

Heartbreak

By Rosalie Hughes

I am ready to tell the truth," is the first thing Liban tells me. I had skimmed his file before my interview with him, so I already know that he's a 37-year-old Eritrean male, that he is married and has four kids, and that his wife and children are still living back in Asmara, the capital of Eritrea.

Liban has "a serious heart condition." His file is padded with doctors' notes and certifications by the Red Cross, Doctors Without Borders, and numerous other agencies and hospitals, all stating that Liban will die soon if he does not get surgery. The surgery is not available in Uganda, where he is now living as a refugee and where I am a caseworker for a nonprofit that helps refugees resettle in the U.S. on humanitarian grounds.

"What do you mean you're ready to tell the truth?" I ask.

"What I said before was a lie."

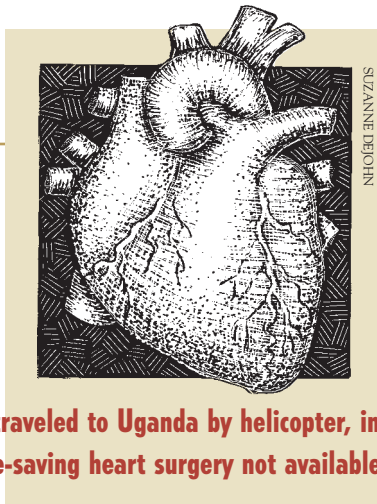
Liban is heavy. He wears a button-up shirt and glasses that have slipped down his nose. A large dimple marks his chin, and gray hairs sprout from his head. He clutches a thick, brown A4 envelope.

Heart: "I am here because of my heart," he says in English. He then switches to his native language, Tigrinyan, and speaks to my interpreter for several minutes.

Two years ago, I learn from the interpreter, Liban had applied for a visa to the U.S. He was rejected. Next, he registered as a refugee with the United Nations High Commissioner for Refugees (UNHCR) and went to live in a refugee camp in southern Uganda. At the camp, his heart condition worsened. He could no longer walk without chest pain. Desperate to get to the U.S. for treatment, he told UNHCR that he had been tortured and detained by the Eritrean government for being of the Pentecostal faith. (Other refugees had told him the only way the U.S. would accept him was if he claimed to be fleeing religious persecution.)

He did not tell UNHCR that he'd actually spent most of his life fighting with the Eritrean People's Liberation Front, a rebel group that battled, and finally beat, the Ethiopian government to claim Eritrea's independence. Or that, near death from his heart condition, he'd traveled to Uganda by helicopter (not on foot, as he'd told UNHCR), in the hope of having life-saving heart surgery not available in Eritrea. But, it turned out, it wasn't available in Uganda either.

Guilt: UNHCR believed his phony story and, because of his medical condition, expedited his case. Now he sits in front of me. After he confesses, his shoulders drop. He puts his head in his hands. I ask him if he's okay. He says he's been plagued with guilt and hasn't slept



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Liban had traveled to Uganda by helicopter, in the hope of having life-saving heart surgery not available in Eritrea.

in weeks. "The anxiety has worsened my heart condition," he says. He is sweating. Dark pouches frame his lower eyelids.

As I recount Liban's story to my supervisor, her eyes widen and she looks up from the file she is reviewing. She tells me to collect all of the biographic information from him that I can. Tomorrow he will return for a second interview, where he will be asked to tell his story again. If

there are many discrepancies (and there are sure to be), we will refer his case back to UNHCR for them to sort out.

I ask Liban to tell me the names of his wife and children. He pulls from his envelope birth certificates for all his family members, arranged in chronological order. While I enter this information, he hands me a Sears-style family portrait. I tell him he has a beautiful family, and his eyes moisten.

I ask some more questions, including where he was in May of 1991, when his country became independent from Ethiopia. "I was a fighter, so of course I was with my army," he says.

We reach the end of the interview, and I ask him to sign some forms. The first is a waiver of confidentiality. I go through my usual spiel: "Your information is confidential. But we need to share the information with certain organizations in order to process your case. Those organizations include UNHCR . . ."

He asks if we have to share his information with UNHCR. If he wants a chance at being resettled, I say, we must.

Sigh: He sighs. I want to tell him that I understand why he lied, that given the same circumstances I'd probably have done so, too. I want to say, "I admire your honesty, and now that you've told the truth you have nothing to worry about."

But I can't, because it's not true. Refugees are admitted to the U.S. only if they can prove that they fear persecution at home based on their race, nationality, religion, political opinion, or, somewhat amorously, their membership in a particular social group. Having a serious medical condition does not make someone a refugee.

I sit in front of Liban knowing he will be rejected and will probably die soon as a result. He will die alone in Uganda, and his wife and four young sons back in Eritrea will mourn their loss.

I believe the U.S. refugee policy is fair; we don't have an obligation to admit people who simply need medical attention. That could be half the world, for I know that Liban's story is far from unique. I know that in Somalia, in Libya, in Iraq, in Afghanistan—in countries all around the world—his story and variants of it can be found a hundred, a thousand, a million times over.

But when I look at this one man sitting across from me, when I behold the sad wrinkles under his eyes, when I recall the picture of his children, then I want to give him my heart. ■

The Point of View essay provides personal insight or opinion on some issue in medicine or science. Hughes graduated from Dartmouth College in 2007 and has worked abroad since then, including in Nepal (see dartmed.dartmouth.edu/109/101 for an account of one of her experiences there, high in the Himalayas); in East Africa; and, currently, in Tunisia.