (74%) took more than a year to apply for a consultation with the Primo Levi Centre or be referred to our care centre after their arrival in France. Furthermore, though we try to provide effective admission in as short a time as possible, the high number of people on the waiting list does not allow for immediate reception. The waiting list has thus become an incompressible first step for accessing appropriate healthcare, further prolonging the time spent without access to care for people in increasing distress and precariousness, most presenting chronic symptoms.



RECEPTION AND REFERRALS

Healthcare applications in 2020

Admission is determined by a medical and / or psychological healthcare request or application. Physiotherapy sessions as well as social and / or legal support are only accessible to patients on the condition that they are already under the care of a doctor and / or a psychologist at the centre.

In 2020, **45% of consultation requests were made to the centre by the beneficiaries themselves.** The other requests were made either by a professional from another medico-social facility (35%), or by one of the clinicians of the care centre for a family member of one of their patients (20%).

PARTNERS

Requests for consultations sent by institutional and associative partners during the year 2020 came from professionals from a wide variety of fields: social workers, lawyers, staff from educational and social services of various homes, care providers (doctors, psychologists, psychiatrists), hospitals and other healthcare establishments, as well as volunteers and employees from the associative world providing primary assistance, guidance, accommodation or French-language courses to exiles.

This year, the care centre received an average of five written requests for treatment and support per week (by post and e-mail) and equally as many by phone calls each day for inquiries, referrals or reorientations if the requests do not fall within the mandate of the Primo Levi Centre.

Applications poured in from January to March 2020, fell sharply during the lockdown period in the spring, then resumed as of June 2020.

With the two periods of strict confinement coupled with the drastic health precautions to be observed, the Primo Levi Centre had to adapt to the difficulties of processing applications, and proposed intake interviews in compliance with the applicable health protocol.

The requests that end up “classified without follow-up” concern people who do not show up for the intake interview, or no longer wish

to maintain their admissions request, in the light of positive development of their situation.

Throughout the year :

68

consultation requests resulted in an admission and the beginning of treatment out of over 200 requests received

60

intake interviews were formalized (with an interpreter when necessary) after reception of a filled-out form for an adult consultation request

34

requests were re-directed elsewhere or classified without any follow-up

In 2020, managing the waiting list at a distance proved to be a difficult exercise: extension of the duration of treatment due to the health situation and the precautions to be taken on the premises (spatial limitations, continuation of working at a distance still for some colleagues, limited number of patients in the waiting room, etc.).

Many professionals from reception centres contacted our services during lockdown in order to address future patients who were getting worse and worse because of the lockdown. However, though the consequences of the health crisis were indeed a factor in the lack of well-being of referred future patients, the number of referrals for these reasons alone did not particularly increase.

Implementing the reception-watch during lockdown

On March 17, 2020, the healthcare centre closed its doors as a result of the health situation linked to the Covid-19 pandemic. The reception service had to operate remotely from March to June 2020, with:

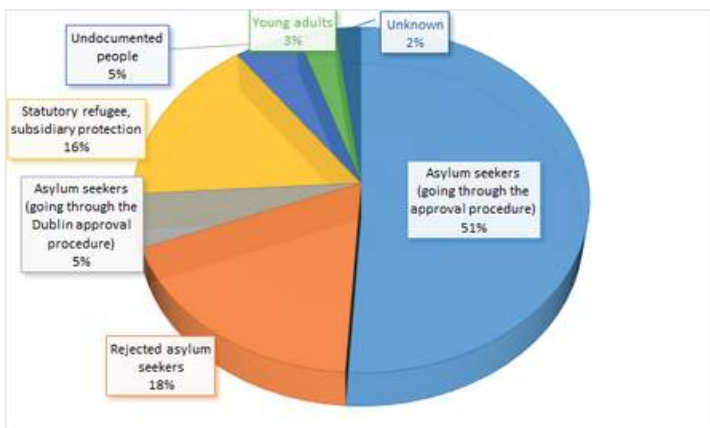
- **the establishment of a permanent hotline** on a professional mobile phone, accessible all-day long for both patients and professionals wishing to refer patients;
- **the establishment of a reception-watch service for patients** that we had not seen since before lockdown (because of the end-of-year strikes or because their appointments were spaced out in time)

but who remained nevertheless affiliated to the Centre, or those scarcely seen because they were just starting their treatment.

This worked as follows:

- **identification of patients in the active file** who needed to be informed of the temporary closing of the Centre, catching up with how they are coping, psychological, medical, social and legal assessment, if need be, and referral to the clinicians concerned;
- mid-way during lockdown, **setting up intake interviews for adults by phone** (with or without an interpreter) in order to follow up on future patients who had already sent their consultation request before and during confinement.

ADMINISTRATIVE SITUATION OF PERSONS RECEIVED FOR AN INTAKE INTERVIEW



Intake interviews via telephone continued during the second lockdown in October 2020, even though the Primo Levi Centre remained open for patients who wished to continue their sessions on the premises.

The reception-watch service concerned 134 patients in the active file and proved to be essential for both patients and professionals in the care centre. The monitoring it enabled made it possible to identify the most isolated people, to call them in order to reassure them and to ascertain their psychological well-being. The reception-watch service prevented patients an even greater isolation, with even more disastrous consequences than that already endured.

The activity generated by the hotline

The hotline reception is habitually scheduled on Mondays, Wednesdays and Friday afternoons from 2 p.m. to 5 p.m. It was set up to improve the quality of our telephone reception in order to take the time to answer the ever-growing number of calls from partners and individuals themselves,

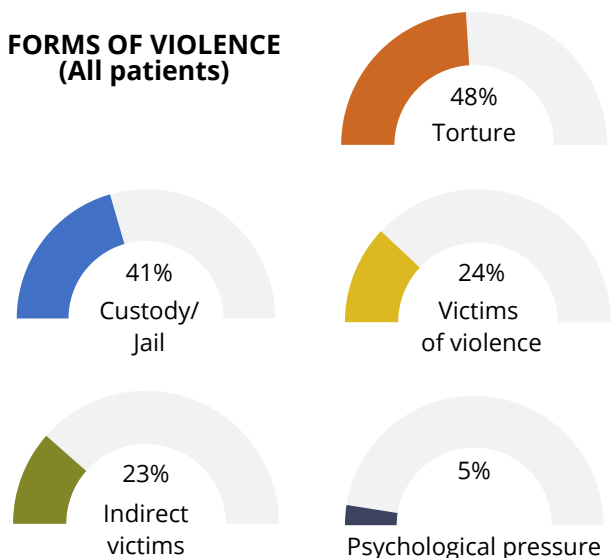
but above all to decongest the switchboard's sole telephone line. Indeed, **among the 614 calls handled during the spring 2020 lockdown, 341 concerned calls or recalls of patients treated at the Centre and the 273 others were referred by partners or donors** of the Primo Levi Centre.

These calls concern, on the one hand, requests for information about the Primo Levi Centre, or the need to find out whether the presented situation falls within our mandate; but also, on the other hand, information on the status of our waiting list to determine the possibility of sending healthcare requests; and finally, they concern the consultation requests already sent or awaiting referral to a clinician, in order to know in which position is the request and the remaining waiting time before an intake interview appointment or a first appointment for treatment can be proposed. Treatment requests initiated by institutional partners (that were predominant two years ago) are now increasingly giving way to individual requests from people who have identified the Primo Levi Centre via the internet. These persons have generally sought answers to their questions, their ailments and symptoms and therefore knowingly come forth to request treatment in the place that they themselves have identified as appropriate.

Despite the establishment of a third half-day of hotline (Wednesday afternoons), the number of calls for the past seven years is still strongly growing as well as the number of treatment requests coming through email. This is surely due to the geopolitical context and current migratory movements, but also to the deplorable reception conditions for exiles in France.

An overview of this significant increase in treatment requests instigated a global reflection on how to better organise reception services so as to improve on the quality of the listening and interaction provided.

FORMS OF VIOLENCE (All patients)



Welcoming patients during a health crisis

Lockdown was announced on 17 March 2020, bringing with it the suspension of consultations in the care centre premises. The most affected by these organisational changes were the Primo Levi Centre receptionists, who interact and speak with patients, answer phone calls and do so much more every day. Their work is of significant importance: they are the centre's barometer, its force and carefully establish a connection between patients and various health professionals. Several former patients come back just to give them their regards, sit in the warm atmosphere of the waiting room and exchange a few words with them and other patients.

Until March 2020, the centre's corridors would come alive every day with thriving conversations between various patients, occasional warm regards and an outpouring of solidarity encouraged by the words and smiles of those who welcome them. The reception room had lost its basic formal title of waiting room to become "their lounge".

Lockdown announcement: do not abandon the patients

Following the announcement of lockdown and closure of the Centre, the reception staff were first to swing into action. Having been informed on the morning the measures were taken by management in response to the government's announcements, the three receptionists immediately contemplated some solutions to prevent a disconnect between patients and care staff. However, solutions to these issues seemed doubtful in this unprecedented situation, which had taken many by surprise.

They felt greatly dismayed: "We didn't say goodbye to the patients, we were missing some of the folders that our colleagues had and I didn't know how connections or work were going to be maintained...", recalls Déborah Caetano, Reception Services manager. They took the necessary measures as soon as possible to deal with the transition to teleworking and short-time working. "I thought about the patients a lot: aren't we abandoning them?" This fear expressed by Déborah Caetano was also felt by her colleagues.

Given that these individuals had the weekly, or sometimes monthly, routine of travelling to the care centre to be welcomed and cared for, they and their circumstances suddenly became physically distant.

Receptionists had therefore never felt such a need to be close to reassure them, make sure they were doing well and that they were in an adequate situation they could maintain long term.

Key administrative measures were taken: recording a message on the answering machine announcing the closure of the Centre, cancelling appointments, cancelling interpreter sessions, facilitating the interaction between patients and psychologist colleagues and doctors to prevent this connection from petering out.

How to welcome remotely?

Welcoming patients involves phone calls, in-person information and conversations in the corridors every day. A daily helpline from 10am to 12pm five days a week was set up at the beginning of lockdown to maintain a connection with the most vulnerable patients. Once this announcement was made, the phone calls were non-stop; the phone rang constantly over these two hours.

After two days it had to be recognised that two hours were highly inadequate. Everyone made themselves available where possible and did so gladly. For several patients, this lockdown experience has essentially been like reliving the trauma of exile, the abuse suffered and forced confinement. One of them even revealed: "I'm going to go completely insane; it reminds me of imprisonment".

The receptionists' work was adapted to such situations and their outreach expanded. Déborah called this patient on a regular basis to check up on them or to sometimes just talk with them and be assured of their mental health.

Certain individuals sometimes contacted her just to talk. They cut themselves to briefly talk with her to clear their mind. A connection was made with a cultural-linguistic mediator through the Allophone communities in order to send audio and video recordings via Whatsapp to non-French-speaking patients at the Primo Levi Centre in various foreign languages (Tamil, Urdu, Arabic, Turkish, English, Hindi, Bengali...) to help them better understand this health situation, health concerning Covid-19, the procedures, the suspension of school curriculums since March, the various ministerial addresses concerning lockdown and unlocking and all of the latest changes...

Other issues soon emerged. The initial days of lockdown really highlighted the social difficulties that many of our patients were experiencing, mainly with regard to food and housing issues.

“We are a service in its own right.”

As stated above, the three “ladies from reception services” are those who establish the daily connection between the Centre and its patients and who put new patients at ease. They continued to take these responsibilities very seriously during this health crisis and their very involvement increased tenfold. They looked for ways to create a team dynamic and meet the demand throughout in order to refer them to colleagues as much as possible despite the uncertainty of this situation.

It was from this dynamic that they created the welcome-monitoring helpline, which involves identifying certain patients to call on a regular basis to assure them that the care centre team is still available despite the closure of the premises. As a matter of fact, none of them had realised that despite the closure of the centre itself, the professionals, the reception staff, the doctors, psychologists and social and legal assistants were still available by phone whenever they required. Thanks to the regular and daily monitoring carried out by receptionists, no patient is left behind. A wonderful show of solidarity was also observed from patients, which touched receptionist Juliette Krassilchik: “We were all on the same level, we were all going through this experience together. Some patients were checking up on us, our families and our colleagues...”.

The welcome-monitoring involved 134 individuals and turned out to be essential not only for patients and receptionists, but also for colleagues who all filled in a table with information identifying the needs of each individual contacted so as to take action at their level. Receptionists continued to establish connections and put clinicians and patients in touch where necessary. The social service was especially sought-after. The welcome and social services worked in tandem to mostly respond to food and housing issues, by mainly sheltering five patients who had no accommodation. In fact, some individuals found themselves in some extremely difficult situations with the suspension of community initiatives and food banks, caused by the government measures.

The way of working with patients at that time was not only concerning for certain partners, who contacted them to find out how the Centre worked, but also for certain sponsors.

What's next?

Although the pandemic is not yet over, the Primo Levi Centre opened regardless of this in May 2020 and has not closed its doors since. In addition to broader awareness and management of each other's situations, several lessons were learned from these few months of lockdown and positive habits were established, mainly in broadcasts and discussions concerning the situations encountered. In some instances, the discussions with patients are simplified by using Whatsapp to communicate quicker, confirm or cancel appointments and send certificates, prescriptions or documents to pass on to the legal practitioners or doctors.

A degree of adaptability was also developed for the welcome interviews in particular, which account for a significant part of the receptionists' work. Although these could be done by phone with an interpreter during lockdown, the Primo Levi Centre decided to move forward in a hybrid manner with an on-site return and to either offer a telephone or in-person interview, depending on the preferences of future patients.

As for in-person welcomes, hygiene measures are inevitably mandatory. It is also a receptionist's job to ask patients to clean their hands with an alcohol-based hand sanitiser upon arrival, to put their mask back on, to periodically get some fresh air and to remain vigilant. The welcome has changed. Now that there are no toys for children, no pens or pencils and no access to the library, the atmosphere there is not as warm. The patients must keep their distance from one another and there is a measure not to exceed. When some patients coming from afar arrive too early, the receptionists are obliged to ask them to wait outside to avoid overcrowding the space even though this can be tricky. Nevertheless, all patients readily participate in this exercise.

The use of the welcome service in maintaining the connection between patients and care centre colleagues was essential throughout the first lockdown and retains its full significance in the protection of all during this health crisis.

“*We were there for ourselves and others throughout this period. It was extremely touching that the patients took care of us too, that they checked up on and thanked us.”*

Juliette Krassilchik, receptionist and trainer

MULTIDISCIPLINARY HEALTHCARE

Psychological care

In 2020, 261 patients received psychological care (i.e., 70% of the overall active file), a figure slightly higher compared to 2019. In total, 2,883 psychological consultations took place over the year (amounting to 46% of all consultations).

When patients arrive at the Primo Levi Centre requesting psychological care and support, **they almost systematically express the need to "find themselves"**, faced with the impression that they have changed, that they are no longer the same person. Clinical psychologists step in thereafter to "share the burden" of such an unsettling impression.

Three spheres of symptoms are overwhelmingly present amongst people applying to be admitted for care:

- **Sleep-related complaints:** insomnia, nightmares, brutal wake-ups, etc.;
- **Physical pain**, but which can be triggered by certain thoughts or flashbacks (intense headaches, for example);
- **Memory and concentration difficulties.**

With a psychoanalytical point of reference and backing, the clinical work of the psychologist consists of enabling the patient to reach a point where he can authorize himself to retrieve his singular inner voice once again, outside of any legal obligation to "talk", and allow him to eventually find his place within the social fabric (as a man, as a husband, as a father and so forth).

The adapted scheme (face-to-face consultations, a more active presence of the therapist, the due respect for each person's rhythm and temporality, the possibility of expressing oneself in one's own language) of the extended psychological care and support was compromised this year because of the health crisis. However, faced with patients' manifestations of anxiety due to lockdown and the various traumas reactivated by multiple constraints, the active mobilisation of our psychologists during the periods of confinement considerably reduced the feared psychological consequences. Maintaining a link was essential, but not always feasible (cramped housing, digital divide, etc.).

The work of psychologists necessarily draws on multidisciplinary, within which each professional operates in his own field. This complementarity proves to be more and more essential each year given the growing precariousness in which patients are kept, and even more so in 2020 with the health crisis.

Medical care

In 2020, 78% of the active file (288 patients) received medical treatment and care at the healthcare centre. This rate, higher than that in 2019, confirms the change already noted in the previous year vis-à-vis psychological care and support, which were predominant before (in number of patients concerned).

In total, over the year, 1,426 consultations were delivered by doctors, or 23% of all consultations across all disciplines (23% also in 2019).

The year 2020 has indeed seen a very pronounced rise towards medical care: **(+ 8% compared to 2019)** confirming the predominance of patients seeking medical treatment, while, until 2018, the percentage of psychological care and support had always prevailed. This is no surprise, in a pandemic year precedent, where the anxieties associated with Covid-19, as well as the "side" effects from confinement such as psychosomatisations, depression or chronic illnesses are to be followed closely.

This management of the anxiety inherent in the pandemic represented a significant part of the medical activity, even though our patients are not particularly threatened (average age rather young, reduced mobility). The Primo Levi Centre has not had to deplore serious Covid-19 cases among its patients. The difficulty encountered by patients mainly concerned the echoing of the already instilled anxiety within them. Terrified, they regularly they called their doctor, called upon to listen, inform and reassure.



Physiotherapy

During 2020, **18 patients (4% of the overall active file) received regular physiotherapy sessions, for a total of 150 consultations.** This number is less than that of 2019 due to the health crisis and government measures. The follow-ups are generally operated over a long period of time. Some patients indeed benefit from support for more than four years.

In general, patients are referred (by a psychologist or a doctor from the centre) to the physiotherapist for back pain, neck or lumbar pain, various and sometimes very impressive after-effects. His role is to soothe the pain, relieve tension and locomotor disorders and restore functional abilities. Little by little, he reconstructs the body map of the patient and helps him/her to feel his body again, to reconnect with the areas scarred by violence.

Despite the mental strength and the willpower that they display, the patients undergoing treatment and support at the Primo Levi Centre are in fact very fragile and cannot be considered as "ordinary" patients. Approaching them, at least during the first sessions, requires special precaution. As with all fields of intervention proposed at the healthcare centre, time is needed to build trust between the clinician and the patient. Providing a gentle approach and explanations at all times are also fundamental to building trust.

In general, the complaints expressed by patients at the Primo Levi Centre are not treated as easily as elsewhere. Thus, headaches, a recurring symptom, do not come from cervical pathologies that could be quickly relieved. Very often, headaches are the expressed manifestations or outbursts of the physical and psychological aggressions endured in the past. This then requires a longer treatment process, based on rest and relaxation.

The cultural habits of patients are another specificity of our clinic. Most of the patients at the Primo Levi Centre come from countries where only classic methods are used (paracetamol for headaches, ointments for muscle pain, etc.). Comprehensive treatment methods, which allows for all the possible causes of pain to be considered, can then be difficult to get across.



During my five years at the Primo Levi Centre, I saw my work as being complementary to medical and psychological care. My work is truly supportive of our patients. My patients are often people who were very damaged, both physically and psychologically. The goal of physiotherapy is therefore to enable them to reclaim their body, to be able to accept a touch that is gentle after the harmful touch of their torturer."

Jacques Blain, physiotherapist at the Primo Levi Centre

CONSULTATIONS	Number of consultations in 2020	Rate in 2020	Average number of consultations / patient
Psychologist	2 883	46%	11
Doctor	1 426	23%	5
Physiotherapist	150	2%	8
Social workers	1 079	17%	5
Legal counsellor	594	10%	4
Reception service	52	1%	1
Management	22	-	1

NATURE OF THE FOLLOW-UP	Number of patients in 2020	Evolution in comparison to 2019	Percentage of patients being treated
Psychological	261	+ 4%	70% (65% in 2019)
Medical	288	+ 8%	78% (69% in 2019)
Physiotherapeutic	18	+ 20%	4% (4% in 2019)
Social	180	+ 2%	49% (46% in 2019)
Legal	151	- 3%	41% (41% in 2019)

Example of multi-disciplinary clinical management

Jules was born in Guinea in 2001. Orphaned, he was taken care of by an uncle and then by an acquaintance of the family, an active member of a Guinean opposition party. During a political action close to him in 2017, Jules's life was turned upside down: he was pursued by the armed forces, fled, was injured and arrested. He spent two nights in detention. After his release, he was taken in by an acquaintance of the party who organised his departure from Guinea for France, his life being in danger.

Jules arrived at the Primo Levi Centre in 2019. During his first appointment, he told the **clinical psychologist** who received him about his journey into exile and the degrading treatment he suffered in his country of origin. The symptoms he presents during his consultations are directly linked to the violence he experienced, especially during his arrest.

Jules is often seized with emotion when he broods over his past, and suffers from renal colic, a very painful pathology. His **general practitioner** at the Primo Levi Centre had to request several emergency hospitalizations for Jules. At the start of 2020, his medical situation stabilised, but the symptoms related to his journey into exile took over, especially his insomnia.

To this clinical setting is added Jules's precarious situation. Upon arrival in France, while still a minor, he was not recognised by child welfare services (ASE). Like many adolescent exiles, his minority was questioned, and he was considered an undocumented adult in the city of Bordeaux.

Confronted with police custody and severe difficulties with accommodation and food, Jules decided to go to Paris so as not to be issued an obligation to leave the French territory (OQTF).

Jules found himself a place in a basketball club in the 12th arrondissement. It allowed him to exercise his passion for sports. He applied for asylum in 2020 and was issued a place to stay in a reception centre for asylum seekers (CADA) thanks to the help of **the social worker from the Primo Levi healthcare centre**, thus acquiring a safer situation.

He then planned to resume his studies. On the guidance of his **social worker at the centre**, Jules enrolled in evening classes offered by the Paris Municipality. He was able to join a high school in Île-de-France and will soon be able to pass his baccalaureate (high-school degree).

This support and backing allowed Jules to prepare more serenely the narrative he was going to have to file as part of his asylum procedure with the help of **the legal counsellor of the Primo Levi Centre**. After an initial rejection by the French Office for the protection of refugees and stateless persons (OFPRA), he obtained refugee status at the beginning of March 2020, after his hearing before the National Asylum Court (CNDA).



Social support and accompaniment

In 2020, **180 people** were able to benefit from social support and accompaniment at the Primo Levi Centre, a figure up 2% from the previous year. However, the active file for social services was made up of only 12% of new patients, compared to 17% in 2019. Indeed, the health crisis led to a halt all reception of new patients during the first lockdown and then a slump thereafter. Overall, patients undergoing treatment and care required more attention than before. The social workers at the Primo Levi Centre carried out an average of six consultations per patient in 2020, compared to 5.26 in 2019.

The 180 patients benefitting from social support in 2020 corresponds to **49% of all persons in treatment at the Centre** this year (+3 points). Nearly half of all patients monitored in 2021 therefore had recourse to social services offered by the healthcare centre. In 2020, the social service delivered **1,079 consultations**, a **16% increase** compared to 932 consultations the previous year.

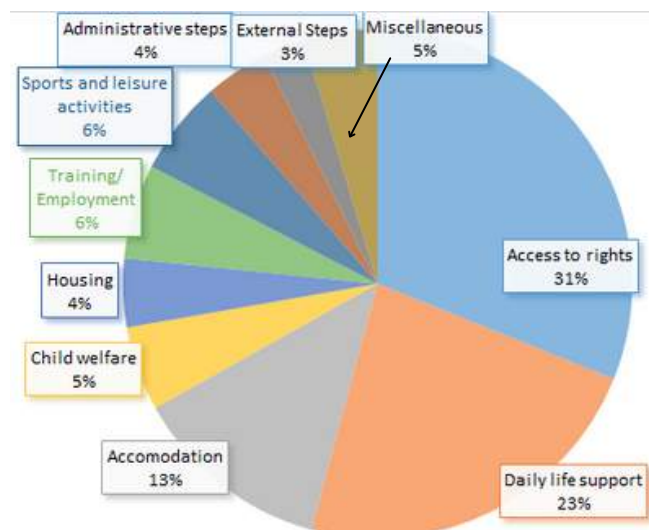
2020 was marked by the mobilization of one of the two social workers on an exceptional shelter arrangement for five patients from mid-March to the end of June, as well as a participatory action-research associated with this action.

The patients referred to the social services of the healthcare centre are in the most complex situations. As in the previous year, 85% of the active file of social workers is made up of patients who have benefitted from more than 30 consultations— all disciplines combined (corresponding to a highly sustained multidisciplinary approach – for very “needy” patients.

Social Support Service activity

Access to rights [1]	32%
Daily living assistance [2]	24%
Housing	13%
Training/Employment	7%
Child Welfare [3]	5%
Housing	5%
Miscellaneous [4]	5%
Assistance with administrative procedure [5]	4%
Sports and leisure activities	2%
External steps [6]	1%

Proportion of Social Support Service patients



In addition, rejected asylum seekers (undocumented therefore) represented 36% of the active file of social workers in 2020, compared to 25% among all adult patients at the care centre. Rejected asylum seekers were in 2020 still the largest proportion — **more than a third (36%) — of patients** who were referred to the social service. **People (and families) who are unsuccessful in their asylum application** (therefore without papers) have few rights. Faced with restricted means (emergency housing, exceptional financial aid, extremely complicated-to-obtain State medical aid), a tangible feeling of helplessness overwhelms them, an inhospitable reception policy takes hold.

For our social workers, having to constantly look for solutions, for each and every need, **in accompaniment of a pure logic for survival**, without being able to build on and support a project for the future with these patients is exhausting and even more so for the primarily concerned. Any potential project is suspended to the change of administrative status and determined by legal work to be pursued (this could mean an application for a temporary residence permit for healthcare reasons or for “private and family life”, a renewed application for the revision of the initial asylum request in the event of new elements, etc.). The waiting then seems endless.

In 2020, the outbreak of the pandemic, and in particular the lockdown and its physical and psychological, material and financial difficulties, completely upset the order of priorities in the lives of patients at the Primo Levi Centre. Enabling access to food and digital means to stay in touch with school (for children) and loved ones are the two areas in which the social service had to be considerably mobilised.

[1] Access to health coverage and to the asylum seeker financial support

[2] Transportation, food supply, financial support

[3] Nursery, social support, family reunification, schooling

[4] Reception and information, eg. about adoption, anonymous childbirth, listening and prevention

[5] Financial support for the administrative procedure and preparation of the administrative paperwork (photos, translations, lawyers fees etc.)

[6] Home visits, review meetings with other institutions, personal support

Following just a few steps behind patients having been rejected asylum, in descending order of importance, are, in 2020, **patients having obtained refugee status**. While, until 2016, the second place in ranking of patients accompanied by the social service was held by patients having obtained residence permit (for various reasons), this year again, statutory refugees make up more than a quarter of patients assisted social work wise. In total, the active file of our social workers is made up — for almost two thirds (62%) — of people who are rejected asylum seekers on the one hand (without any rights and without prospects for the future, filled with anguish and insecurities), and legal refugees on the other hand (with all rights open to housing, training, employment, etc.... but without really having access to it all, due to lack of social support available elsewhere).

Under the status of "asylum seeker" is an assorted set of situations: people under normal procedure before OFPRA or at the appeals stage (CNDA), the applications in "accelerated" processing, renewed asylum application, people under the Dublin Convention who do not yet know if their application will actually be processed by the French authorities. During the spring 2020 lockdown, all legal proceedings were suspended, which further delayed the clarification of administrative situations and the associated access to rights. The social service is therefore faced with people with a wide variety of administrative and legal situations coming from all over Ile-de-France region.

Legal counselling and support

In 2020, **the legal department of the Primo Levi Centre assisted 151 patients**. It was provided by a part-time employee (0.8 PTE) and benefited from the help of a jurist in civic service from January to October 2020. They were able to provide support to the patients in their dealings with administrations, in particular to try to solve the problem of access to prefectures, and provide support on the ground.

During the confinement period from March to May, legal support with patients of the Primo Levi Centre was able to continue mainly by telephone and then gradually, from June, in person and on the premises. The link with patients during this period of confinement made it possible to reassure them, to listen to them and to inform them of their rights within the framework of the regulations in force, in particular in relation to procedures underway concerning their asylum application or their application for a temporary residence permit. **A significant number of interviews at the French Office for the Protection of Refugees and Stateless Persons (OFPRA), hearings at the National Court of Asylum (CNDA), appointments in prefecture were postponed.**

Appeals could still be filed by e-mail as well as letters sent to administrations during the first confinement. The year 2020 was marked by a certain worsening, linked to the health crisis, of the problem of access to prefectures, both for asylum applications and for application for a temporary residence permit. The slowdown in procedures and access to rights has had a significant impact on patients at the Primo Levi Centre. During the first confinement, the Primo Levi Centre made a referral to the Defender of Rights for a patient who only managed to get an appointment at the end of the year after eight months of waiting, on December 1, 2020.

ASYLUM CLAIM

45 accompanied patients were in the asylum process in 2020, i.e. almost one third of the patients assisted by the jurist. Legal support was provided to them at various stages of this procedure: collecting elements for the narrative, development of a complementary narrative, gathering and transmitting documents, follow-up of the procedure, linking with the lawyer for the appeal against the decision of OFPRA with the CNDA, preparation for the interview and the hearing, linking with the accompanying third party associations (mainly with the Groupe Accueil et Solidarité - Welcome and Solidarity Group -, association accredited by OFPRA to act as a third party guide) and institutions, accompaniments in prefecture. For these 45 patients in the asylum procedure, the support work proposed mainly concerned patients (26 of them) preparing for their OFPRA interview, including two in post-Dublin procedure, as well as 17 patients for whom recourse was filed with the CNDA after their asylum application was rejected by OFPRA. A patient is also still in the Dublin procedure and an unaccompanied minor still not having applied for asylum is supported by Child Welfare services (ASE).

Among the 45 patients going through the asylum procedure (13 of them being in the process) :

- 11** were in the process of a review procedure introduced by the Legal department of Primo Levi Centre
- 15** were granted a protection (14 of them obtained refugee status and one subsidiary protection)
- 4** obtained refugee status as part of a review proceeding
- 3** were denied by order and without a hearing

“UNDOCUMENTED” PATIENTS

The legal department also assisted **52 "undocumented" patients in preparation of an application for a temporary residence permit or another ongoing procedure.** This therefore mainly concerned the files submitted in 2019 with the support of the legal service, either at the prefecture level for a temporary residence permit application, or pending before the administrative court for an appeal against a refusal of stay, or before the administrative court of appeals.

Of these 52 patients, 24 were undergoing the procedure, of which only 13 patients were able to apply for a residence permit during 2020: for medical reasons, following a cancellation of the prefecture's refusal to stay by the administrative court or because of their salaried work for the most part.

There is a clear decrease compared to 2019 (33 patients had this opportunity last year) which can be explained by the shutdown of prefectures during the first lockdown then by reduced face-to-face reception with obligation to make an appointment on the internet almost impossible to obtain. Among those who have applied for a temporary residence permit for medical reasons, five patients were refused a stay with obligation to leave French territory (OQTF). Appeals were subsequently filed before the administrative tribunal.

Among these 24 patients, 15 were undergoing proceedings before the administrative court (including the five who were refused a stay in 2020 for medical reasons) and two before the administrative court of appeals.

Only five patients obtained a temporary residence permit in 2020, two of which were the result of a cancellation of a refusal to stay with OQTF, by the administrative court. The health crisis has had an impact on this figure as fewer patients were able to submit claims and procedures were greatly slowed down.

For the 28 other patients in an “undocumented” situation, procedures for requesting temporary residence permit or request for re-examination of asylum application are in preparation. At the end of 2020, nine patients were waiting to have an appointment on the internet to file an application for a residence permit or for the re-examination of their asylum application, a dysfunction linked to the health crisis. Help was given to them to compile screenshots of non-existent time slots on the websites of the prefectures in order to refer the matter to the Defender of Rights or take useful measures.

Among the 24 patients with a valid temporary residence permit



PATIENTS ALREADY IN POSSESSION OF AN ADMINISTRATIVE A STATUS

(residence permit, refugee status or French nationality)

54 patients addressed to the legal department in 2020 were already in possession of an administrative status:

- 24 patients had a temporary residence permit (obtained in 2018 or 2019 with support from the legal service) and needed the assistance of the legal service for the renewal of their residence permit (for treatment or for family reasons);
- 30 patients had refugee status and appealed to the legal service mainly to request the family reunification procedure or make a French-nationality request.

PATIENTS' COUNTRIES OF ORIGIN
(All patients)



Health-care for victims of torture during the Covid-19 epidemic

The global pandemic and the announcement of the first lockdown in March 2020 represented a challenging upheaval for the clinicians of the Primo Levi healthcare centre with regards to the manner in which their work takes place and is organised. More than ever, it was necessary to be present for our patients and adapt all treatment, care and support as close as possible to their needs. Indeed, between traumatic flashbacks, the reawakening of buried pains and primary needs, implications regarding healthcare and support were substantial during this period.

Psychological support Considerable aggravation of psychopathologies

The health crisis strongly marked the Primo Levi Centre's healthcare approach as well as the patients' psychological state. From March to May, consultations took place via telephone, except for some patients who remained unreachable or who weren't able to have access to suitable conditions for a psychotherapy session to take place (lack of privacy within congested dwellings, difficulty of working through certain issues by telephone without any possible eye-contact). For many, the need for regular psychotherapeutic sessions were replaced by primary needs: food, shelter, seclusion. Indeed, faced with this unprecedented situation, the expression for material needs largely impinged on psychotherapeutic needs, which, in turn, strongly affected patient's mental health and their treatment needs. According to the clinical psychologist Beatrice Patsalides Hoffman, "Some patients became very depressed, had hallucinations, nightmares, insomnia. The lockdown aggravated the psychopathologies of the majority of them as well as their sense of isolation". Important setbacks were noted (depression, anxiety, despair, lack of perspective, intention to return to one's home country, suicidal thoughts), especially among those who have endured the experience of detention; with the memory of imprisonment superimposing on the experience yet again of confinement. Added to this was the anguish related to this unknown disease. "They felt even more marginalized". Regular calls between psychologists and patients proved to be crucial.

From May 2020 onwards it became important to reinstate a physical presence once again, physical contact was necessary. "The body is present, the gestures are present. For many, coming to the Centre was very important. To leave the place you live in and make the trip requires a physical but also psychological effort. Seeing other people in the waiting room, chatting... it's all part of the treatment", adds Beatrice Patsalides Hoffman. However, despite the reopening of the Centre, "the psychological confinement never stopped".

The isolation and fear are still there. For patients, the persecuting agent is blurred. They came to the healthcare centre to break free from the oppression of a torturer, to which is now added an invisible virus.

According to Jacky Roptin, clinical psychologist at the Primo Levi care centre, this situation generates a relationship with temporality. The state of confinement is a suspension of time. However, when "time is suspended" one necessarily goes to the past, "time doesn't seem to be carrying out its work. They are back there again, it's a present-day reality that is experienced through nightmares and phobias". Of course, the repercussions are not the same on all patients, depending on their personal history, the abuse and ill-treatment they have experienced in the past, their evolution in terms of psychological treatment as well as their surroundings. Some were accompanied and supported by their families during confinement, meanwhile others were fully isolated. Loneliness, "the disappearance of an 'other' reminds the absence of their loved ones, the circumstances that brought about their losses, the absence of community", adds Jacky Roptin.

While for some patients the end of this period of forced isolation stimulated a show of great will towards their social and professional integration (involvement in projects, job-training, language classes), others, meanwhile, were all the more distant and marginalized. "The administrative situation plays a leading role in the mental state of people", concludes Beatrice Patsalides Hoffman.

Medical treatment and support Healing the body from afar

"In the space of physical co-presence, we are attentive to a myriad of micro-signs which are inevitably missing when one is at a distance", explains Agnès Afnaïm, general practitioner at the Primo Levi care centre. During the first lockdown, the doctors of the care centre were committed to maintaining, when possible, the link with their patients by phone. To the treatment and follow-up of already present pathologies, was added the prevention and treatment of Covid-19, in particular through maintaining a regular dialogue with local pharmacies regarding access to treatments and medication that can no longer be provided by the on-site pharmacy of the healthcare centre. "This period indeed gave way to deficiencies", adds Pamela Der Antonian, also a general practitioner at the Primo Levi Centre. Even though health professionals made a point of being present as much as possible in order to prevent the discomfort from taking over, the lockdown nevertheless subsisted as being "a form of confinement, a moment for trauma reactivation". The follow-up of some patients therefore stagnated, their state of health deteriorated, even for those in whom improvements had been observed well before lockdown.

The Primo Levi Centre had to close during the first lockdown but managed to maintain the connection with their patients be it at a distance, in order to support them and avoid any interruption of treatment, in particular for the most fragile amongst them or for those suffering from chronic pathologies. Despite the reopening of the Primo Levi care centre in May, fear spread amongst many patients who tended to come less and less for their appointments. "I used to use a hands-on manual treatment for some patients. Many gave it up. This meant less support for them though the need was in fact on the rise in view of the stress related to this period", emphasizes Agnès Afnaïm.

Some patients were very much affected, the restrictions and prohibitions referring them to painful periods in their past, pain that endures over time and has a real impact on their condition and health, due to concerns over their loved ones remaining in their home country. "Of course one cannot put a stethoscope to listen to the patient's lungs over the phone, but the fact that we were present, even at a distance, during the lockdown was immensely supporting for our patients". "It still comes down to words alone placed on a body that is not examined, however", laments Pamela Der Antonian.

Social support Ensuring basic necessities

When the lockdown was announced in March 2020, five patients from the healthcare centre were awaiting to be sheltered by the SAMU Social. It was decided therefore to seek accommodation for them. The mobilization of social workers from the Centre allowed for housing to be found for them until the end of June 2020. "During the first lockdown, our priority was to ensure that all patients were indeed sheltered, that they had enough to eat and take care of themselves, that children were safe" explains Pauline Langlade, social worker at the Primo Levi Centre. The first issues of concern were therefore ensuring mainly primary needs (food, security, shelter). Social workers even delivered food at times, distributed computers and tablets provided by Emmaüs Connect and Wifi Bienvenue in order to avoid the digital divide, namely for children and students.

One of the first challenges was to identify healthcare facilities, associations and local social services that remained open in order to provide the best possible guidance for patients in need, bearing in mind that patients reside throughout the Ile-de-France region as well as in certain neighbouring departments. Even today, social situations remain detrimental as the health crisis drags on: "It's a vicious circle", deplores Pauline Langlade, "people living in emergency accommodation centres are abandoned.

While they should be leaving the emergency facilities, they remain there because the social workers working in these facilities do not have the human resources needed to help them get out". Since March 2020, many patients who hardly needed any kind of social support up to then were referred to the centre's social workers for needs related to the social and health crisis context.

Legal follow-up Legal procedures on hold, an endless waiting period for patients.

Already, prior to the health crisis, access to different telephone platforms (to secure an appointment) and access to on-site counters to file asylum and residence permit applications was extremely difficult for our patients, the procedures are long and very often without immediate results. The health crisis worsened this phenomenon, especially during the first lockdown, during which procedures were impossible to carry out due to the closure of all prefectures but also because of the difficult access to the OFII telephone platform (French Office for Immigration and Integration) in the Ile-de-France region - an essential step to filing an asylum application - already saturated in normal times, and strictly unreachable between March and May. Throughout several months, not a single administrative procedure was possible for exiles who recently arrived in France. The appointments remain, still today, more difficult to obtain than before.

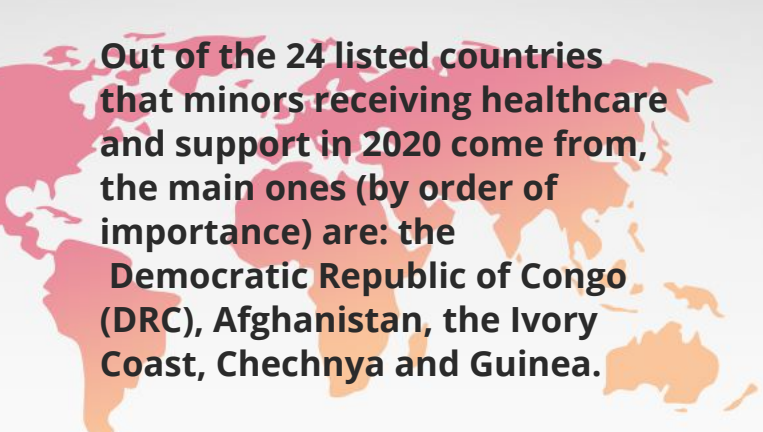
Aurélia Malhou, jurist at the Primo Levi healthcare centre, also noticed a significant lack of information for exiles who were often lost in the midst of obscure government guidelines: "During the first lockdown, we spent time calling patients, informing them, encouraging them because they didn't even know if they were allowed to go outside. The undocumented patients feared police checks, so it was necessary to reassure them, to help them fulfil out their exceptional travel certificates in order to go out and buy groceries". Legal counselling and support continued via telephone and gradually activity was resumed in the premises of the Centre in May and June 2020. Regarding the applications for temporary residence permits, the systems for booking appointments have hardly been working since the crisis: if two of our patients succeeded in obtaining interviews at the end of the year, the vast majority are still waiting and are enduring major legal uncertainties.



CARING FOR MINORS

Reception and referral

Over the year, in total, **81 minors were received for healthcare and support at the centre, they were mostly aged between 10 to 17 years old.** This number remains stable with regards to 2019 and represented **22% of the overall active file of patients. 23 minors were admitted in 2020,** comparatively lower this year after a consistent increase over the last three years (42 in 2019, 36 in 2018). However, 37% of new patients are minors, which represents an increase in the proportion of minors within overall admissions. Among these newly admitted minors, more than half are unaccompanied (12).



Out of the 24 listed countries that minors receiving healthcare and support in 2020 come from, the main ones (by order of importance) are: the Democratic Republic of Congo (DRC), Afghanistan, the Ivory Coast, Chechnya and Guinea.

For patients who are minors, though the mainland Sub-Saharan region predominates (71% of new arrivals), the main countries of origin are Guinea, the Republic Democratic Republic of Congo, Ivory Coast and Bangladesh.

All of them - the children and adolescents, and indeed also the young adults who have just turned 18 in 2020 - have extremely chaotic backgrounds, marked by the violence to which they were exposed to in their country and on their journey in exile, and yet again through the precariousness and wanderings they are faced with in France. They are in suffering and develop various disorders (insomnia, nightmares, bedwetting, sleepwalking, strabismus, depression, behavioural and learning issues, etc.) that become worrying for those around them, and lead to seek treatment and care for them at our Centre.

In 2020, admission requests concerning minors were sent overwhelmingly by partner institutions (95%), especially by social workers or psychologists. The others were referred by private individuals or by a family member already receiving treatment at the Primo Levi healthcare centre.

The type of healthcare that minors receive is essentially psychological. Unlike adults, they are taken into charge without any preliminary admissions interview. For some of these young patients, especially the unaccompanied minors (admitted as such), healthcare necessarily includes a social, medical and/ or legal accompaniment and guidance, especially as they approach the age of majority and thereafter.

Sessions with a psychologist

In 2020, **all of the 81 minors (of which 55% boys , 45% girls) received as patients at the centre** were under psychological care, for a total of 661 consultations (representing 71% of all consultations for minors delivered in the year).

One of the characteristics of the clinical work with children - especially for those who are with their family - is the necessary presence of an adult caregiver who accompanies the child to appointments. In the first stages of therapy with children, the connection established with this third party is essential since, well before hearing the child's voice, it is from this adult person that the first request for treatment will be voiced. It is also he/she who has the connection with the child's school, the residence centre for asylum seekers or all other facilities that can provide information on what the child or adolescent is experiencing.

Thereafter, consultations take place with the child or adolescent alone. In so doing, we allow them to have an adapted space of their own from which they may speak freely. As a matter of fact, very often children do not allow themselves to talk about their suffering because of shame, guilt or fear of adding to the suffering of their parents.

This reality, however, implies that continuity (and sometimes the termination) of treatment does not depend only on the child/adolescent but also the "hazards" faced by the accompanying third parties, like a change of accommodation, administrative appointments, resumption of a professional activity, etc.

THE EFFECTS OF PRECARIETY

One of the findings of 2020, unfortunately recurring, is the deterioration of reception conditions for people in exile on French territory, and in particular in terms of accommodation. For some patients, living conditions are similar to those encountered in international refugee camps. In this context, families - and their children - are concerned about daily survival and can hardly invest resources in building a life and a future for themselves. Thinking the future is impossible as long as the question of the present is not resolved.

This is the situation faced by many children who arrive in France. This situation is not new, but the observation is that it has become severe.

This situation has repercussions both on the children's school achievement, but also on their access to health care, since they are not in the required psychological disposition to commence sessions with a psychologist.

THE CONNECTION WITH SCHOOL

As part of the clinical work with minors, establishing a connection with schools is a key focus. It enables one to collect information that neither the child, nor the mother or the father can give to the psychologist, often due to the language barrier, but also the fragility and/or lack of availability of parents. But, above all, it allows educational teams to consider more clearly an educational orientation for the child/adolescent.

In the majority of cases, the connection is established by phone and email. However, when the issue at stake is a major one, the psychologists of the healthcare centre go to the schools to participate in review meetings with educational teams. Certain decisions that may have to take can lead to extremely important consequences for the child's future, the intervention of psychologists is therefore essential, to avoid the "medicalization" of problems that most of the time concern the social situation of children and their families (language problems, lack of parental support, inadequate conditions of accommodation that does not allow the child to work well, to sleep well, malnourishment, no access to a computer, etc.) Most often, with more time and attention devoted to them, these children do well in school. The work of psychologists is to prevent these children from (also) being excluded from the classic school system and to support schools in their search for and implementation of solutions and remedies adapted to their specific reality.

THE LANGUAGE BARRIER

The lack of mastery of the French language is at the heart of many difficulties. On the one hand, it isolates the mother or the father from any important information concerning his or her child with regards to education and access to health care. On the other hand, children and adolescents often have to act as interpreters for their parents with the tacit "complicity" of adults who tolerate their presence in hospitals, courts, law firms, administrations, etc. without anyone being so much as surprised or alarmed by this presence during school time.

Finally, a large number of situations where school failure is noted arise from children who, faced with learning the French language, find themselves utterly alone. The work of psychologists, assisted by the social workers of the healthcare centre, thus consists of restoring as much as possible the place of parents in the education of their children. Social workers are also mobilized in the search for support schemes (help with homework, French-language classes) for children struggling the most.

UNACCOMPANIED MINORS

30 unaccompanied minors received treatment and support at the Primo Levi Centre in 2020 (including 12 newcomers admitted during the year).

The majority of these young patients are from sub-Saharan Africa (mainly from the Democratic Republic of the Congo, Guinea, Nigeria or Sudan) and the Middle East (Afghanistan, Turkey). Violence broke into the lives of these young patients, aged 13 to 18, very early on. To the violence and abuse that they have suffered must be added the loss of all or part of their family as well as the forced separation. The hardships of the journey (death of a companion, theft, ill-treatment of smugglers) contribute in knotting furthermore the trauma. The atrocities witnessed and endured, the confrontation with death, their chaotic itinerary, have left very deep and painful after effects.

Upon arrival at the Primo Levi Centre, all are in a very degraded psychological state. They suffer from anxiety attacks, insomnia, nightmares, psychosomatic disorders (very violent migraines, stomach pains and cramps, breathing and cardiac rhythm disorders), behavioural problems, and are sometimes locked into silence. Torture and political violence attack, in effect, social ties: the ability to trust others and in oneself is impaired. Trauma causes a deep rupture in their history and the pain that ensues, whether physical or psychological, lasts a very long time afterwards. The psychological pain is so deep that it is disabling (shame, guilt, mourning, pain of exile, but also the "disorienting" effects of torture, loss of spatio-temporal bearings, sense of direction, sense of time, etc.).

The hardships they underwent prematurely distanced them from childhood, tore them away from parental guardianship. An unaccompanied minor is not born again upon arrival in France. In his daily life, the adolescent commits fully, responding to all types of solicitations and interactions that come his way, in much the same way as with his world of imagination, (imaginary yet so very real), without always making the distinction between the two.



Best practice approaches in accompanying minors who have been exposed to torture and political violence

Psychological support for children in exile is a major issue

For children who have witnessed or have been direct victims of political violence, the primary consequences of which are loss of loved ones and bereavement, separation, deprivation and exile, arrival in the country of refuge is never the respite expected, nor a relief. On the contrary, it is the concrete encounter with exile, one they did not choose, meaning not only a loss of cultural, community and linguistic references but also of familiar surroundings (home, family, friends, school), as well as being confronted with the dire conditions of social precariousness that has an impact on the entire family (involving dietary restrictions, access to healthcare or various other rights, overcrowded and inadequate housing), additionally to being denied schooling or having a very disrupted one.

Presently, the Primo Levi Centre notes that the routes of exile have become just as traumatic as the reasons that made those that took them to seek exile. The violence experienced along the journey to an endless exile, infamously in Libya but not only there, in a climate of great cruelty and deep insecurity, without the least benefit of any protection whatsoever, necessarily shed their share of devastating effects on children, who are already eminently fragile.

For unaccompanied minors, an all too uncertain reception

When they arrive, these young persons often experience a hybrid reception (educator, judge, child welfare advisor, administrator ...), they do not always understand the sequencing or the respective responsibilities of these people. Under these conditions, even the educator's efforts cannot compensate for the observed deficiencies in care (absence of schooling, mere shelter or prolonged periods of living alone in a hotel room, lack of information on the asylum procedure, lack of educational and professional projects, unsuitable placements where children in danger and socially dangerous children can sometimes be confused). In some cases, these callous reception conditions lead to situations where these young persons wander aimlessly and live disconnected from their peers and the needs of their age, thus perpetuating the journey into exile where they still feel marginalized (an echo for some of what they encountered on the road, spaces of containment and confinement, from refugee camps to detention centres).

The weight of administrative deadlines during the proffered accompaniment, the reduction of the duration of time spent in welfare support

duration of time spent in welfare support and even more so the lack of recourse to interpreting services undermines the possibility of a building a real connection with these young persons. A commitment in the relationship is a prerequisite for any possibility of an adolescent working towards overcoming the traumas experienced, as well as examining their ambivalent feelings about exile and thus enabling them to find appeasement in relation to parental figures and thus to be able to look ahead and make plans for the future. With regard to the constraints encountered by these young persons, healthcare facilities such as the Primo Levi Centre remain, at times, the only trusted place of contact where their word is welcome.

At the Primo Levi Centre, (living with multidisciplinary support during the spring 2020 lockdown)

At the Primo Levi healthcare centre, multidisciplinary support connecting parents and schools, on the one hand, and psychologists and social workers from the Primo Levi Centre on the other, was essential during the first lockdown linked to the health crisis, from March to May 2020. For some families, this forced isolation brought back difficult and painful situations from the past (confinement, armed conflicts, bombardments). We noted a resurgence in anxiety and various other symptoms which, at times began to disappear in accompanied children (living with family members). An additional problem was overcrowding due to the cramped nature of housing and emergency accommodation in which families live, as well as difficulties with remote education because of technical problems (lack of equipment or internet connection) but also often linked to the family environment (non-French speaking parents who do not understand the French school system or the current health measures ...).

Recommendations :

- Include in public health policies all exiled children having experienced violence in their home country or on the routes of exile;
- Encourage the production of epidemiological data concerning child victims of war and violence, exiled in our territory, in order to offer them appropriate medical and psychological care;
- Create and support networks working in the accompaniment of exiled children, and facilitate interdisciplinary networks combining medical and psychological treatment and accompaniment by teachers in order to ensure a coherent approach over time;
- Train the staff of public-sector organizations for a better comprehension of the clinical aspects of trauma.

TREATING WOMEN VICTIMS OF VIOLENCE

Women and girls represent 48% of all international migrants [1] and nearly 52% of the 87 million people migrating to Europe in 2020 [2]. Although the Primo Levi healthcare centre receives mainly single men, the number of female patients assisted by the centre over the past ten years remains significant (between 44 and 50% of our active file), as is the reported number of cases of violence against women. In 2020 **the percentage of women and girls among new patients was 37% ; however, they represented 45% of the overall number of patients received this year.**

As is the case with each patient in the healthcare centre, women who contact the Primo Levi Centre or who have been referred to it have experienced violence in their country of origin or on the way to exile, from war trauma or imprisonment. However, they also often consult the doctors at the Centre because of gender-specific violence such as genital mutilation, rape and sexual violence or the related physical and psychological trauma, requiring particularly consistent psychotherapeutic, medical and social care and support.

Finding the right words

TALKING, THE IMPORTANCE OF PSYCHOLOGICAL SUPPORT

Having trouble talking is a widely shared difficulty among our patients. But for women, and especially the youngest among them, talking about the abuse suffered is almost impossible for fear of rejection or a strengthening of the stigma they already suffer from. Thus, psychological support is necessary on several levels and primarily to create a space where their voice is heard and where they are listened to. The sessions with a psychologist, during which a certain relationship of trust is established, symbolizes a first step towards rebuilding patients' self-esteem. Liberating their spoken word can give them the strength to take control of their health, improve their quality of life by gradually working through the trauma they have experienced.

NO NEED TO SAY IT, RESPECT FOR RESERVE AND DECENCY

Doctors at the Primo Levi Centre note that the issue of sexual violence is highly prevalent in the women they receive. Either this information is given directly by the patients themselves, or it is communicated by the person who addressed them to the healthcare centre. When gender-based and sexual violence are not explicitly mentioned, they often remain in the background of discussions, almost implied, implicitly there. There is no need to specifically mention it in the account made to the doctor who will be examining her, he/she will notice during the consultation, infer them without insisting and simply take this into account in the treatment, thus respecting the reserve of each woman, her need to maintain decency. Some recurring symptoms put our doctors on the trail of abuse: a pathology of the genito-urinary area, constant headaches or even severe back pain, especially in the lower back.

Healthcare

TOUCH AND REAPPROPRIATION OF THE BODY

The treatment and support, and overall care of these patients with damaged bodies inevitably goes through a re-appropriation of their body which, for a lapse of time, no longer belonged to them, and which, at times, they dare not even look at for fear of summoning up the traumatic memories. In this tentative renewal of contact with their scarred body, in an effort to learn to love it once again, feeling someone touch you, placing his or her hands on you has crucial importance, partly due to the physiotherapy proffered in our care centre. Indeed, a protective brain mechanism has likened being touched to feeling fear or even suffering for these women. The work of doctors and the physiotherapist aims to instill the association between the act of touching as a show of benevolence in order to overcome defensive reflexes and allow patients to reclaim their body.

BENEVOLENCE IN HEALTHCARE AND THE TRANSFER OF INFORMATION TO CLINICIANS ON THE OUTSIDE

Benevolence – being well meaning at all times - is a key attitude for our doctors during consultations but also in the transmission of information about the care provided or needed as well as in the search for specialists (gynaecologists, psychologists outside the Primo Levi Centre if there is a need for further care in another facility) who can provide follow-up. The challenge is to transmit information about the violence to a professional ready to receive and listen, while preserving the reserve and intimacy of the women concerned.

[1] International Migration 2020 Highlights, United Nations

[2] Portail sur les données migratoires, Pour une perspective globale, Sexospécificités et migration, Mars 2021

Women and motherhood

PSYCHOLOGICAL SUPPORT DURING AND AFTER PREGNANCY

Another aspect of the healthcare proffered to women who come to the Primo Levi Centre is the assistance and support provided around their relationship to motherhood and especially around situations concerning pregnancy. In this situation, psychological follow-up is important both to support the woman during her pregnancy and to help her manage her anxieties concerning her developing baby (malformation, possible miscarriage, ...) that can generate paralyzing states of anxiety. After pregnancy, support and attention must continue in order to prevent possible maternal psychological damage (linked to her personal background and the situations of violence she has experienced) which could effect mother-child bonding.

RELATIONSHIP TO THE CHILD

The Primo Levi Centre also treats and supports many mothers who do not have access to child care facilities and no other alternative than to arrive with an infant in their arms, and holding a toddler by the hand. In such cases, often, the presence of the child limits the the mother's speech, she refrains from saying certain things. The remarks made are therefore influenced by the presence of the child and relate more to what she would like him/her to hear than the reality of her story. And, when the mother dares to speak up, she sometimes breaks down in front of her child, no longer exemplifying the indestructible figure that the parent represents in those carefree eyes.

The time spent individually with one's psychologist and/or one's doctor - without having to bring in your child allows for an alternate in-depth look at the wounds to be healed, discussions addressing parenthood and also more complicated subjects such as domestic violence to be tackled, which involves the child's father. For some of our patients, the relationship with their child is very much ambiguous, between love and hate, especially when the child is the result of rape. This is the case, in particular, for two of our patients who passed through Libya, who were raped and now have one or more children from these traumatic experiences.

Social issues

Among the 185 women currently in the active file of the healthcare centre, 83 receive social accompaniment and support for issues that mainly concern - as is the case for male patients - effective access to rights, requests for emergency accommodation or access to primary needs. Others, who have been living in CHUs (Emergency accommodation centres) for years, require assistance to find decent housing and leave. What is specific to the support provided for women more readily concerns women with children and parental guidance issues, management of daily life as well as child protection issues.



INTERPRETING SERVICES

The cost of interpreting services constitute the second most important budgetary item for the Primo Levi Centre. From the outset, the systematic use of professional interpreters has always been a major reference point for the centre's healthcare approach. This choice renders on the one hand the principle of unreserved reception possible, and on the other hand, it offers patients the most appropriate means to express themselves, via one's own language marked one's own culture. Interpreting is also essential in enabling professionals to fully exercise their role as healthcare providers. Finally, it also guarantees the confidentiality of exchanges, avoiding pitfalls related to the intervention of a third party (family member or friend).

In 2020, **60% of all patients and 55% of new patients used the services of an interpreter**, a percentage that's slightly on the rise over the past two years. In total, 34 different languages were identified among all patients, including 18 among new patients.



Some languages are only spoken by a few patients. This is the case, for example, with Soninke, Urdu, Tigrinya, Tibetan, Amharic, Khmer or Hindi.

This **great linguistic diversity means a lot of work in schedule management.** Indeed, since the healthcare and support work is based on the establishment of a continuous and trusting relationship, patients are received - as much as possible - with the same interpreter for the entire duration of their treatment. Moreover, when several members of the same family are eligible for treatment at Primo Levi Centre, we strive to offer a different interpreter to each of them in order to preserve the confidentiality of the work setting.

In 2020, due to the health crisis, the Primo Levi Centre had to review its work terms and conditions with interpreters. During the spring lockdown, while the centre was shut down, it was necessary to call for interpreting services via telephone in order to continue consultations at a distance and enable therefore all patients to continue to receive care.

34

interpreting shifts per week

1792 (29%)

consultations with the use of professional interpreters

108 (2%)

consultations conducted by a clinician who knew the language of the patient (English, Portuguese, Russian, Farsi, Spanish ...)

As soon as the Centre closed, interpreting services with which the Primo Levi Centre work daily were contacted by the reception staff to reserve telephone slots with the usual interpreters. Clinicians and patients were thus able to benefit from a remote interpreting service, either by teleconference or by Skype, allowing them to keep in touch and continue the contact initiated before the closure of the centre.

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From mid-March to the end of June, 420 consultations and follow-ups by telephone took place with an interpreter. The use of remote interpreting still continues today, especially for some patients who limit their urban travels due to their state of vulnerability.

THE 2020 ACTIVITY OF THE CARE CENTRE

412

The total number of people received at the care centre, for an intake interview and for multidisciplinary consultations (421 in 2019)

371

patients undergoing follow-up, the others not yet having started their follow-up (385 in 2019)

68 new patients (19% of the current patients), the others having been admitted between 2015 and 2019 inclusive (62%)

78% adults, mostly men (55%)

22% minors among those 19% are unaccompanied minors

48

nationalities represented, the most important of which are:

Democratic Republic of the Congo (98 patients)

Guinea-Conakry (48 patients)

Chechnya (39 patients)

Ivory Coast (31 patients)

Afghanistan (30 patients)

Sri Lanka (18 patients)

57%

of patients from sub-Saharan Africa

6206

appointments honoured in total with a breakdown almost similar to 2019

46% psychological consultations (and 74% for minors)

23% of medical consultations

2% of physiotherapy consultations

17% of social consultations

10% legal consultations

21%

of patients followed in 2019 (82 people, compared to 99 the previous year) **were no longer listed in the file for 2020**

Treating survivors of the "Libyan hell"

Though the Primo Levi Centre has always received, treated and provided support to people who have been through a great deal, whose memories are overrun by traumatic experiences, both physical and psychological, in the last few years, narratives of the violence experienced on the journey of exile is also frequently reported by patients. Most people from sub-Saharan Africa testify to the violence and profound questioning of their human condition during their migratory journey, especially when passing through Libya.

Libya, an obligatory passage for most exiles, hotspot for human rights violations

According to the data of the International Organization for Migration (IOM) [1], 584 509 exiles were present in Libya in July-August 2020. Among them, 82% were men, 10% women and 8% minors, of which mostly came from Niger (20%), Egypt (17%), Chad (16%), Sudan (14%) and Nigeria (7%). These figures shed light on a phenomenon observed in our healthcare centre: of all unaccompanied minors who come from the African continent, none have escaped Libya, that they indiscriminately call "hell" according to Jacky Roptin, clinical psychologist at the Primo Levi Centre.

Libya is indeed an obligatory passageway for many before they can get aboard a boat to Europe. But the exiles who transit through this country are condemned in no time to an environment of violence and human rights' abuse, where they experience the hell of generalized violence, detention camps, and exploitation before being able to - for the most lucky among them - leave this land of beatings and torture.

The stays are long and memorable, the exiles are victims of political conflict and international issues which do not concern them. They are thus weakened even more. "Our patients who have passed through Libya have no idea as to who the people who stopped them were", explains Jacky Roptin, clinical psychologist at the Primo Levi Centre. They do not know which institution they belong to, they do not understand the layout of the world in which they have arrived ". Their fate is suddenly inscribed in a context of armed conflict, insecurity and persistent lawlessness. Since 2019, Libya has been plagued by a struggle for governance and control of the territory, a struggle between the Government of National Unity (GUN),

which controls the west of the country under the authority of Fayed al- Sarraj, head of state and government of Libya, and the self-proclaimed Libyan National Army (ANL) which controls the east of the country, led by Marshal Khalifa Haftar. Caught between these two armed groups, migrants in Libya are therefore constantly at risk of being arrested or abducted by security forces, militias and armed groups, as well as by people involved in criminal activity.

To this context of political insecurity is added a social context of racism and xenophobia, where foreigners from sub-Saharan Africa are accused of increasing crime and spreading disease, a situation made worse by Covid-19 pandemic. Violence and discrimination remains unpunished, tolerated or even accepted. Faced with these human rights violations, exiles give up complaining for fear of being arrested, imprisoned or even expelled.

Detention

Militias and armed groups arbitrarily arrest exiles who pass through Libya, regardless of their age or their gender. Most detention centres belong to the Directorate for Combating Illegal Migration (DCIM), under the authority of the Ministry of the Interior. In July-August 2020, 12 DCIM centres were active in Libya according to the Amnesty International report [2]. Other enforced disappearances occur after transfer to unofficial places of detention (such as the tobacco factory in Tripoli), under the control of the Public Security Agency, a militia affiliated with the GUN, or in "assembly and investigation centres" in Tripoli and Zuwarah, officially controlled by the Ministry of the Interior. However, none of these arrests are based on a court decision and it is impossible to contest the legality of these detentions with the Libyan justice system. Very often these are accompanied by a ransom demand for very large amounts, and no release is conceivable if the family of the imprisoned person does not send the money demanded.

The detention periods range from 15 days to 3 years, under extremely inhumane conditions. Jacky Roptin reports certain statements heard during his consultations: "in prisons there was just torture, [torturers] were trying to call families back home".

[1] Rapport de l'OIM sur les migrants en Libye, octobre 2020

[2] Rapport d'Amnesty International. « Entre la vie et la mort » - Les personnes réfugiées et migrantes prises dans la tourmente des violences en Libye. Septembre 2020.

Appalling methods were identified by Amnesty International in the file titled "Between life and death", such as beatings and chronic food deprivation. A great number of deaths occur following violence, denial of medical care and the shocking conditions of detention.

17 female patients of the Primo Levi Centre transited through Libya (representing 10% of all 162 female patients)

23 male patients of the Primo Levi Centre transited through Libya (representing 11% of all 209 male patients)

4 minors receiving treatment at the Primo Levi Centre have been through the "Libyan hell" (2 girls and 2 boys, representing 5% of all 81 minors)

Widespread violence and exploitation

Violence is widespread, omnipresent, in plain sight and yet accepted, practiced by armed groups and militias, as well as by others involved in criminal activity. The latter take advantage of the plight of those who arrive, weakened by the harshness of the migratory journey, to exploit them and subject them to abuse for the purposes of personal enrichment (through exploitation in prostitution networks, smugglers, traffickers, etc.).

It is not possible for the exploited to seek protection against the abuse of their employers. Women and girls are particularly vulnerable to sexual violence. Brought to work as domestic servants in the homes of Libyan families in exchange for a low remuneration, they are often forced to abruptly end their activity because of the sexual harassment and rape to which they are subjected and which are socially and politically accepted by the authorities who turn a blind eye.

All this suffering has been compounded by the travel restrictions imposed since March 2020 in the context of a global pandemic, and which has contributed towards strengthening the European anti-immigration policy. Many persons in exile find themselves trapped in Libya as a result of these decisions. To reduce the number of people arriving in Europe, some countries, including Italy, have provided training and speedboats to Libyan Coast Guard and the General Administration of Coastal Security to allow them to intercept migrant boats at sea and disembark them in Libya.

These people (at least 8,435 disembarked between January and September 2020 according to IOM) are then placed in arbitrary detention, in disregard of their fundamental rights.

The difficulty of saying

The aftermath of the violence endured in Libya takes on increasing importance in the clinical work offered by the Primo Levi Centre. There are physical and psychological repercussions and these translate in different ways depending on the person's history and age. In the youngest, we observe a great loss of confidence in the discourse held by the institutions that receive them. Putting into words such unspeakable acts is extremely trying for those who are undergoing treatment at the Primo Levi Centre. Added to this is the fear of not being believed and the difficulty of obtaining asylum in a system where there is an increasing demand for proof of abuse.

What recognition is there for the violence sustained during the journey undertaken when forced to flee?

Despite their magnitude and their terrible physical and psychological consequences, violence suffered during the migratory journey does not fall within the scope of asylum because it has not been experienced in the country of origin. This legal finding has a disastrous effect on the psychological state of the patients concerned who, physically and mentally affected by the events and pains encountered on their journey into exile, are confronted with a lack of recognition of this suffering in the host country. This is experienced as a questioning or even a negation of the violence and injustices suffered, adding new psychological suffering to hearts and bodies already scarred by exile.

The asylum application cannot be based on the violence suffered on the way to exile, especially in Libya, because highlighting this in the declarations would take too much space compared to the abuse suffered in the country of origin. The applicant would risk seeing his application refused, since fear of this particular persecution does not prevent return to the country of origin. On the other hand, it is possible to obtain a residence permit for medical treatment by invoking the violence experienced in Libya, which can however be refused at the prefecture and court level.



TRANSMISSION



This year, the Primo Levi Centre - like everyone else in 2020 - had to deal with the health restrictions put in place to fight against the Covid-19 pandemic. Following the announcement of the first lockdown in mid-March and again after the very limited reopening of establishments open to public at the start of the summer, the centre had to adapt quickly in order to be able to continue to provide training activities adapted to the situation at that time.

Indeed, rather than suspending all activities pertaining to transmission - as they could be classified as "non-essential" - the Primo Levi Centre considered, on the contrary, that maintaining such spaces for reflexion where one can take a step back to reflect and think through the possible best responses to the challenges of a rapidly changing environment was very important.

Due to travel restrictions and limits on public gatherings, the number of 'intra' training sessions - those organised upon the request of external organisations - and 'inter' training arranged at the Primo Levi Centre itself, had fallen considerably. Attendee numbers fell from 721 in 2019 to 264 in 2020. This unprecedented situation - one that could not have been anticipated - led to a significant reduction in training activities (a decrease of more than 50%); it facilitated however the implementation of other means of transmission of our clinical experience.



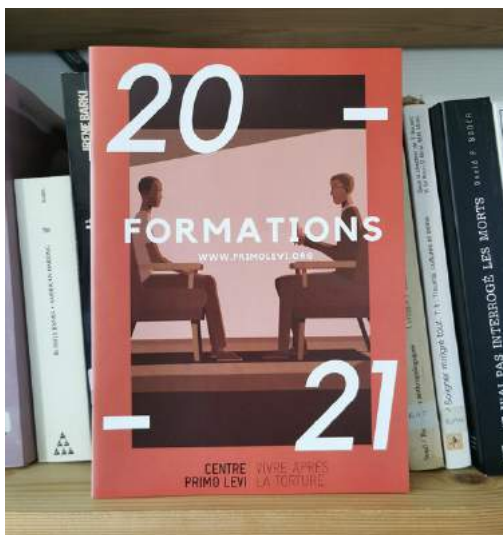
THE TRAINING CENTRE

In-house training

In 2020, **eleven in-house courses - referred to as 'inter' training sessions (i.e. those held at the Primo Levi Centre involving attendees from different organisations) - were either cancelled or where possible, postponed to the following year.**

When the lockdown was announced by the government in spring 2020, the possibility of having group training sessions with physically present participants was completely ruled out. Alternative on-line training formats raised questions for two main reasons. On the one hand, the issues the training centre deals with are sensitive in nature. They mainly concern the impact of trauma and are often substantiated by concrete examples, shared by both the instructors and attendees. How can one give and receive information without causing anxiety if one cannot react to given glance, to a facial expression or to body language, any of which could indicate distress? It is not easy for the instructors to notice these physical changes when there is a screen separating them. On the other hand, the training courses provided rely heavily on group interaction, which is both more difficult and less spontaneous in a video-conference. Keeping these considerations in mind, and in the face of a crisis that gradually proved to be long-term, the training centre chose to test several formats allowing instructors to keep a close eye on individual group members whilst at the same time encouraging interaction.

As of June, two training courses were adapted to a digital format and delivered remotely: "The de-symbolised body" and "Pregnant women, mothers and babies with nowhere to go".



11 training sessions at the Primo Levi Centre

13 monthly thematic evenings (three different cycles of courses)

5 training sessions with external organisations

3 sessions of "practice analysis" for teams from 2 organisations

264 persons trained

490 participants

The course content was reviewed and reduced so that the training days are not overly long. In order to facilitate discussion, the number of attendees was reduced to 15 per session.

Later on, based on the prospective reopening of public buildings in September, the Primo Levi Centre identified conference rooms with the capacity to ensure a distance of at least one meter between attendees; surgical facemasks and hand sanitisers were also be provided.

Between September and the second lockdown at the end of October, training courses were able to be run at La Maison des associations de solidarité in the 13th arrondissement of Paris and at the Centre International de la Culture Populaire in the 11th arrondissement. After many months of online training, the return to face-to-face teaching brought with it a revitalised dynamic for interaction. The centre was thus able to share its experience and expertise in trauma and the body, unaccompanied minors and the narratives surrounding applications for asylum.

Finally, the announcement of a second lockdown at the end of October meant a return to training in remote mode in November and December. Through the experience gained in May and June, we were able to deliver our flagship training course on the clinical aspects of trauma, another about grief and a two-day course on trauma in children.

The programme of courses on offer has grown, approaching a seven-hours per day format, as was the case with face-to-face courses. Even more prompting than before takes place to enhance opportunities for discussion between course leaders and attendees throughout the day, thus encouraging participation and engagement. In addition, breaks between sessions have been extended in order to reduce eye strain and fatigue.

HOW DOES TRAINING WORK?

In 2020, **96 people attended training at the Primo Levi Centre**. It is interesting to note that 20 of them attended several training courses (between two and four over the course of the year). This is a pattern that has developed in recent years, particularly with the introduction of our "Friday Sessions" which motivate participants to devise their own training programme, by picking and choosing courses relevant to their specific areas of interest and expectations.

External training

External training (also known as 'intra' training), was severely affected by health measures and travel restrictions, and had to be cancelled during periods of lockdown.

In 2020, only five training courses took place out of the 14 that were originally planned. Three were able to take place before 17 March and focused on unaccompanied minors and the effects of trauma on exiles. Eight of the training courses originally scheduled had been planned in 2019, to be delivered in the first quarter of 2020.

The processing of training requests was subsequently suspended due to the uncertainty surrounding what actually could take place. Most of the work therefore consisted of postponing training courses to a later date since virtually no training requests were received between March and July 2020. However, they did pick up again from September, demonstrating the interest shown in the training centre, the demand for training and the need for a forum for analysis and reflection despite, and maybe even more so because of the health crisis.

REQUESTS FOR TRAINING

Though the desire to reflect on the impact of the lockdowns was clearly felt within our healthcare centre, this didn't necessarily seem to be the case for the organisations that appealed to our training centre.

Training requests revolved around two main themes:

- Developing awareness for the specific needs for treatment and support of exiles who have been the victims of politically motivated violence;
- The problematics attached to the treatment and of support of unaccompanied minors.

The organisations continue to be spread out across France. Requests came from the Ile-de-France as well as from other regions: Centre-Val de Loire, Normandy, Auvergne-Rhône Alpes and Provence-Alpes-Côte d'Azur.



Valentin Hecker, Pedagogical Head of the training centre.



I took over the role from Helena D'Elia in 2019 and I would like to pay tribute to the tremendous work she has done. We continue to receive a large number of requests for the courses offered in our brochure and we are also in high demand for bespoke, on-site courses across France, where we endeavour to provide solutions for specific challenges encountered by teams in the field.

In the face of this health crisis which has given rise to numerous problems within teams, we have been able to adapt and continue to offer a wide range of training courses.

In addition, I have sought to preserve the current range of courses on offer whilst at the same time contemplating the future developments of the training centre. In order to be able to meet everyone's requests, some changes will, in effect, be necessary."

WHO RECEIVES TRAINING?

The type of person attending our courses differs slightly between external and in-house courses. Our courses at the Primo Levi Centre are open to anyone associated with exiles - whether on a professional level or as private citizens - and therefore reflect a range of participants from diverse backgrounds.

The majority of attendees are psychologists, medical and paramedical staff (psychiatrists, doctors, nurses, art therapists, physiotherapists, fasciatherapists, psychomotor therapists, midwives) and students. Lawyers, legal experts, social workers and managerial staff also attend courses, but to a lesser extent.

Those attending external training in the workplace are a reflexion of the make-up of the teams involved and this varies according to the type of organisation requesting training services. Of these, the majority of attendees are social workers, psychologists and managerial staff.

Thematic evenings

With only one exception, we were able to deliver all our thematic evenings in 2020; the move to on-line courses even allowed us to increase the number of participants (up to 27 at the height of lockdown). The theme from January to June 2020 was "Ethics - the place of the clinician".

From September, we offered two themed evening course programmes: "Figures of identification and trauma" and "States of emergency, biopolitics and subjective urgency". They were presented by Omar Guerrero, clinical psychologist and member of the Primo Levi Centre's board of directors, and Armando Cote, clinical psychologist at the clinic, respectively.

2020 was also marked by the ratification and launch of a three year action plan. One of our priorities is the development of training activities. We have undertaken to think collectively on the subject, and this will continue throughout 2021.

PARTICIPATION IN EVENTS

In 2020, **the association took part in 13 events** (conferences, meetings, seminars, debates, etc.) either online or in-person with our partner associations from health, research and educational domains - in comparison with 36 such events in 2019.

These activities have allowed us to share the clinical experience that we have gained at our healthcare centre with nearly 1200 professionals, campaigners, students etc. Some examples can be found below.

Activities in conjunction with universities and public health bodies

MÉDA - Medicine and Right of Asylum

"Dessine-moi un mouton" Association

Paris Diderot University - via Zoom

Évry University

University of Paris - via Zoom

Lyon 24 - February

Participation in the Migrants Listen, Hear, Testify Study Day

Paris - 3 March

National Conference on Psychological Trauma, Chronic Illnesses and Migratory routes

Paris - 22 April

Invited instructor in the Public Services Mediation and Interpretation University Diploma (DU MISP)

Paris - 17 November

Presentation of the Primo Levi Centre and its multi-disciplinary treatment and support to an audience of students in last year of Master of Law and Human Rights

Paris - 17 December

Research conference in anthropology, "Death, Loss and Grief" in conjunction with the University of Paris Centre for Cultural Anthropology

International links in progress

Many exchanges and meetings have taken place in recent years with professionals in Colombia through the Forum du Champ Lacanien (EPFCL) school of psychoanalysis.

As part of this continuing relationship, **the Primo Levi Centre was invited, in 2020, to lead two conferences at the request of the Consulate General of Colombia in Paris and the government agency "Unidad para las Victimas"**. Presentations on "Victims of armed conflict residing in France" took place on Zoom.

A clinical psychologist from the Primo Levi Centre also presented at the **first international conference organised by the Minuto de Dios University of Bogota in October 2020**. This day of sharing of ideas and discussion, brought together 90 people by video-conference. The theme was: "The body on stage and stagings of the body".

In November 2020, two psychologists from the Primo Levi Centre also participated in a conference entitled "Words of pain" at the **Centro Internazionale di Studi Primo Levi** based in Turin. Involvement in this conference followed an event held in Paris in 2019 celebrating the centenary of Primo Levi's birth, to which the Turin centre was invited.

THE QUARTERLY REVIEW "MÉMOIRES"

Out of the three issues published this year, it was issue number 78, entitled "Losing everything? Grief in exile", published in October 2020, which aroused the most reader interest. Whether via free downloads recorded on our website (356) or the number of downloads registered via the human and social sciences platform Cairn.info (more than 1000 downloads of the issue) in just two and a half months.

The two other issues published in 2020. The first was focused on the notion of institutional therapy ("Institutional care - from the singular to the plural", n°77), the publication of which was delayed due to the first lockdown and also because of difficulties in getting contractors on board at the time. The other issue focused on the "élan de vie" (the vital drive) of patients ("Back to life", n°79). This issue having been published in December, the related statistics focus more on 2021. By 31 December 2020, despite only having been on our website for a few days, the issue had been downloaded 335 times.

As far as the Cairn platform is concerned, and out of all issues published, the issue concerning trauma ("Psychological trauma in exiles", n°73) remains the most viewed, with 806 articles read in institutions and 2048 read 'outside institutions' (i.e. by the public) in 2020.

WHICH INSTITUTIONS DOWNLOAD OUR MAGAZINE?

Largely universities, (University of Paris, University of Paris 8, University Louis Lumière Lyon 2, University of Nanterre - Paris 10, Aix-Marseille University) but also hospitals, medical centres and colleges specialising in social work.

16

issues available on Cairn.info

1550

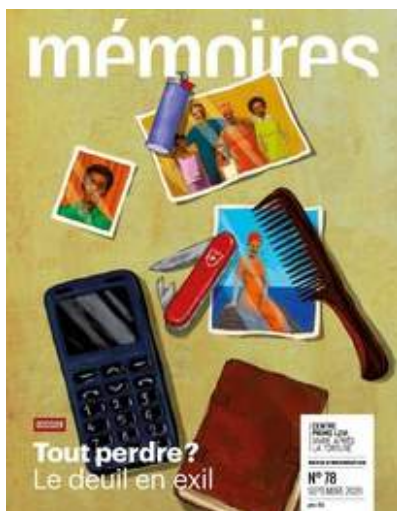
downloads of "Mémoires"
issues on our website

20 000

downloads or articles on
Cairn.info

"MÉMOIRES" INTERNATIONALLY

Outside of France, in 2020, the review "Mémoires" was most widely consulted by universities in Belgium, Switzerland, Canada, Guinea, Spain, Germany, Morocco, Luxemburg and Tunisia.



ADVOCACY



In 2020, the Primo Levi Centre pursued its advocacy work on the issues of asylum and concerning the healthcare situation of persons in exile, in its own name or in collaboration with the various networks it is involved in: in particular the French Coordination for the right of asylum (CFDA), the Observatory of foreigners' right to health care (ODSE) and InfoMIE (resource centre for unaccompanied foreigner minors). Due to the Covid-19 pandemic, several programmed actions or venues for public awareness purposes could not take place.

All of these actions and interventions were nurtured by the multidisciplinary work and the clinical findings produced during the year at the healthcare centre.



INSTITUTIONAL ADVOCACY

For better management of vulnerabilities of asylum seekers and refugees

The Primo Levi Centre was consulted in January 2020 as part of the preparation of a plan drawn up by the Ministry of the Interior's directorate on asylum to reinforce the need to take into consideration the vulnerabilities of asylum seekers and refugees. An associative contribution was coordinated by the Federation of Solidarity Actors (FAS) and sent to the ministry in February 2020, in which the Primo Levi Centre participated on the section concerning physical and mental health issues. The final version of the plan, published by the Ministry of Interior in March 2021, includes several requests from the Primo Levi Centre, including the training of health professionals on the issue of psychotrauma and the introduction of a physical and psychological clinical assessment for all asylum seekers.

AGAINST THE DETENTION OF CHILDREN

On February 10, 2020, the Primo Levi Centre was approached by Congressman Florent Boudié who wanted input on the issue of the administrative detention of children. This meeting was a continuation of a first hearing on this subject, following our partnership with Unicef for the campaign against the detention of children #VousAvezLaClé in April 2019. The Primo Levi Centre sent a written contribution to the politician.

For the Primo Levi Centre, detention is incompatible with the best interests of children because they are not able to understand the reasons for their detainment: it therefore has particularly destructive effects on them and undermines their development and integration. Detention can have immediate consequences on the physical and psychological well-being of the child: mutism, eczema, depression, anxiety attacks, withdrawal into oneself or, conversely, various forms of outward violence.

FOR THE ACCESS TO ACCOMMODATION FOR SPOUSES OF MISSING PERSONS

In November 2020, the Primo Levi Centre received a delegation from the Municipality of the City of Paris composed of Jean-Luc Romero-Michel, deputy mayor of Paris in charge of human rights, integration and the fight against discrimination, François Vauglin, mayor of the 11th arrondissement of Paris and Dominique Kielemoes, counselor from Paris.



Delegation from the Municipality of the City of Paris

This meeting was an opportunity to present the activities of the healthcare centre in times of a health crisis and to raise the issue of the difficulties faced in gaining access to accommodation for spouses of missing persons.

Several patients at the Primo Levi Centre cannot access social or transitional housing due to the legal vacuum surrounding their status after the disappearance of their spouse in their country of origin or on the roads in exile. Refusals by the transitional or social housing allocation commission or registration for these commissions are motivated by the fact that the applicant is married and cannot therefore sign a lease contract in the absence of her husband. An advocacy note was addressed to the City of Paris in the aftermath of this meeting.

AGAINST THE RESTRICTIONS ON ACCESS TO HEALTHCARE FOR FOREIGNERS

In 2020, the government attacked [1] the health protection of asylum seekers by establishing a waiting period tightening the conditions for access to State medical aid (AME) as well as an obligation to submit the request for AME in person while simultaneously shortening the legal deadline for extension of rights to coverage of health costs by health insurance. In practice, 800,000 foreigners, holding yearly renewed residency permits, are affected. Previously, these persons had one year to produce their new residence permit with the health insurance fund, but this is now reduced to six months. The former time limit for extension of rights had made it possible above all to compensate for the shortcomings of the prefectures which fail to issue the documents proving the legality of residency of foreigners within the regulatory time frame.

[[1] Decree No. 2020-1325 of October 30, 2020 relating to State medical aid and the conditions making it possible to benefit from the right to coverage for health costs for insureds who cease to have a regular residence in France.

These successive restrictive measures were decided upon even though all the studies show that foreigners already face significant obstacles in accessing rights and care and are more exposed to health risks. Furthermore, renouncement to healthcare for foreigners who find themselves in fact no longer insured may have consequences in terms of public health, in particular with regard to the fight against infectious diseases, or may generate additional costs when illnesses are treated late.

In a joint statement, several associations, including the Primo Levi Centre, asked the government to secure the healthcare circuit for foreigners, to return to the system of maintaining rights to health insurance for a period of twelve months and removing all obstacles to applying for the State medical aid.

ADVOCACY WITH THE MAYOR OF PARIS

On the eve of International Human Rights Day, the General Manager of the Primo Levi Centre participated in a videoconference with the mayor of Paris, Anne Hidalgo, on December 3 in which several associations for the defense of human rights were also present. She mentioned in particular the deterioration of the living conditions of exiles due to the health crisis, difficulties in access to healthcare because of the breaches of rights after the recent reforms of the AME and PUMa as well as the difficulty in accessing the asylum application.

Litigation on the publication of the BISPO

The Primo Levi Centre joined several litigations within the administrative justice system concerning the publication of the BISPO (library of documents relating to the available treatment and healthcare services and the characteristics of health systems by country of origin) which is used by the French Office for Immigration and Integration (OFII) to justify its decisions towards granting temporary residence permits to foreigners seeking medical care.

The BISPO centralises up-to-date information on the quality of healthcare systems and the availability of treatment, for each country of origin of applicants for a temporary residence permit for reasons relating to healthcare. A transparent communication of this database would enable to bring clarity on the medical phase of the procedure for an admission to the stay for treatment.

Faced with the reluctance of the OFII to publish this data and faced with the increase in refusals to grant temporary residence permits for the care of people with mental health problems, the Primo Levi Centre decided to join the action of several associations (AIDES, GISTI, Comede) in order to obtain the publication of information included in this library.

The implication of the Primo Levi Centre concerned three voluntary interventions in litigations undertaken by lawyers. A voluntary intervention is a procedural act in which a third party requests to join an ongoing proceeding:

- an appeal has been initiated and will be filed with the administrative court of Cergy Pontoise by the French Lawyers' Union to obtain the publication of the BISPO. The administrative tribunal responded favourably, but the OFII appealed to the State Council. The Primo Levi Centre therefore became involved in this dispute by joining a voluntary intervention;
- a voluntary intervention in litigation before the administrative tribunal of Paris to have the elements of BISPO justifying the rejection of a request for an applicant;
- a voluntary intervention in litigation before the administrative court of Caen in order to challenge an OQTF (obligation to leave French territory) to a parent of a sick child.

These actions aim to improve access to medico-psychological care for persons living in exile in France. We hope for answers and results by the first half of 2021.



ACAT-France - "Combatting impunity, a major challenge in victim recovery: the DRC example"

The human rights NGO, ACAT-France, has advocated and campaigned for the abolition of torture and the death penalty, and also in support of the right to asylum, since 1974. It provides support for and defends victims, conducts pleas and advocacy campaigns intended to mobilise civil society, turn local and international authorities to account, denounce human rights violations and help ensure that justice is served.

The Primo Levi Centre, of which ACAT-France is one of the founding members, treats the tortured bodies of victims. However, the road to recovery, resiliency and rebuilding broken and traumatised lives can only be strived for on the condition that victims are recognised as such and that their torturers are held accountable for their actions before a court of law.

In his speech delivered on 10 December 2018 in Oslo, after being awarded the Nobel Peace Prize, Dr Denis Mukwege emphatically denounced impunity caused by the inertia of the justice system and international community. However, it was presented with some chilling facts from a report published eight years before by the Office of the United Nations High Commissioner for Human Rights: "At this very moment I am speaking with you, a report is gathering dust in a desk drawer in New York. It was drawn up upon completion of a professional and thorough investigation into the war crimes and human rights violations committed [in the Democratic Republic of the Congo, DRC]".

The DRC Mapping Exercise Report, or the UN Mapping Report as it is more commonly known as, describes the atrocities of the ten years of violence and conflict that brought bloodshed to the Congolese territory between 1993 and 2003. This decade was marked by a series of major political crises, wars, and several ethnic and regional conflicts that led to the death of hundreds of thousands, if not millions, of individuals. It identifies four main stages [1] two of which were particularly deadly: the First and Second Congo Wars.

The First was marked by the large-scale massacre of Hutu refugees, members of the former Rwandan Armed Forces (FAR) and the militias involved in the 1994 genocide (the Interahamwe), allegedly committed by the Alliance of Democratic Forces for the Liberation of Congo (AFDL). However, a significant number of troops, weaponry and logistics were provided throughout this territory by the Rwandan Patriotic Army (RPA), the "Uganda People's Defence Force" (UPDF) and the Burundian Armed Forces (FAB).

The Second Congo War was marked by several external interventions that fought on Congolese soil: at least eight national armed forces and 21 irregular armed forces were involved in the fighting, according to a United Nations report [2].

The road to the DRC Mapping Exercise

In 1997, the Secretary-General of the United Nations, Kofi Annan, appointed a few investigators who were blocked in their efforts on several occasions by the Kabila regime. In 1998, they succeeded in making some preliminary conclusions, thereby requesting that more in-depth investigations be carried out into the pieces of information they identified. The UN Security Council asked that the governments of the DRC and Rwanda promptly conduct investigations into the allegations featured in this report in their respective countries and to bring those known to have taken part in the massacres, atrocities and violations of the International Humanitarian Law to justice. But to no avail.

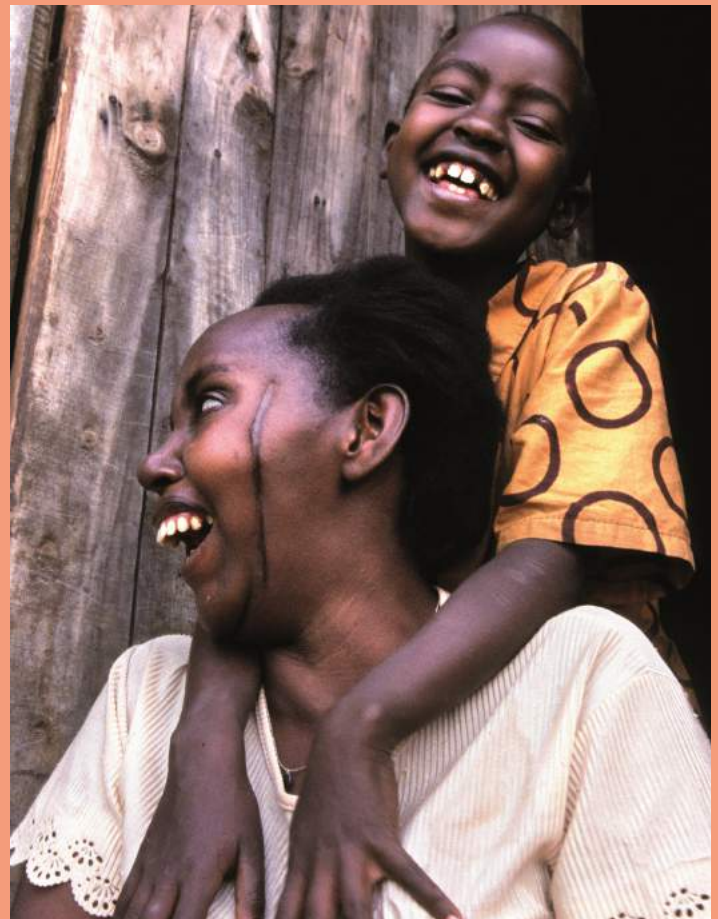


Photo credits : Pierre-Yves Ginet

[1] May 1993/June 1996: Failure of the democratisation process and a regional crisis; July 1996/July 1998: First war and AFDL regime; August 1998/January 2001: Second war; January 2001/June 2003: towards transition.

[2] Special Rapporteur's Report on the Human Rights Situation in the DRC (A/55/403), par. 15.

In September 2005, three mass graves were discovered in the Kivu region. A team of specialists was set up under the supervision of the OHCHR (Office of the High Commissioner for Human Rights). In May 2007, President Joseph Kabila, who succeeded his father, assassinated in January 2001, approved the UN Mapping Report.

Over the course of seven months, from October 2008 to May 2009, 33 Congolese and international human rights experts collected documentary evidence and interviewed witnesses. When the original version of the report was released in June 2009, the countries accused sought to censor it. Still smarting over the allegation of a potential genocide crime, for which it could be held responsible due to its troops and the AFDL (Alliance des forces démocratiques pour la Libération du Congo), Rwanda encouraged other countries in the region to denounce this documentary evidence. Despite this pressure, the OHCHR published the UN Mapping Report on 1 October 2010. Over a ten year span of conflict, it analysed 617 violent incidents constituting crimes against humanity and war crimes.

There were several perpetrators: Congolese and foreign rebel groups, the national DRC armed forces and those of neighbouring countries. As for the massacres of the First Congo War, which were mainly committed against Rwandan Hutu refugees and Congolese Hutu citizens, this report indicated that attacks committed by the Rwandan army and the AFDL “revealed some damning pieces of information, which if proven before a competent court of law, could be considered crimes of genocide”. However, it also stressed there were “some opposing considerations that could lead the court to decide the specific intent, required to prove a crime of genocide, was committed was lacking”. This section of the report, representing a few pages only out of a vast number of pages, was strongly criticised by Rwanda and still continues to crystallise tensions today, obscuring other critically serious factors.

The identity of the alleged perpetrators of the violations documented in the UN Mapping Report, which is around 200 individuals including dozens of senior officials, is not listed in the public report. The OHCHR has a confidential database that lists these perpetrators and remains opposed to sharing this information with the general public.

An abandoned DRC Mapping Exercise

The Congolese government initially welcomed this report but failed to ensure that the recommendations be implemented. The notion of setting up a specialised court to shed light on the acts of violence committed between 1993 and 2003 never became a reality. On the other hand, the judicial systems in the neighbouring countries ignored the acts of violence committed by their armies.

Although the mobilisation of the United Nations Security Council could have been a determining factor in the issue of combatting impunity, due to a lack of political will from the Member States it failed to provide a solution to the unwillingness of the DRC and neighbouring countries to bring the perpetrators of the most serious crimes committed at that time to justice.

UN Mapping Report: A subject that no longer seems taboo in the DRC

With Félix Tshisekedi’s controversial appointment as president in January 2019 and the end of the Kabila family’s almost 25-year long reign, whereby impunity remained the norm, hope was restored. He is the first Congolese president to be elected who has no connection to the past acts of violence.

To mark the tenth anniversary of the UN Mapping Report in October 2020, meetings were held both overseas and in the DRC to demand justice. Félix Tshisekedi thereby asked that his government consider a transitional justice mechanism. A draft decree that will create a National Transitional Justice and Reconciliation Commission (CNJTR) is currently being adopted. It will not play a legal role, but will instead seek to discover the truth, estimate the compensation due and work towards reconciliation. Whilst these issues are important, they alone cannot address the requirement for criminal justice, the need to pass judgement on the perpetrators of the mass crimes committed in the DRC, which are imprescriptible crimes, according to International Law. Beyond this initial step, is President Tshisekedi really going to embark upon a large-scale national effort in consultation with civil society in order to break away from past impunity? Will he have the means to do so whilst many of the perpetrators of these violations are still in power today or still have an overwhelming ability to do damage?

Combatting impunity is key in Congolese victim recovery. Thanks to the justice system, victims are recognised as such and can expect the right to compensation. Combatting impunity also helps ensure that human rights violations are not repeated. It is a preventive measure that is part of the transitional justice enforcement, which is essential for building lasting peace in the DRC.

The time has come for the political and military perpetrators of the most serious crimes committed in the DRC between 1993 and 2003 to be held accountable for their actions before a court of law and for victims to finally receive compensation.

**Programs and Advocacy Division
ACAT-France**



Médecins du Monde - "How to deal with the impact of the health crisis"

Médecins du Monde (Doctors of the World), which is one of the Primo Levi Centre's five founding associations, adapted its interventions in support of persons living in precarious situations, especially migrants, disadvantaged by the Covid-19 pandemic.

The health crisis and lockdown measures disrupted social, personal and economic lives; Médecins du Monde noted through its actions that they also served as magnifiers of inequalities and stigmatisation of certain persons living in precarious situations, including namely migrants and exiled persons. The difficulties that persons without a residence permit had in continuing informal economic activities (mainly during the first lockdown) and to therefore cover their basic needs (access to food, hygiene products...) intensified the inequalities and limitations that these individuals experienced. Precarious living conditions or overcrowding, having chronic diseases that are worsened by difficulties in seeking healthcare were all contributing factors in the exposure to the virus or serious forms of the disease.

Also, the importance given to managing the pandemic within the healthcare system led to delays in seeking healthcare and the termination of treatments, which were heightened amongst persons with a precarious administrative situation or precarious living conditions. Other inhibiting factors were overloaded emergency services, limitation of movement, consultations on a remote basis hindered access to healthcare even more for persons who are digitally excluded...

The crisis and lockdown measures also led to even more stress and anxiety for persons living in precarious situations and/or migrants. For example, migrants experienced the delays in processing healthcare coverage applications prior to lockdown, the closure of support centres for rights entitlement and the all-digital approach to accessing rights as situations of sheer administrative or institutional abuse. The constant uncertainty in which asylum seekers found themselves in 2020 was particularly damaging for their mental health.

What is more, despite the facilitative measures observed during the first lockdown and warnings from grassroots associations and organisations, the government continued to implement the restrictive reform on the access to rights and healthcare that was drawn up in 2019. This involves an unprecedented reduced access to rights and therefore healthcare for foreigners with both an irregular and regular administrative status.

In view of these observations, Médecins du Monde gradually adapted its interventions based on the stages of the epidemic. Most MdM projects implemented priority health monitoring measures for persons excluded and far removed from the healthcare system. The teams adapted their activities in the reception, care and guidance centres (Caso): by adapting the reception and care protocols, evaluating opportunities for displacement, depending on the stage of the epidemic... With the backing of the Regional Healthcare Agencies (ARS), they also refocused their efforts on mobile activities, going forth to encounter those living in precarious situations by setting up mobile healthcare teams in certain territories (EMS).

These trips were organised in such a way that there could be multidisciplinary teams with one healthcare professional per trip. The teams also maintained their preventive efforts and access to healthcare and rights by telephone, social media and community associations in order to adapt to the individuals' realities, meet their healthcare needs and advise them as best as possible from an epidemic perspective in an ever-changing environment and based on the available public and community services.

Throughout this period, Médecins du Monde and its partners continued to denounce the difficulties faced by migrants in the access to healthcare and rights and also continued to propose changes to the law and healthcare policies, thus promoting better access and better alignment with the needs and realities of these individuals.

We thereby never stopped denouncing the restrictive measures implemented in 2019, which have consequently complicated and reduced access to healthcare for migrants

owing to the establishment of a nine-month waiting period prior to full access to the AME (State Medical Aid) "basket of healthcare services", the compulsory physical deposit for all first-time AME applicants of the Primary Health Insurance Fund and a reduction to the rights retention period...

We draw upon on our field observations to enunciate that the right to healthcare implies unconditional access to all healthcare services, the possibility to move around and seek access to of prevention facilities without fear of being arrested. The Covid-19 pandemic has also highlighted, if need be, the fact that combatting epidemics effectively involves all persons living in the same territory having the same social protection and access to healthcare.

Throughout this health crisis, MdM also upheld and promoted the relevance of healthcare mediation when working towards achieving treatment, access to rights and the empowerment of individuals. Healthcare mediation is a truly essential means facilitating all actions pertaining to prevention and the promotion of healthcare amongst persons living in precarious situations. This proved to be even more so the case with the restrictive government measures that made things even worse for a range of difficulties that existed already, prior to the Covid-19 pandemic, including access to healthcare and rights.

The crisis highlighted the importance of outreach measures and healthcare mediation practices and challenges when working with individuals experiencing serious difficulties. The combat against the propagation of the virus demonstrated the invaluable utility of healthcare mediation in reaching the persons most excluded and far removed from institutions, to build a relationship of trust and work towards establishing connections between these individuals and various professionals and institutions. We have seen some positive indications in this respect, now that the initiatives initially led by MdM (like those in Guyana) are also being used by other community stakeholders and public institutions. We also continue to uphold the involvement of the persons directly affected in the public healthcare policies that concern them. We noted in this respect that what users had to say was very rarely taken into consideration before implementing screening or Covid management measures, despite this being imperative in sufficiently meeting their needs.

The government measures were difficult to comprehend for those who don't have a good command of the French language and who live in congested areas like camps, squats and slums. In the spaces for dialogue that the institutions set up with civil society actors to manage the crisis nationally, regionally or locally,

we relayed the need to include these individuals in the development of messages and measures addressed to them and the need to take into account peoples' specific realities as defined by their territories and living situations.

The health crisis we experienced in 2020 reinforced and highlighted the inequalities in the access to healthcare that we have been witnessing for years. Faced with this social and health emergency, we remain mobilised by continuing to bear testimony to the real-life situations of the persons we reach out to and relentlessly challenge the public authorities, thus remaining committed to the access to healthcare and rights for all in France, with and for migrants and persons in exile..

Healthcare and Advocacy Division Médecins du Monde



THE MEANS OF ACTION



The year 2020 was marked by the arrival of a new general manager as well as staff turnover within the clinical team and the communication service.

It was also marked by the health crisis linked to Covid-19 which posed many challenges concerning internal functioning, in particular during the first lockdown in spring 2020. This crisis also had a strong impact on our activities pertaining to the transmission of our clinical experience, leading to a significant drop in training services despite the upholding of several sessions and the two-day symposium by videoconference.

However, the Primo Levi Centre benefited from partial unemployment measures during the period of shutdown from March to May 2020, as well as support from many associative or institutional partners and private donors, which enabled it to overcome this difficult context and maintain its activity.



FINANCIAL ELEMENTS

The Primo Levi Centre reported a slightly surplus result of 15,086 euros at the end of 2020.

Operating expenses

Expenses for the year amounted to 1,750,551 euros, up slightly (+ 1.5%) compared to the fiscal year 2019. Despite additional and unforeseen charges linked to the health crisis and to measures related to the implementation of a strict sanitary protocol (installation of hydroalcoholic gel dispensers, acquisition of protective equipment, reinforced cleaning of the premises, etc.), the Primo Levi Centre kept its expenditure under control. Staff costs are still the most important item of expenditure (almost 52%).

All the professionals at the healthcare center are salaried, most of them part-time, in order to ensure continuity of care and long-term support for patients whose progression to well-being is long. The second most important item of expenditure is professional interpreting (9%), essential in guaranteeing the quality of care for non-French speaking persons. The third concerns the rent (7%) of the spaces that host all the activities of the Primo Levi Centre.

Sources of funding

Financial resources are also up slightly in 2020. They amount to 1,765,637 euros (+ 0.8% compared to 2019). Most of this increase is due to an increase in state subsidies.

Public funding represents 55% of resources, up slightly compared to 2019 (+ 2%). This increase is linked to the resumption of dedicated funds from previous years and the increase in the amount of the grant from the Asylum Directorate of the Ministry of the Interior.

The European Union remains one of the main funders of the Primo Levi Centre through the Asylum Migration Integration Fund (FAMI). However, the level of FAMI funding decreased in 2020 compared to previous years (-35%), due to the end - during the year - of the project funded by the FAMI over the period 2017-2020. At a national level, the main public funders are the Ministry of the Interior, the Ile-de-France Regional Health Agency and the Ministry of Solidarity and Health. In addition, the Primo Levi Centre benefits from significant support from the City and the Department of Paris as well as from the Ile-de-France region.

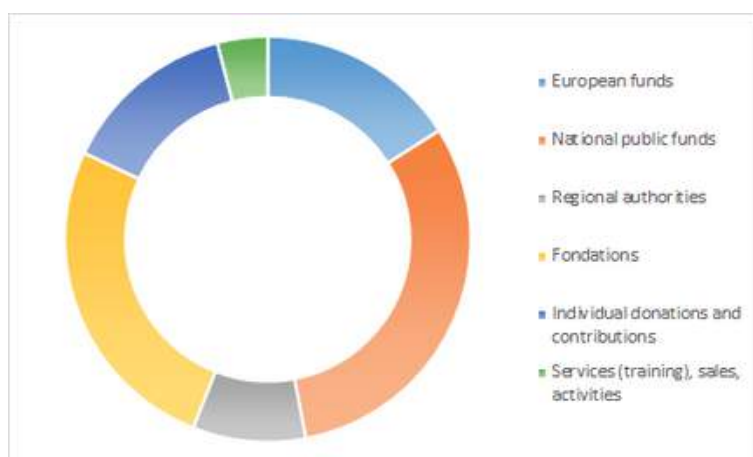
Private funding and activity income represent 45% of resources. The share of private institutional funds (foundations, endowment funds, associations) increased slightly compared to 2019 (+ 2%), linked to the recovery of previous dedicated funds [1].

In addition, the drop in subsidies from certain partners, in connection with the health crisis, was offset by the financial support provided for the first time by certain foundations (the Gratitude Foundation, the Les Ailes Foundation) or renewed after an interruption (the Raja-Danielle Marcovici Foundation), as well as by the allocation of emergency funding related to the Covid-19 epidemic (in particular from the Fondation de France and the Caritas France Foundation).

The share of private donations and contributions in the resources of the Primo Levi Centre is similar to that of 2019, despite a drop in donations from ACAT-France and Amnesty International France groups. Indeed, the Primo Levi Centre was able to count on a greater engagement of its donors in this particular health context, notably with larger donations. Likewise, direct debit donations are also on the rise, a sign of trust and constancy.

Conversely, resources from services (training) and activity income (reimbursements from the primary health insurance fund for medical consultations, subscriptions, sales of books, etc.) are down sharply (- 52 % compared to 2019) and only represent 4% of resources (instead of 8% in 2019), in particular due to the sharp reduction in the activity of the training centre in connection with the health context.

SOURCES OF FUNDING



[1] Funds received in one financial year but which must or can be used in the following year.

EXPENDITURE ACCOUNT

EXPENDITURE	Total 2020 (€)	Expenditure founded by public generosity
1. Social Missions	1 345 783	178 555
2. Research and fundraising expenses	172 729	22 554
3. Operating costs	122 039	15 935
I. Total employment for the year recorded in the income statement	1 640 551	
II. Allocations to provisions		
III. Commitments to be made on allocated resources		
IV. Surplus resources for the year	15 086	
V. General total	1 765 637	
VI. Acquisition of fixed assets founded by public generosity		
VII. Total employment founded by public generosity		217 045
Evaluation of voluntary contributions in kind		
Social missions		20 885
RESOURCES	Total 2020 (€)	Resources raised from the general public
Carryover of resources collected from the general public affected and not used at the beginning of the fiscal year		
1. Ressources raised from the general public	217 045	217 045
1.1. Donations	217 045	217 045
1.2. Legacy		
1.3. Other income from the public appeal for generosity		
2. Other private funds	448 195	
3. Grants and other public contribution	877 003	
4. Other resources	70 452	
I. Total resources for the year recorded in the income statement	1 612 696	
II. Reversal of provisions		
III. Carry-forward of unused restricted resources form prior years		
IV. Variation in dedicated funds		
V. General total	1 765 637	
VI. Total employment financed by resources raised from the general public		217 045
Evaluation of voluntary contributions in kind		
Volunteering		15 290
Donations in kind		5 595

SPECIAL SUPPORT IN RESPONSE TO THE HEALTH CONTEXT RELATED TO COVID-19

During the first lockdown in spring 2020, the Primo Levi Centre was able to count on the support of a generous patron and many donors who responded to the online fundraising campaign launched in April 2020 on HelloAsso. These donations made it possible to provision an emergency fund to provide material support to patients in difficulty during the first lockdown. This emergency fund, additionally supplied by the **Caritas France Foundation**, made it possible to finance the purchase of foodstuffs, medicines and transportation costs (in particular to allow the follow-up of medical appointments and ensure the continuity of healthcare for the most fragile patients), as well as securing shelter for homeless patients at the time of the first lockdown.

Emmaüs Connect and Bienvenue Wifi also provided valuable material support, by providing digital tools (laptops, digital tablets, SIM cards) and connection means (mini boxes) to families who needed them in order to allow children to continue their education and reduce digital isolation during lockdown. The Primo Levi Centre also benefited from the support of the **City of Paris Municipality**, which renewed its funding for the year 2020 and anticipated the payment of these funds to help it get through the crisis. Support also came from the **Fondation de France**, within the framework of

its call for projects "All united against the virus", which made it possible to finance the equipment and material arrangements necessary for the reception of a "vulnerable" population in the epidemic context linked to the Covid-19 pandemic; The **Regional Health Agency - Ile-de-France** provided 2,200 surgical masks and 32 bottles of hydro-alcoholic solution, and granted us an exceptional subsidy to participate in the costs generated by the crisis.

We also salute the support of the **Fondation de l'Académie de Médecine**, which provided the Primo Levi Centre with 10,000 surgical masks, as well as that of **Asmae - Soeur Emmanuelle Association**, which provided us with tubes of hydroalcoholic gel for the patients.

As part of the "Personalized Support Vouchers" operation of the **Abbé Pierre Foundation**, the Primo Levi Center received a total of 400 service tickets for patients, enabling the purchase of food and hygiene products.

The Primo Levi Centre warmly thanks all its donors and partners who, through their support, have allowed it to maintain its healthcare and support activities dedicated to persons who are victims of torture and political violence, living in exile and who are even more so vulnerable in the context of the present health and social crisis.



INTERNAL ORGANISATION

as of March, 2021

Executive Committee

President: Antoine Ricard

Vice President: Julien Roirant

Secretary: Andreas Hartmann

Treasurer: David Randrianarivelo

Members: Omar Guerrero - Natalie Nougayrède

Board of Directors

Founding members:

- Médecins du Monde: Nicole Dagnino - Anne Urtubia
- ACAT France: Bernard Hofmann - Philippe Muller
- Trêve: Nathalie Dollez - Aurélia Malhou

Active Members:

Michel Brugière - Anne Burstin - Sabrina Goldman - Omar Guerrero

Andreas Hartmann - Antoine Lazarus - Natalie Nougayrède

David Randrianarivelo - Antoine Ricard - Julien Roirant

Marine Van Schoonbeek

Salaried staff

General Manager: Hélène Bonvalot

Health Care Centre:

- Director: Sibel Agrali
- Manager of the Reception Desk: Déborah Caetano
- Welcome Desk and Training: Juliette Krassilchik
- General Practitioners: Agnès Afnaïm - Jonas Bessan - Pamela Der Antonian
- Clinical Psychologist: Armando Cote - Helena D'Elia - Nathalie Dollez
Dimitra Kolonia - Beatrice Patsalides Hofmann - Jacky Roptin
Emilie Abed (en remplacement d'Eric Sandlarz)
- Physiotherapist: Jacques Blain
- Social Workers: Pauline Langlade - Elise Plessis
- Legal Officer: Aurélia Malhou

Training Centre:

- Responsible For Pedagogy : Valentin Hecker
- Secretariat: Juliette Krassilchik
- Promotion and Marketing: Marie Daniès

Administration and finances:

- Administrative and Financial Officer: Michel Folgoas
- Public Fundraising Manager: Laurence Janin
- Private Fundraising Manager: Géraldine Rippert

Information et communication:

- Communication And Advocay: Pierre Motin
- Publications: Marie Daniès

Civic Service Program and Interns

Ludmila Cartier - Aude Crespel - Maëlys Guillaume - Adèle Legros - Juliette Ratto

Volunteers

Henri Launay - Claudine Claux - Martine Morlet - Liliane Passavant - Claire Merrien

THE THREE-YEAR ACTION PLAN

In June of 2020, following the joint identification by the board of directors and team of employees, in October 2019, of four priorities for the future, the Primo Levi Centre engaged a new chapter in its history with the adoption of a three-year action plan (2020-2023).

These four priorities – namely, consolidation of the care centre, improvement of internal organisation and governance, development of outward perspectives, and the search for new premises - are the pillars of this plan, covering the period from 1 July 2020 to 30 June 2023. Four work groups have been set up around the four priorities, in order to define the elements for analysis and recommendations to feed into the board's strategic decisions. These working groups, which have a consultative role, began their work in October 2020. Their proposals are expected in June 2021.

This action plan is part of a collective dynamic initiated in recent years. Based on a reaffirmation of the Primo Levi Centre's values and principles of intervention, it aims to consolidate its foundations, strengthen its organisation, and draw up paths for development, so as to increase its crisis resistance and enable it to better respond to the challenges of a world in transition.

OBJECTIVE 1: CONSOLIDATING THE CARE CENTRE

Building a more robust reception service and enhancing its value within the healthcare centre are among the desired developments in this area. To this should be added the strengthening of the legal department, via the mobilisation and management of a network of volunteer lawyers, in order to provide consolidated support for patients at the various stages of their asylum or residence permit applications. The strengthening of social connections and the setting up of collective therapeutic spaces, especially in the follow-up stages of care, are also part of the discussions engaged. Finally, the work group will focus on improving the overall care of families taken in by the care centre, as well as the animation of multidisciplinary work spaces.

OBJECTIVE 2: IMPROVING INTERNAL ORGANISATION AND GOVERNANCE

The work on improving internal organisation and governance aims to clarify the role of the various statutory bodies and to strengthen the internal management of the Primo Levi Centre, so as to meet strategic and operational challenges. In addition to potential changes to the association's statutes, the Primo Levi Centre will work on consolidating management modalities of human and financial resources, in order to better anticipate psycho-social risks and ensure the sustainability of the economic model.

OBJECTIVE 3: DEVELOPING OUTWARD PERSPECTIVES

The Primo Levi Centre wishes to strengthen the coherence and legibility of its interactions with the outside world, within the scope of its training, communications, and advocacy activities. To this end, it plans to develop its activities turned towards the transmission of its clinical experience aimed at professionals in the medico-social sector, by creating a space for digital resources, redesigning the training offer, and leading a community of practice. The formalisation and implementation of a communication and advocacy strategy is also under priority consideration, in order to alert public authorities on the importance of asylum rights and access to healthcare, and to gain visibility among the general public.

OBJECTIVE 4: FINDING NEW PREMISES

The consolidation of the care centre, the development of the training centre and the improvement of organisational considerations are all priorities that require a rethink of the work space. In this spirit, identifying and setting up new work spaces is essential in enabling the development of the association's project. This project presupposes the development of an architectural project that meets our needs and uses, as well as the mobilisation of our institutional and financial partners, who will be closely involved in the dynamics of a future move.

THE PRIMO LEVI CENTRE MANDATE

Providing healthcare for victims of torture and political violence

A global therapeutic project characterized by:

- a multidisciplinary team including staff in charge of reception, general practitioners, clinical psychologists, a physiotherapist, social workers and a jurist;
- collaborating with professional interpreting;
- therapeutic vision respecting the temporality specific to each patient;
- healthcare inclusive of children and adolescents as well as taking into account family issues, with the will to act in favour of the transgenerational prevention of trauma;
- a psychoanalytic orientation.

Transmission of our know-how

- An approved training center intended to provide a framework for reflection and research adapted to all professionals working with people who have suffered torture and political violence;
- A specialized documentation centre unique in France with a collection of more than a thousand reference books;
- A 2-day conference organized every two years;
- "*Mémoires*", a 24-page journal published three times a year, intended for the disseminating of the healthcare centre practice;
- Participation in numerous conferences, meetings and debates enabling the sharing of our experience with professionals and institutions.

Mobilisation of citizens and public decision-makers

- A website, an electronic newsletter and a presence on social media;
- Public awareness campaigns to render issues pertaining to victims of torture visible;
- Advocacy actions in favor of appropriate healthcare for victims of torture and for the protection of asylum rights.

Membership in networks

The Primo Levi Centre is an active member of the:

- French Coordination for the Right to Asylum (CFDA);
- Observatory of Foreigners' Right to Health (ODSE);
- European Network of Rehabilitation Centres for Survivors of Torture;
- InfoMIE (Resource centre on unaccompanied minors in France).

It is also a founding member of Réséda, a network of 8 French-speaking specialized healthcare centres, in France, Belgium, Switzerland, Algeria and Lebanon.



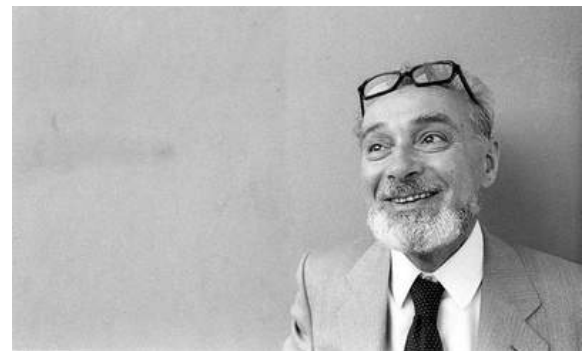
Support Committee

The support committee of the Primo Levi Centre, created in 2007, brings together some twenty personalities from the world of the arts, academia, humanitarian action and politics.

Its members have agreed to join it in order to publicize the action of the association in their respective professional spheres and, more broadly, to contribute to the awareness-raising action of the general public.

Members are: Patrick Aeberhard, Jacques Attali, Miguel Benasayag, Constantin Costa-Gavras, Laurent Gaudé, Robert Guediguian, François Julien-Laferrrière, Olivier Le Cour Grandmaison, Anicet Le Pors, Ariane Mnouchkine, Edgar Morin, Rithy Panh, Serge Portelli, Reza, Léonie Simaga, Catherine Teitgen-Colly, Annette Wiewiorka.

Why the Primo Levi name?



The name of the Italian writer who survived Auschwitz, author of *Si c'est un homme* was chosen as a tribute to the strength of his testimony, the thoroughness of his thinking and his consistent rejection of inhuman, cruel and degrading treatment.

KEYS DATES

1995 ● Creation of the Primo Levi Association ● Creation of the healthcare centre. **1997** ● Creation of the quarterly review *Mémoires* ● Launch of the manifesto entitled *Les Naufragés du droit d'asile*. **2000** ● Creation of a healthcare unit for children and adolescents ● Special mention of the Human Rights Prize of the French Republic ● Co-founding of the French Coordination of Asylum Law (CFDA). **2002** ● Creation of an approved training centre. **2003** ● First conference organized by the Primo Levi Centre entitled *Ce que l'homme fait à l'homme*. ● Co-founding member of the European Network of Care Centers for Victims of Torture. **2004** ● French Republic Human Rights Prize. **2005** ● Integration into the National Consultative Commission for Human Rights (CNCDH). **2008** ● Co-founding member of RESEDA - Francophone network of care and support for exiles who are victims of torture and political violence. **2012** ● Publication of the White Paper "*Soigner les victimes de torture exilées en France*", first inventory of the care of the exiles in the territory. **2014** ● Publication from Erès of the first book of the Primo Levi Centre collection, entitled *Clinique du trauma*. **2015** ● Release of the report entitled "*Vingt ans d'accueil et de soins des exilés victimes de la torture*". **2016** ● Release of the report entitled "*Débutés au pays, persécutés en France*". **2018** ● Release of the report entitled "*La souffrance psychique des exilé.e.s : une urgence de santé publique*". **2019** ● Centenary of the birth of Primo Levi.

GLOSSARY

ACAT	Action des chrétiens pour l'abolition de la torture
AME	Aide médicale d'État
AI	Amnesty International
ARS	Agences régionales de santé
ASE	Aide sociale à l'enfance
CADA	Centre d'accueil pour demandeurs d'asile
CEDH	Cour européenne des droits de l'homme
CFDA	Coordination française pour le droit d'asile
CMU	Couverture médicale universelle
CNCDH	Commission nationale consultative des droits de l'homme
CNDA	Cour nationale du droit d'asile
CNJTR	Commission nationale de justice transactionnelle et réconciliation
CRA	Centre de rétention administrative
DCIM	Direction de lutte contre la migration illégale
EMS	Équipes mobiles sanitaires
EPFCL	École de Psychanalyse des Forums du Champ lacanien
FAMI	Fonds Asile Migration Intégration
GISTI	Groupe d'information et de soutien des immigré·e·s
GUDA	Guichets uniques pour demandeurs d'asile
HCDH	Haut Commissariat des Droits de l'Homme
InfoMIE	Informations sur le Mineurs Isolés Étrangers
MDM	Médecins du Monde
MIE	Mineurs isolés étrangers
MNA	Mineurs non accompagnés
ODSE	Observatoire du Droit à la Santé des Étrangers
OFPRA	Office français de protection des réfugiés et apatrides
OFII	Office français de l'immigration et de l'intégration
OIM	Organisation internationale pour les migrations
OMS	Organisation mondiale de la santé
ONU	Organisation des Nations Unies
OQTF	Obligation de quitter le territoire français
PHI	Pharmacie Humanitaire Internationale
PMI	Protection maternelle infantile
PUMA	Protection universelle maladie
RESEDA	Réseau francophone de soins et d'accompagnement pour les exilés victimes de torture et de violence politique
UNHCR	Haut Commissariat des Nations unies pour les réfugiés

CENTRE
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VIVRE APRÈS
LA TORTURE

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