NON-FICTION

The medical specialist asks what the problem is.

The girl's head droops, her thumbs twiddle. "My husband. We never did it."

The specialist studies her face and tries to read it. "Were you two sleeping together?"

The girl gently nods.

"Is he gay?"

"I don't know."

It is the year 2011. An afternoon in North London at St Ann's Hospital. I am sitting before a consultant with Kusoom.

Kusoom twiddles her thumbs again, her nineteen-or-twenty-year-old face pale and gloomy. She is small, short and near neckless in a kameez with denim pants. For the past six months she has been mentally unstable. Her Sylheti husband, a British citizen, had married her back home and brought her to London. Months went by. The troubles brewed up when she started addressing the issue of physical intimacy in their relationship.

One day her in-laws overheard their row. Afterwards, they telephoned her parents in Bangladesh. Such an evil, shameless girl could not be their daughter-in-law, they complained. They suggested that the girl's distant uncle in London should come and take her away.

Kusoom had to move into her uncle's home, but she worried how long he would harbour her for free. Returning to



"No," she replies quickly. "I can't show my face there. It'll be shameful for my family. And no one will want to marry my younger sister. No, I can't go home." "There are a few recreation centers for

Bangladeshi women here. If you visit the center sometimes, you can make friends and talk. Would you be interested in that?"

"I don't know."

The specialist sighs. "Tell me what kind of problems you're having now."

"Nothing interests me." She speaks between pauses. "I have no confidence. I forget things. I can't sleep at night. Often, while walking, I find myself in the middle of the street without knowing how I'd gotten there."

She had attempted another suicide by cutting her wrist after moving into the council hostel, so the specialist gives her an emergency telephone number that's open 24/7. She can call there whenever she feels down, he says. Every Monday she is required to visit this hospital and she ought to continue the medication. He concludes the session before asking her whether she would be alright getting back to the hostel on her own. As she hesitates to answer, he calls her a cab.

I hit the road. It is drizzling. I have an umbrella with me, yet I lack the wish to open it. Kusoom's pale, almost greylooking face swims in my thoughts. The poor girl! No friends, no one to talk to, no fluency in English. How can one survive in such a solitary state?

It isn't hard to imagine why passive, poorly-educated girls like her are chosen as brides by some British Bangladeshis. They never say boo and do as they are told. They lack self-awareness. And because of their inability to communicate, they stay confined within the house. Plus, they are the cash-cow for the household: it is in their names that the unemployment benefit can regularly

be withdrawn.

Strange. It is strange that the "mentally ill" patients I have worked with so far are all women. They're all suffering from similar issues: physically and mentally abused in marriage, brought to England from Bangladesh, lonely. The interview questions they go through with a specialist are more or less the same.

Do you hear voices?

Do you think other people are trying to harm you?

Do you want to die? Can you sleep at night?

A few months pass.

And so on.

At the Victoria Blue Cross animal hospital, I work part-time as a front desk attendant. It is a night shift. Eight pm to eight am. After work, out in the open air, the mist of cold morning breath feels exciting. The exhaustion of the past night seems to ebb away. I drag myself into the tube, pick up the free leftover tabloid newspaper. This country suffers from news deficiency. The first page headline is about a celebrity's boyfriend. Lazily I leaf through the pages. A mini-news arrests my eyes: "Indian girl hit and killed by car."

The news says that the evening before a girl, aged 18 or 19, was struck by a van on a busy street in North London. The van driver claimed the girl had abruptly appeared before his vehicle. The police found no identification documents with her. The owner of a fish and chip shop across the street claimed that he had seen the girl earlier. But he was unable to confirm her address. She must have been Indian or Bangladeshi in his opinion.

In my stunned silence, a small, sad face from my memory pops up before my vision. It can't be her, I say to myself.

Rahad Abir is a writer. He is currently finishing a novel.



RAHAD ABIR

Bangladesh was not an option for her: it would be disgraceful and dishonorable. Bit by bit, she began to crumble. On one cold night she attempted to commit suicide. Not long after, she found herself at the Muslim Aid center in London.

Presently we are at the hospital's Lea unit. The specialist asks Kusoom questions in English and I translate them into Bangla for her. She answers, and I convey it back to the specialist. That's my job—interpreting. From time to time, between sentences, the specialist takes down notes. I wonder what he has figured out about Kusoom's husband.

"Kusoom, I've learned that you are upset after leaving the Muslim Aid center,"he tells her.

"Yes," she lifts up her eyes. "There I could spend time with other Bengali girls. There are no Bengalis to talk to here. I feel lonely."

She had recovered somewhat at Muslim Aid before being shifted to a council hostel. She has been living there ever since.

"In that case, what's to be done?" the

specialist asks. "Muslim Aid is not a permanent place to stay. You were there because of your emergency situation. Would you like to go back home for a vacation?"