

S T A N F O R D  
M E D I C I N E

## Can serving justice cure PTSD?

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It was 1976, a year into the Khmer Rouge's reign of terror in Cambodia. Sophany Bay and her two young children struggled moment by moment to survive. Each day, the small family ate a cup of rice soup, or nothing at all, growing weaker and thinner. Each night, they slept in a cagelike hovel built of bamboo stalks and leaves. At gunpoint, Bay spent 12- to 14-hour days in a rock quarry, swinging a hammer and loading the broken pieces into baskets that she carried on a pole across her back, barely able to stand. While she worked, the children were forced to stay behind where they were repeatedly interrogated and beaten by soldiers.

"One day, my son, he cried that he want to go with me," Bay recalls. She speaks in halting English, occasionally falling into her native Khmer. "The soldier said my son is not Cambodian. He is American or French. He put a gun in my son's mouth and told him to stop crying. My son couldn't stop because he was so scared. He cried harder. The soldier used a scarf to bound my son's hands. He put him in water up to his waist. He was just 6 years old. He kept crying. Two soldiers put a gun behind me. 'Go to work!' they said, or they would kill my son. From that time on, he became sick. His body swelled. There was no medication."

The three and a half years of the Pol Pot regime's rule, from 1975 to 1979, left between 1.7 million and 2 million people — about a quarter of the population — dead from starvation, torture, sickness, bullets. All city dwellers in Cambodia were forced to live and work in the country as laborers in squalid, inhumane conditions. Schools, hospitals, banks, businesses were closed. Religion was banned. The entire population was overworked, starved and denied medical care. Anyone associated with the Cambodian military or the intellectual elite was shot. Thousands more died from preventable diseases.

"My daughter grew sick too," Bay says. Diarrhea left her daughter emaciated. Her son grew sicker and sicker. The soldiers hit her children every day.

"The soldiers would ask my children about their parents. 'Where is your father?' My kids did not say anything. I told them every night before sleep, close to their ear, 'If anybody asks you about your father don't say anything. If they know he's a soldier in the [Cambodian] military, they'll kill you and kill me too.' They never told. They saved my life.

"My son went two days with no food. At nighttime, he slept in my embrace. In the morning, his body was so cold. He just quietly died. One month later, my daughter died also. The soldiers beat her and bound her hands for eating the soldiers' table scraps. She was only 5 years old. I held her close to my breast. 'Mom,' she said, 'take me to the clinic! I want to live.' She asked when her father was going to return. Then she closed her eyes and died. I become so depressed. I did not talk to anyone. Because I wanted to die too.

BAY, A SAN JOSE, CALIF., MENTAL-HEALTH counselor, is telling her story 36 years later, talking with me while seated at a table in the Wat Khemera Rangsey Buddhist temple in East San Jose. She's a small woman, dressed professionally in slacks and a blazer, her hands folded primly before her. Like many of the 5 million survivors of the killing fields, she's struggled for years with symptoms of post-traumatic stress

disorder, reliving those horrific times in her dreams. She's managed to rebuild her life, working to help those like herself recover from psychological scarring, but even now the nightmares won't stop. Occasionally, she still wakes screaming, heart pounding.

"The pictures stick in my memory. It sticks in there," she says. "I still remember my children's voices, their faces." Her stories are unspeakable, she knows this well. But she refuses to cry as she tells them. She speaks loudly and forcefully, with the determination of someone who has suffered for years, and wants the suffering to stop. She wants the world to hear her story. And finally, after all this time, a chance to make this happen is within her grasp.

In a history-making move, the United Nations-backed tribunal trying Khmer Rouge war criminals — the Extraordinary Chambers in the Courts of Cambodia — is including victims in the proceedings to an unprecedented degree. As a result, thousands of survivors have submitted their testimonies to the tribunal. Bay is among them. The first of a series of trials concluded last year. The second began this summer, in June.

The survivors are looking to the tribunal for justice after decades of suffering in silence, but many have an additional motive. Hopes are high that by participating in the international criminal justice system, by telling their stories to the world, they will find some degree of healing for the psychological trauma that haunts them still.

Whether such lofty goals can be achieved remains to be seen. There's concern that reliving some of the worst horrors of the 20th century will cause even more psychological damage.

"These witnesses often have horrible symptoms — and they're testifying," says Daryn Reicherter, MD, clinical assistant professor of psychiatry at Stanford, who has been providing support and treatment for survivors of the Cambodia genocide who now live in San Jose. "They're in front of the people who tortured them. They're facing their tormentors."

Human-rights activists complain that the court has been slow moving, that its costs — over \$100 million so far — are too high, that it's under the thumb of Cambodia's current government, which is pressuring it to fold early, leaving many unpunished. But they've praised the court for its attention to the mental health of its witnesses. During the first proceedings, which tried an infamous prison director for murder and torture, a counselor sat next to each of the 13 survivors who testified.

This summer's trial judging four higher-ranking Khmer Rouge leaders will include many more survivors. Half of the more than 4,000 who applied have been accepted as civil parties, with the number set to testify as yet undetermined. The Cambodian court is attempting to surpass previous tribunals' levels of victim participation, in keeping with a worldwide trend among international tribunals toward more inclusiveness. Victims with civil party status are allowed to sit in court with their lawyers and to ask questions of witnesses. Civil parties also have the right to reparations, and to be consulted on what those reparations might be if the defendants are found guilty.

These reparations will be collective and primarily symbolic — such as museums or memorials or monuments. Many victims are pushing for reparations to include improvements in mental health facilities in Cambodia. Reparations made to the civil parties of the first trial included copies of an apology from the defendant.

But for survivors like Bay, telling their stories in an international court of law before the crimes' perpetrators is the reparation they seek. They're willing to risk the possibility of re-traumatization for the hope of something closer to a cure for the wounds of the past.

The tribunal is not only a chance for the world to hear and acknowledge her suffering and the suffering of her community, says Bay, but it's a chance to help end her nightmares as well.

“I want to ask them why. Why you do this? Why you kill even babies?”

BAY WAS A SCHOOLTEACHER AND the wife of an anti-communist military officer when the Khmer Rouge invaded Phnom Penh on April 17, 1975. She and her children were at home the day the Communist guerrilla troops marched down the boulevards wielding guns and threatening to kill anyone who didn't evacuate the city. By mid-afternoon, hundreds of thousands of city dwellers were on the move. Thousands were already dead.

“I heard the guns in the morning,” says Bay, eyes wide behind large, gold-rimmed glasses. Soldiers were shouting, shooting guns in the air, forcing everyone to leave their homes immediately and start walking into the forests, into the fields. They had to leave everything behind.

“Dead people lined the road — pregnant women, children. It was too, too crowded. Some people the soldiers would shoot, if he or she was in the military, old people. Nobody knew why. Still, we don't know why.

“They told us the Americans are bombing the city, and we could return in three days. They lied to us,” says Bay, who was 29 at the time. “The streets, they were so crowded. Thousands of people were walking away. I carried my baby, and left with my two kids at my knees. I couldn't bring anything but a bottle of milk for my baby. I was so scared.”

Bay and her children — Paul, 6; Pine, 5; and 6-month-old Pomme — walked for days into the forests. When the rains came, they had no shelter and the baby became sick with fever and diarrhea.

“My baby was so, so sick,” Bay says. “There was no clinic.” Bay begged a Khmer Rouge soldier for help, handing him her small baby. He injected a needle into the baby's head and, immediately, Pomme died. “They kill my baby,” Bay says. “We cry together, my two kids and me, because my baby was so beautiful.”

THOUSANDS, PERHAPS MILLIONS, of Cambodians struggle with the psychological wounds of genocide. Cambodian refugees in San Jose tell of the anguish of losing spouses, children, parents, siblings — the depression, sleeplessness, panic, flashbacks, fear. They recount nightmares that won't go away.

The defining diagnosis is post-traumatic stress syndrome, a severe anxiety disorder that entered public awareness in the 1970s when large numbers of Vietnam War troops returned home unable to function in society. The diagnosis eventually made its way into psychiatric diagnostic manuals under the current term in 1980. But the disorder has a history of documentation stretching back to symptoms seen in survivors of the eruption of Mt. Vesuvius in AD 79 that buried Pompeii. Army physicians diagnosed Civil War troops with something called “soldier's heart,” and “shell-shocked” World War II veterans returned home with symptoms that lasted a lifetime.

Most commonly linked with combat troops, PTSD is marked by emotional numbness, withdrawal and an almost daily reliving of frightening images. Relationships fall apart. Flashbacks torment them: A Vietnam War veteran pumping gas smells napalm.

“For the survivors of Pol Pot's genocide in Cambodia, the 30-year-old psychological scars are often more fresh than one might think,” says Reicherter, who is co-editing a book on the mental health damage to those survivors. “And the memories of horror from that epoch are at the forefront of many Khmer-American's minds on a day-to-day basis.” He hopes the book he is co-editing with Beth van Schaack and Youk Chhang, *Cambodia's Hidden Scars: Trauma*

*Psychology in the Wake of the Khmer Rouge*, will sway the court to include treatment for mental health trauma among the reparations.

The book, to be published this summer, is an outgrowth of work by Chhang's Documentation Center of Cambodia, which amassed more than 600,000 pages of documents detailing the activities of the Khmer Rouge regime, providing the evidence that led to the creation of the tribunal. During the collection of this evidence, the ubiquity of mental health trauma in post-genocide Cambodia became apparent, compelling the center to include trauma-related mental suffering as a category in its documentation.

"After countless interviews with survivors, the same patterns of psychological trauma presented again and again," Reicherter writes in the introduction to the book. "These hidden scars would open again and again to reveal a profound suffering that is known well to the field of psychology, but is also intrinsic to the documentation of genocide."

Studies show that the prevalence of PTSD in the adult population in Cambodia is around 15 percent, more than five times the rate among U.S. adults, based on the National Comorbidity Survey. A much higher proportion has been measured among the 157,500 Cambodians, mostly refugees, who resettled in the United States. The rate hovers around 65 percent among the largest U.S. community of Cambodian refugees in Long Beach, Calif., according to a recent National Institutes of Health study — not surprising considering the severity of the trauma experienced, says Amit Etkin, MD, PhD, an assistant professor of psychiatry and behavioral science at Stanford and a researcher at the Veterans Affairs Palo Alto Health Care System.

Holocaust survivors have been found to suffer from PTSD at similarly high rates, says Etkin. While a wide array of traumatic experiences can trigger PTSD — from a car accident, to rape, to the death of a child — the more severe the trauma, the more severe the symptoms: obsessive thoughts, a heightened startle response, hypervigilance in response to uncontrollable fears. For a population that experienced multiple traumas including the deaths of entire extended families, years of starvation, torture and the destruction of their society, the disorder is often so severe that repeated attempts at treatment simply fail.

PTSD is unique among other anxiety disorders in that the medial prefrontal cortex, the front part of the brain that is involved with regulating emotion and fear, has been shown to be smaller and less responsive than in healthy brains, Etkin says. In essence, the brain's chemistry has been altered, creating a different person. Whether this is reversible is uncertain.

Bay, now 65, has learned to manage most of her symptoms. A university graduate in Cambodia, she studied psychology at Evergreen Community College in San Jose to learn how to help refugees like herself. Today she works as a mental health counselor for low-income Cambodians at the Gardner Family Health Network in San Jose.

Yet at night, Bay's dreams always take her back to those years of torture by the Khmer Rouge. "I'm seeing a man who wants to use a knife to kill me," Bay says. "A Khmer Rouge soldier trying to hit me or beat me or catch me. When I wake up, I talk to myself. 'Go back to sleep, go back to sleep,' I tell myself. 'It will all be there to deal with tomorrow.'"

The nightmares are so difficult to treat, Etkin says. Often they just never go away. ON A SUNNY SATURDAY MORNING this February, about 50 members have gathered at the Wat Khemera Rangsey temple for an update from the lawyers and human-rights activists working to bring their stories of injustice to the international tribunal. The proceedings will be broadcast in Phnom Penh. The Buddhist temple, a remodeled residential home in a working-class neighborhood, doubles as a place of worship and as a community center for San Jose's roughly 10,000 Cambodian Americans. Cambodian and

American flags fly out front. Inside, the walls are painted with murals of Buddhist monks at prayer.

The crowd, primarily refugees, is looking for justice. The meeting organizer made time for a few survivors to tell their stories for the benefit of close to a dozen reporters and college students studying human rights. In halting voices, weakened by age, they speak of husbands led away in handcuffs to executions, entire extended families wiped out, schools turned into torture chambers, a homeland destroyed. They ask why the accused have rights, while theirs were taken away.

The meeting is one of many that have been held across the country in cities with large populations of Cambodians — from Long Beach, Calif., to Portland, Ore., to Arlington, Va. — organized by Cambodian-American Leakhena Nou, PhD, a medical sociologist at California State University-Long Beach. “We’re here to help survivors write their own history, not the Khmer Rouge. Your stories will live on even after the court is over,” Nou tells the crowd. “The court did accept your applications. Now we’re going to need the best minds in the world to fight for you in the courts of international law.”

Nou began traveling across the United States to collect the stories of the genocide survivors in 2009 after she heard that Cambodian Americans, like their countrymen, could offer testimony and have legal representation at the tribunal proceedings. “When I heard about the trials, I thought, maybe this would be a chance for their voices to be heard,” Nou says. “Despite being resettled here and having access to mental health services, the survivors were not getting healthier. I thought, ‘What if they were given the chance to give their testimonies? Maybe it will directly or indirectly help with their mental health status.’” In 2002, she founded a nonprofit to provide support for Cambodian refugees in America — the Applied Social Research Institute of Cambodia, or ASRIC, which is now supporting survivors hoping to participate in the tribunal.

Nou’s own story is deeply entwined with the survivors. Her family escaped from Cambodia just prior to the invasion. Her mother and Sophany Bay were childhood friends. The two grew up together swimming in a lake in a village called Touk in the province Battambang. Her aunts and uncles and cousins were killed by the Khmer Rouge.

Nou collected oral histories from 170 survivors. Forty-one of these survivors submitted testimonies to the tribunal for acceptance as civil parties. Then, she recruited the Center for Justice and Accountability, an organization of international human-rights lawyers in San Francisco, to represent them. Thirty of those survivors who submitted testimonies have been accepted as civil parties, Bay among them. “We feel strongly that at least some of the people from the diaspora should be allowed to testify,” says Andrea Evans, legal director of the center. “We’re hoping that they choose some of our clients, but we can only advocate. We are going to fight to have Ms. Bay testify.”

Bay has brought a photo of her baby to share at the temple. It’s a copy of the only photo of any of her children to survive the killing fields. She had sent the original to her husband just a week before the Khmer Rouge invasion. He was in Fort Benning, Ga., where he had gone for military training one year earlier, with the intention of returning to support the anti-Communist government. While he was there, the government of President Lon Nol was overthrown by the Khmer Rouge, who cut off communication with the rest of the world. No one was allowed in or out of the country. The only people who knew of the horrors that were taking place were their perpetrators and victims isolated inside Cambodia’s borders.

At first her husband, Sarit Bay, heard no news at all. Then as the years passed he heard rumors that his entire family had been killed. He kept searching, asking anyone he knew with ties to

Cambodia if they had heard anything. Eventually, he moved to Birmingham, Ala., where he worked as a medical technician at University Hospitals.

Sophany Bay has enlarged the photo of their baby and had it framed. In the photo, the baby is resting on her belly, proudly pushing up her head with her arms, staring out with curiosity at the camera. Dressed only in a diaper, she radiates health and happiness.

At the February meeting at the temple, Bay — wearing a black jacket and black slacks, with a white scarf draped over one shoulder — told her story to the crowd, pointing to the photo held up by a human-rights lawyer. Her husband sat in the audience holding a tissue to his eyes. Dry-eyed, Sophany told her story one more time: “They said leave Phnom Penh now. I left my home immediately. I had no food for my baby except a bottle of milk....”

DARYN REICHERTER SITS CROSS-LEGGED on the floor of the San Jose Cambodian temple at the February meeting. The survivors seated around him, some of them his patients, have been asked to bring photographs of loved ones who died. A few have photos, many don't. The others list names on a piece of paper and the monks seated at a table at the front of the room light a small flame and burn the list. They chant and pray together with the crowd. They bless the survivors and their departed loved ones.

Reicherter has worked with survivors of some of the worst conflicts of the 20th century — asylum seekers from Darfur, Congo, the Middle East; political refugees from Central and South America, Vietnam War veterans. But the survivors of the Cambodia genocide are among the most traumatized he's seen and among the most difficult to treat. Much of the treatment for PTSD sufferers has been left up to individual practitioners, experimenting with a variety of methods to bring patients relief. Few studies have shown benefits from the traditional medication or psychotherapy that often helps with depression, Etkin says.

For seven years, Reicherter has moonlighted at the Gardner mental health clinic, where Bay works. He's trying to find treatments that will help — medication, talk therapy. In frustration, he traveled to Cambodia for the first time in 2006 to research what works for survivors there. Back home, with Bay's help and understanding of the Cambodian culture, he began a program that linked patients with meditation therapy at the temple.

“I visited some of the mental health clinics in Cambodia and asked, ‘Where do these patients go when they have symptoms?’ Usually, they would go to a monk. The monk does a blessing or a meditation. The breathing taught in meditation helps with panic attacks or helps bring sleep.

“I thought maybe I could take some of these ideas to the temple in San Jose. Sophany took me to the temple's monk. He said, ‘Are you Buddhist? Do you meditate?’” When Reicherter said no, the monk asked him to come back and learn to meditate, then he would help. Reicherter came back almost every Friday for three years. The result has been a liaison between the Gardner clinic and the San Jose temple. Currently, a monk comes to the clinic and teaches a 12-week course with a co-therapist on mindfulness meditation for PTSD. It's taught in Khmer and tailored toward concepts intrinsic to Khmer Buddhism.

One of the few available PTSD treatments that appears effective according to research, says Etkin, is a form of psychotherapy known as “exposure therapy” or “trauma-focused therapy.”

“Patients retell and try to master the trauma,” Etkin says. “Even Vietnam vets with PTSD for more than 40 years responded dramatically to this form of psychotherapy: the retelling of the story — carefully, so that it's not re-traumatizing. They create a narrative, create a story out of what happened in the past. That way they're not in the past anymore. They're not in Vietnam anymore. Having that narrative somehow ties the trauma into long-term memory. It becomes a memory that you can control.”

There is also a body of evidence that “reparative justice” can help the healing process. Yael Danieli, PhD, a clinical psychologist specializing in traumatic stress and healing and director of the Group Project for Holocaust Survivors and Their Children, in New York, claims justice is, in fact, one of the essential elements to the healing of genocide victims.

“Reparative justice insists that every step throughout the justice experience — from the first moment of the court’s encounter with a potential witness, to the follow-up of witnesses after their return home, to the aftermath of the completion of the case — presents an opportunity for redress and healing,” Danieli wrote in a 2009 article in the *Journal of Traumatic Stress*. “Conversely, this experience may present a risk of missing opportunities for healing and reintegrating victims into their societies, or, worse, re-victimizing and re-traumatizing them.”

Victims played a minimal role in the Nuremberg World War II war criminal tribunal, according to Danieli, leading her to call it a missed opportunity for healing the victims’ psychological trauma.

Researcher and epidemiologist Jeffrey Sonis, MD, sees the Cambodian tribunal as a historic opportunity to test whether the international tribunal can provide mental health healing. Sonis, an assistant professor of medicine at the University of North Carolina-Chapel Hill, is conducting a series of studies on the attitudes of a cross section of all adult Cambodians toward the trials. The first of the studies, published in the *Journal of the American Medical Association* in 2009, found that 75 percent of Cambodians believed the trials will provide justice and promote reconciliation. At the same time, more than 87 percent of those old enough to remember the Khmer Rouge era said the trials will rekindle “painful memories.” The study also found a direct relationship between the desire for revenge and PTSD before the trial had taken place.

“This does raise the possibility that mechanisms that promote justice may have a positive impact on mental health,” Sonis says. “One theory is that you might decrease PTSD symptoms by decreasing the desire for revenge. Then again, you might increase symptoms by having people re-experience the stories. We just don’t know yet.”

Sonis is compiling data from a not-yet-published study of interviews that compare the mental health status of native Cambodians from both before and after the first trial.

Several of Reicherter’s patients submitted written testimony to the court to participate in the second trial, and he’s been careful to provide extra care and support through the process. “My clients who testified, initially they had a worsening of symptoms,” says Reicherter. “They had more nightmares, more anxiety, panic. Maybe a month later...things improved to better than before. We kept checking in. They had a rough patch and then some relief. I have not heard one say they regret it.”

“The trial is not meant to be a therapeutic mechanism,” says Sonis. “The goal of the trial is to seek justice. But let’s just suppose it may also be a mechanism for improving mental health. Cambodia is a country with fewer than 40 psychiatrists, much the same as other Third World countries in post-conflict settings. Wouldn’t it be wonderful if the trial did succeed in promoting mental health? Wouldn’t it be the coolest thing in the world? Now we just have to wait and see.”

IN 1979, VIETNAM INVADED CAMBODIA and deposed the Khmer Rouge regime. In the months that followed, tens of thousands of refugees, ill and emaciated, surged toward Thailand. They hiked hundreds of miles through jungles to sanctuary in refugee camps with nothing to eat.

Bay fled with a few other refugees after searching for her parents and siblings and finally hearing that they were all killed by Khmer Rouge soldiers.

“I escaped from Cambodia, running in the jungle for days with just a few others,” Bay says. “We had no food, no drink, no shoes. I ate leaves from the trees. We just ran and ran through the jungle. One day, I felt so tired I let the other people go ahead. I laid down on the grass trying to eat it, but I could not eat. I remembered a French proverb: ‘Life is a struggle,’ so I tried to run again. I was captured by soldiers on the border, but escaped. Finally, I reach a refugee camp in Thailand.”

For years, she lived in the Khao I Dang refugee camp where she used her French to become a relief worker.

During those same years, her husband’s efforts to find any news of his wife failed until he became acquainted in this country with former residents of the Khao I Dang camp. The former refugees still had friends in the camp, and eventually Sarit Bay heard the news that Sophany had been seen alive at the camp.

Sarit Bay, still living and working in Alabama, appealed to Sen. Howell Heflin, D-Ala., who contacted the U.S. Embassy in Bangkok. There were delays. The first came because Sophany was at the Thai camp illegally and the government didn’t have any records of her being there. After the Thai government finally recognized Sophany as legal, the U.S. Embassy in Bangkok wanted proof of the marriage, but the certificate had been destroyed during the Khmer Rouge invasion. Eventually, embassy officials got a witness to the wedding to testify and, after years of corresponding by mail, in 1983, Sarit succeeded in getting his wife flown out of Thailand into America.

On a Saturday night in 1983, holding a broken long-stemmed rose in his shaking hands, Sarit awaited his wife’s arrival in front of United Airlines Gate C10 at the Birmingham Municipal Airport. His eyes stayed riveted to the gateway. It had been nine years since he’d seen her last.

Sophany arrived in blue jeans with a scarf around her hair. She was so thin, he barely recognized her. A photo in the Nov. 5, 1983, *Birmingham Post-Herald* shows them embracing. SOPHANY BAY IS READY TO TRAVEL to Cambodia to testify before the court, in front of the perpetrators of these crimes. She’s not afraid.

“For more than three decades, I waited to see justice,” her statement says. “When I and other victims can see justice has [been] done, we will be able to calm our sufferings, to have less depression and fewer nightmares. We are getting old. We want to see justice before we die.”