Human Rights in Practice

The Life and Work of Helen Bamber

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1. INTRODUCTION

From 1945 until her death in 2014, Helen Bamber worked therapeutically with thousands of displaced and traumatised people who had suffered torture, human trafficking, slavery and war. She learned from the individual circumstances of each person, adapting her unique Model of Integrated Care to meet their needs. Her approach to her work and methods of practice are discussed in the lecture paper: ›*Therapists as Advocates: A Conversation with Helen Bamber*‹[1] which is taken from an interview conducted in 2002 by Freihart Regner.

I first met Freihart Regner at the Memorial for Helen Bamber at St Martin-in-the-Fields Church in London on the 26th of January 2015. We discussed working together on the transcript of the interview to create a lecture from her words. This was an exciting opportunity to capture Helen Bamber's own voice in some detail on the practice of her work. As a charismatic speaker and campaigner she had fought tirelessly for recognition of the rights of people who are traumatised and also forced to seek asylum. Most of her own writing about her work is contained in thousands of confidential reports and letters and therefore remains unpublished. These reports and letters intricately document the histories, injuries, health and circumstances of individual survivors she worked with. She was well known for

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1 See the contribution by Freihart Regner and Rachel Witkin in this volume.

her persuasive eloquence in describing her clients‹ needs to people who could help them, and for her calm, determined persistence in cases that were initially met with refusal.

Those who worked with Helen Bamber knew she was always to be found in her office, sitting at a small, circular table with refugees who were struggling to cope with the uncertainty of their daily lives. Each of her clients was met with the same warm welcome. Her room, set out with flowers, photographs and pebbles, provided a quiet place of safety for people who had lost everything that was familiar to them. Despite the intense daily activity of Helen Bamber and her team, there was always a sense of stillness there, and time enough to be given. In the year before her death she said: »It is the continuation of this work that matters, not remembering the personality.« However, for all those who knew Helen, her work was infused with her character, her strength, her wisdom and often mischievous sense of humour. Her example demonstrated to professionals of all fields who come into contact with survivors, that they should not be afraid of extending a personal level of kindness and connectedness to their work.

Overview: Helen Bamber's life and work is illustrated on a wall at the Helen Bamber Foundation, which maps her work with survivors of atrocity throughout the last century:

Soviet Union 1930–1960; World War II 1939-–1945; Palestine 1948–present; Korea 1950–1953; Kenya 1950–1962; China 1951; Tibet 1950–present; Algeria 1954–1962; Eritrea 1961–1999; Brazil 1964–1977; Guatemala 1968–1996; Northern Ireland 1968–1998; Bangladesh 1971; Burundi 1972–1993; Chile 1973–1990; Cambodia 1975–1979; East Timor 1975–1999; Angola 1972–2002; Argentina 1976–1983; Ethiopia 1977–1978; El Salvador 1979–1992; Iran 1979–present; Iraq 1979–present; Nicaragua 1981–1990; Sri Lanka 1983–present; Turkey 1984–present; Uganda 1986; Tiananmen Square 1989; Liberia 1989–1996; Somalia 1991; Sierra Leone 1991–2002; Bosnia and Herzegovina 1991–1995; Rwanda 1994; Kosovo 1998–1999; Congo 1998–2003; Chechnya 1999–2009; Zimbabwe 2000; Afghanistan 2001–present; Guantanamo Bay 2002–present; Nigeria 2005–present

As these events move into history, they are documented and obtain a level of international recognition. However, at the time when Helen Bamber was working with survivors, their recent experiences were often not widely known or cared about. She supported people from all political and cultural backgrounds, often years before their causes had gained a fuller understanding in law and practice. These included survivors of violence because of their gender or sexual identity, people who had been trafficked and held in slavery, women who had suffered female genital mutilation (FGM),[2] child soldiers, people subjugated through the use of Juju ceremonies,[3] victims of local community violence, and those who were persecuted for their political or religious beliefs.

Even in cases where the plight of survivors is better understood, there will always be a clamour against asylum seekers and refugees from politicians, the media and the general public. One of the greatest challenges they face is being viewed as a general category or ›type‹ of person because of their ›foreignness‹ and their uncertain immigration status. As we see from

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[2] Female Genital Mutilation (FGM) is an illegal, extremely harmful practice. It is a form of child abuse and violence against women and girls. It describes all procedures involving partial or total removal of the external female genitalia or other injury to the genital organs for cultural or other non-medical reasons. There are estimated to be 100 – 140 million women in Africa alone who have experienced FGM, and three million girls who are at risk of the procedure in Africa. Although it is mainly an African phenomenon it is also prevalent in parts of the Middle East and Asia, and is seen in Western countries (e.g. Somalia, Guinea, Dijbouti, Egypt: >90% women with FGM). Different regions perform FGM at different parts of a woman's life cycle varying from birth through to marriage. Girls born within practising communities are at risk of FGM both abroad and in the UK, cf. WHO (2017).

[3] The Helen Bamber Foundation works with victims of human trafficking from West Africa who have been subjected to ritualised violence in ‚Juju' ceremonies which are performed by traffickers. These ceremonies utilise cultural beliefs in the ancient and omnipotent power of Juju to terrorise victims, instilling deep fears in order to subjugate them in preparation for exploitation and to prevent them from telling anyone about their experiences. Rituals which threaten victims and their loved ones with illness and death are an effective form of long-term coercion. An enduring psychological bond is formed between the trafficker and the victim that is not dependent upon their physical proximity. See Witkin on behalf of the Helen Bamber Foundation (2013).

events currently and throughout history, terms like ›asylum seeker‹, ›illegal immigrant‹ and ›refugee‹ can swiftly become negative in the public mind and stereotypes may be applied to all the many and various individuals who are categorised in this way. This is one reason why Helen Bamber worked collaboratively with each client to consider their own specific circumstances, needs and opinions and importantly, to rediscover their individuality, resilience and creativity. In ›*Therapists as Advocates*‹ she explains that the need to protect traumatised and exiled people in practical ways is of equal significance to the intricate, therapeutic work which is required for their sustained recovery.

2. HELEN BAMBER'S CAREER

Helen Bamber began her career working with the Jewish Relief Unit at the Bergen Belsen Concentration Camp in Germany from 1945–1947. There, she learned that ›*compassion has a short life*‹ even when human rights violations are fully recognised. There was international condemnation of the crimes committed during the holocaust, which caused shock and outrage. She saw the immediate outpouring of sympathy for camp inmates who were left barely alive having been tortured, starved and enslaved. Despite their suffering, thousands of these survivors were forced to remain in camps until the early 1950s, because no country was willing to accept them. Helen said of this time:

> »They began to be referred to differently, no longer known as ›victims‹ or ›survivors‹ but ›displaced persons‹. As time went on this was shortened simply to ›DPs‹. I learned that given certain circumstances, quite ordinary people can become perpetrators. Caring organisations can bend under criticism and hostility directed against the people they are there to help. It was at Bergen-Belsen that I vowed never to be a bystander.«

In 1947 she was appointed to the Committee for the Care of Children from Concentration Camps. This was a scheme sponsored by the British Government to bring 732 orphaned child survivors to the UK and introduce them to a new life.

> »The children had been forced into the torments of the ghettos, concentration camps, slave labour camps and death marches, often witnessing at first-hand the death of their parents and siblings.«

In contrast to the rather authoritative and disciplinarian response to these children at the time, Helen Bamber offered them a sympathetic, listening ear. She was able to tolerate and understand their anger, and to allow them space to talk about their memories and dreams. She understood why the boys wanted to be physically tough in order to reclaim their bodies after they had been so brutally abused. She did not expect them to forget about the past as so many survivors are urged to do, and this insight would inform her later work with torture victims. In her interview with Freihart Regner she said that, »Justice comes in many forms of acknowledgement, not only ›forgiveness‹, or ›moving on‹«.

Helen Bamber continued to work with people who had suffered torture throughout ongoing world crises, campaigning consistently for the principles of the Universal Declaration of Human Rights. In 1961, she began working with Amnesty International to publicise cases of disappearances in Chile and other countries, focusing on the complicity of some doctors and other medics in torture. This work led to her to chairing the first *Amnesty International Medical Group*, where dedicated GPs, surgeons, psychologists and psychiatrists collated individual testimony and documented evidence of state torture for submission to the UN Rapporteur on Torture. Speaking at her Memorial in 2013, Jim Welsh of Amnesty International said:

> »Half a century ago in the 1960s, human rights may have been universal but they were not universally known, and were regarded with suspicion in some sectors in society, including the medical profession. Few organizations systematically monitored human rights. Helen Bamber came to believe that a fusion of ethical medicine and political change was desperately needed; the Amnesty Medical Group was the result.«

Helen Bamber knew that doctors, who were trying to treat torture survivors arriving in the UK, experienced serious difficulties because of the specialised nature of this work. She recognised the need to provide multi-faceted practical support and advocacy.

> »One GP[4] said to me, ›I have a group of exiles from Chile living in South London. They have all been tortured. I do not have the time to address their physical and psychological problems, I do not have the time to look at marriages which have been broken by torture, the sexuality which has been compromised, to listen to the children because no-one can hear them – I do not have time to listen to their silences‹«.

In 1985 she founded the *Medical Foundation for the Care of Victims of Torture*, which began its life in two rooms of an abandoned hospital in London and grew into a world-renowned organisation. Helen Bamber remained at the Medical Foundation as its Clinical Director for the next twenty years. Her human rights work was recognised with many awards, including the OBE in 1997, and honorary degrees from 11 universities.

Throughout her life Helen Bamber was concerned to help all survivors of human rights violations, not only those who had suffered state torture. In 2005 she established the *Helen Bamber Foundation* in order to provide the Model of Integrated Care to a wider remit of clients including survivors of war, torture, human trafficking/slavery, identity-based violence, community and familial violence.

> »I believe that all people who have suffered extreme inter-personal violence, experience the same psychological and physical symptoms and enduring trauma. The individual should not be defined by the identity of the perpetrator, but, instead by the deprivation, loss and damage suffered. I have learned that victims of extreme human cruelty remain vulnerable to further harm and trauma. We need to think in terms of sustained recovery rather than cure.«

Today, HBF's multi-disciplinary team of clinicians, therapists and other specialists continue to deliver the Model of Integrated Care which is based on Helen Bamber's pioneering work. It is continuously developed, monitored and evaluated to ensure that clinical methods and therapeutic techniques are evidence-based, effective for each individual client, and shared as widely as possible through HBF's training and publications.

In an ever-changing landscape of world events and crises, Helen Bamber's words resonate, never more so than now: »I find heroism in our cli-

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[4] This refers to a General Practitioner (medical doctor).

ents[']: despite all they have been through they find the remnants of resilience and courage to face continuing adversity.«

At the end of her life her main concern was, »*There is so much left to do.*«

REFERENCES

Organization for Security and Cooperation in Europe (2013): »Trafficking in Human Beings. Amounting to Torture and other Forms of Ill-treatment«, Vienna, Online: https://www.osce.org/cthb/103085?download=true [03.07.2017].

Witkin, Rachel on behalf of Helen Bamber Foundation (2013): »Clinical Links Between Human Trafficking and Torture«, Part II, in: Organization for Security and Cooperation in Europe (2013), 45–117.

WHO (2017): »Female genital mutilation«, Fact Sheet, updated February 2017, Online: http://www.who.int/mediacentre/factsheets/fs241/en/ [03.07.2017].