Addressing Global Human Rights Violations in Rhode Island: The Brown Human Rights Asylum Clinic

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ABSTRACT

The Brown Human Rights Asylum Clinic (BHRAC) is a medical student-led organization affiliated with Physicians for Human Rights that collaborates with medical and mental health clinicians, lawyers, and community organizations to provide pro bono medical affidavits to undocumented individuals seeking legal status in the United States. Affidavits can document and corroborate the physical and psychological evidence of trauma alleged by asylum seekers, leading to better legal outcomes. This article describes our innovative program, partnerships, and workflow, as well as demographics and statistics from our past seven years of operation. Since its founding in 2013, BHRAC has conducted 55 medical evaluations, the majority involving Spanish-speaking female-identifying individuals from Guatemala, El Salvador, and the Dominican Republic. Thirteen individuals have been granted legal status, one individual was denied status, and the rest of the cases are pending. BHRAC has experienced a marked increase in affidavit requests. This paper serves as a call to action for medical professionals to become involved in this work.

KEYWORDS: asylum, human rights, immigration, medical affidavits

INTRODUCTION

In 2017, 68.5 million people globally were forcibly displaced from their homes by violence, conflict, and persecution, with the United States (U.S.) receiving 331,700 asylum applications from 168 countries.[1] Although the number of asylum seekers arriving in the U.S. has risen since 2013, paths toward legal resettlement have diminished as application approval rates have dropped.[2] Asylum seekers are those who have left their country of habitual residence because of a "well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion."[3] In the U.S., granting of asylum authorizes an individual to live and work in the country, sponsor immediate family members for asylum, apply for a green card after one year, and eventually apply for citizenship.[3] Alternative forms of relief exist for victims of human trafficking, domestic violence, and other crimes.

Physicians for Human Rights (PHR) coordinates a network of clinicians and medical student-run clinics to provide pro bono medical affidavits supporting asylum seekers' claims of torture or violence in their home countries. Clinician-evaluators play a critical role in establishing the applicant's credibility by conducting examinations to document and corroborate the physical and psychological evidence of trauma alleged by asylum seekers. While the average U.S. asylum approval rate was 37.5% in the early 2000s, it rose to 89% when professional evaluations accompanied the cases.[4] For these reasons, immigration attorneys value medical affidavits, often encouraging clients to spend money on this service. In many cases, however, undocumented immigrant clients do not have the means to pay for an evaluation, and their case may suffer for it.

Twenty-two non-governmental organizations, academic hospitals, and medical schools across the country, including the Brown Human Rights Asylum Clinic (BHRAC), train clinicians to conduct medical evaluations and write affidavits. Student-run clinics offer the advantage of shifting the burden of time, correspondence, and affidavit drafting to medical students, freeing clinicians to perform evaluations more frequently.[5] Asylum medicine offers a space for interdisciplinary collaboration and partnership, experiential learning between clinicians and medical students, and the opportunity for international and local impact at the intersection of global health and human rights.

HISTORY OF BHRAC

BHRAC was created in 2013 by five Warren Alpert Medical School (AMS) students in partnership with PHR to respond to the growing number of undocumented immigrants in Rhode Island and southern Massachusetts who were seeking asylum in the U.S. due to experiences or threats of persecution, torture, and violence in their home countries. BHRAC has since conducted an annual PHR training for evaluators and medical students to learn how to perform evaluations and write affidavits for asylum seekers. Currently, 42 health professionals and 87 medical students have been trained to conduct this work.

In the first years of operation, BHRAC received asylum cases exclusively from PHR. Attorneys from all over the U.S. submit applications to PHR, which processes them

and forwards affidavit requests to medical school-affiliated asylum clinics. An increasing number of dedicated Rhode Island clinicians and AMS medical students has allowed BHRAC to increase its capacity to accept cases from local community partners such as Sojourner House, a domestic and sexual violence prevention organization; the Roger Williams University Law School Immigration Clinic, a pro bono legal clinic for immigrants who need assistance obtaining lawful permanent residence; Clínica Esperanza, a free clinic for uninsured adults living in RI; the Alliance to Mobilize Our Resistance (AMOR), an alliance of several community organizations dedicated to providing community support to victims of hate crimes and state-sponsored violence, and local immigration law offices. In response to local need, BHRAC now provides affidavits to undocumented individuals seeking legal status through other avenues besides asylum.

BHRAC WORKFLOW

After receiving a client referral from PHR or a local partner, BHRAC assigns the case to one of four Case Coordinators (CC) at AMS, who then communicate with Rhode Island's network of 42 PHR-trained clinicians, including attending and resident physicians from Internal Medicine, Family Medicine, Emergency Medicine, Psychiatry, Medicine-Pediatrics, Nephrology, Triple Board (Pediatrics, Child and Adult Psychiatry) and mental health professionals such as licensed social workers and psychologists. Clinicians who are able to collaborate on the case respond with their availability. CCs contact specific evaluators if, for example, the client has a gender preference for the evaluator or is younger than age 18.

Case description example

Client is a 32-year-old Guatemalan woman seeking a psychological evaluation for her asylum case. Female evaluator preferred. The client speaks Spanish, is not in detention, and is not requesting oral testimony at this time. The client is from an indigenous group and fears returning to her home country. She is a survivor of childhood sexual abuse and as an adult, was a victim of physical abuse and repeated death threats by her partner. She continues to suffer from insomnia, nightmares, and severe anxiety in daily interactions. The attorney is requesting a completed affidavit in two months.

The CC provides the evaluator's availability to the legal team, who then communicates with the client and secures a non-family member interpreter, if needed. Once the clinician, legal team, and client confirm a date and time, the CC emails the pool of 75 PHR-trained medical students to identify two scribes who will attend the evaluation and help write the medical affidavit.

The CC communicates with designated staff at Clínica Esperanza or Sojourner House to schedule a private room for the evaluation, with an examination table if needed. Then, the CC emails all parties with a description of the case, the date, time, and location of the evaluation, and resources for conducting the evaluation and writing the medical or psychological affidavit. If available, the evaluator reviews medical health records, previous statements, and other documents provided by the legal team.

Prior to the evaluation, the evaluator reviews confidentiality, informed consent, and the purpose of the evaluation with the client, as well as addresses the sensitive nature of the information to be gathered. Often, evaluators start with questions about the client's demographic information, family, childhood, medical, and social history. After these introductory questions, the evaluator reviews why the client came to the U.S. and assesses any trauma sustained before or after migration that would influence the client's ability to return to their home country. The evaluator then performs an extensive psychological evaluation, which includes a mental status exam and standard mental health screens (e.g. PHQ-9, GAD-7, PCL-C, PHQ-15). In addition, a physical exam may also be performed to document any evidence of torture or abuse.

The recorded trauma history should be as precise and detailed as possible in order to assess consistency with physical and mental symptoms. Some clients, however, may not be able to provide complete or detailed accounts due to emotional distress, language barriers, and memory problems related to physical or mental trauma.[6,7] In order to minimize re-traumatization, clinicians strive to conduct the evaluation in an empathetic, trauma-informed manner while maintaining objectivity. Evaluations typically last two to four hours. Medical care is not offered during or after the evaluation, as the evaluator's role is to gather the client's evidence for future legal proceedings. Evaluators can, however, include recommendations about the need for further medical or psychological care in the final affidavit. BHRAC has also created a community resource guide and case navigation program to aid clients in need of follow-up services.

In keeping with the Istanbul Protocol, the international guidelines for investigating and documenting torture adopted by the United Nations in 1999, the affidavit documents evidence of torture or abuse, provides expert opinion on the degree to which clinical findings corroborate allegations of abuse, and informs adjudicators on the behavioral, physical, and psychological sequelae of trauma through clinical observations and diagnostic tests.[8] After the evaluation, the medical students write the narrative portion of the affidavit and send a draft to the evaluator to complete. The evaluator then sends a signed copy of the completed affidavit to the legal team before the requested deadline. Evaluators may be asked to testify in person or by telephone or videoconferencing at future judicial hearings.

BHRAC recognizes that clinicians and medical students exposed to difficult narratives of trauma and violence are at greater risk of vicarious trauma from the emotional burdens of listening and responding to these stories.[9] Through debriefing opportunities, case discussions, and community

events, BHRAC hopes to create a space for "vicarious resilience" thereby building insight, empathy, and strength among medical students and clinicians to continue this important work.[5]

BHRAC CLIENT DEMOGRAPHICS

As of May 2019, BHRAC has completed 55 total medical evaluations: 26 in the preceding year, with 13 new cases currently in progress. Of the past 55 evaluations, 49 evaluations were conducted in Spanish, 4 in English, and one evaluation each in Arabic and Cantonese. The client base was 69.6% female and 30.4% male. Clients have ranged from 13 to 80 years in age, with the average age being 30.7 years. Clients' primary reasons for seeking asylum include domestic violence (60%, n=33), gang violence (27%; n=15), ethnic discrimination (4%; n=2), and other (9%, n=5) (**Figure 2**).

DISCUSSION

The impact and reach of our program has grown each year. The majority of our clients are seeking asylum, but since partnering with Sojourner House, Clínica Esperanza, AMOR, and Roger Williams University Immigration Clinic, we have also conducted evaluations for non-asylum applications.

Most of our clients are Spanish-speakers, over half of whom are female-identifying and hail from Guatemala, El Salvador, and the Dominican Republic (**Figure 1**). This is different from the national average, where the leading nationality for asylum applications is Venezuelan. While Guatemalan applicants make up 61% of BRAC's client base, the national application rate for Guatemalan applicants is only 9%.[10]

It is of note that more than half of our case results are still pending, reflecting the slow nature of immigration legal proceedings (**Figure 3**). In the U.S., as of July 2018, there were over 700,000 pending immigration cases and the wait time on average for an immigration hearing was over 2 years. Patience is essential to asylum work, and slow turnaround can be discouraging to evaluators and students. However, the first 12 BHRAC clients were all granted asylum. Of all the cases with a court decision, only 1 BHRAC case has ever been denied asylum. Compared to the national asylum acceptance rate of between 28–46% per year between 2009 and 2018, this provides testament to the importance of our clinic's work.[10]

Figure 1. Client Country of Origin (N=55)

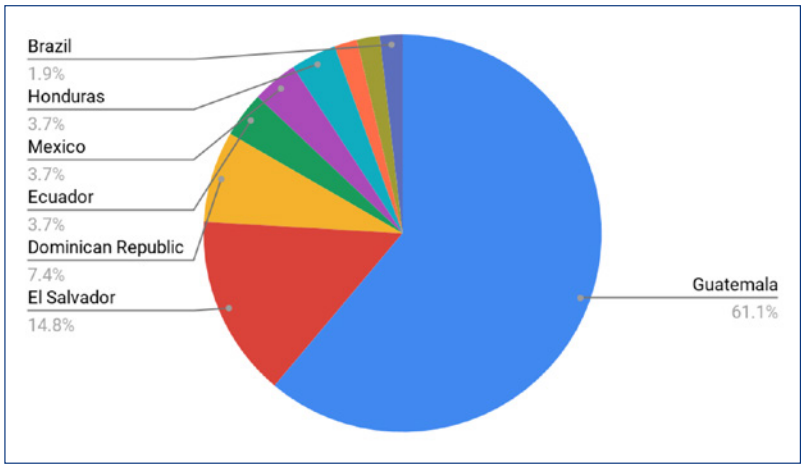


Figure 2. Reasons for Seeking Asylum

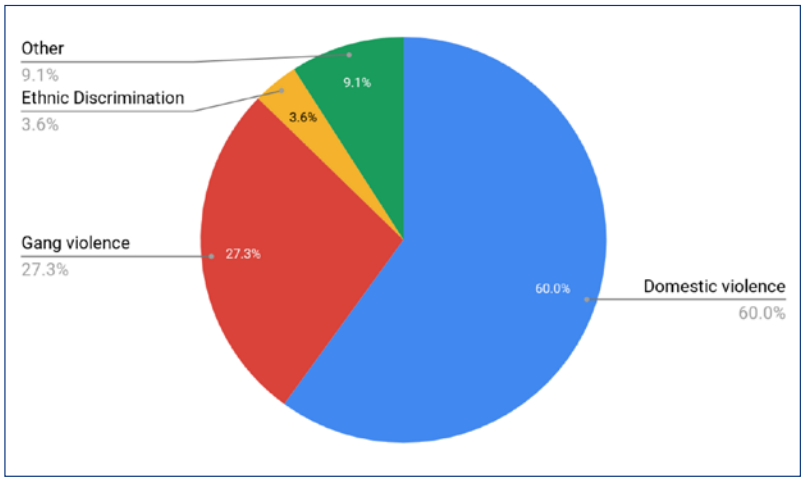
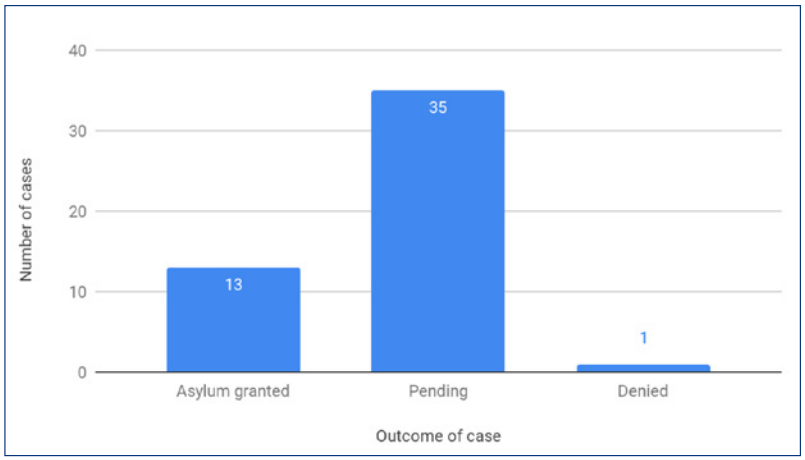


Figure 3. Outcome of Cases (N=55)



A current challenge is the number of evaluation requests received. While we have a large network of evaluators, a smaller pool ends up conducting the bulk of cases. Many evaluators have busy clinical schedules and can only take on one or two cases per year. Others do not feel comfortable conducting evaluations on their own and request to shadow an experienced evaluator; however, coordinating two different clinician schedules can be difficult. To improve engagement with our network, we have expanded communication efforts via email, community events, and trainings, increased transparency on our impact results and workflow, and are building resources and a mentorship system for new evaluators. Another challenge is coordinating between multiple parties to organize the evaluation, a time-intensive task that requires rapid problem solving and consistent monitoring of email by busy medical students and clinicians. Every spring, BHRAC leadership is transferred to rising second-year medical students. Strain is placed on the outgoing board during transition periods to maintain clinic operations while training the next board. The current board has made efforts to solidify and document institutional knowledge to minimize transitional issues.

CONCLUSION

Since 2013, The Brown Human Rights Asylum Clinic (BHRAC), a medical student-led organization affiliated with Physicians for Human Rights, has collaborated with RI medical and mental health clinicians, lawyers, social service organizations, and immigrant communities to provide pro bono medical affidavits for undocumented individuals seeking legal status in the U.S. Affidavits can document and corroborate the physical and psychological evidence of trauma alleged by asylum seekers, leading to better legal outcomes. The clinic also offers a unique opportunity for medical students to learn by observing culturally competent and trauma-informed clinicians conduct skilled evaluations, while offering clinicians and students a setting to practice global health and human rights work in RI.

Our local work takes on the critical global health imperative to address the human rights violations around the world that spur migration to communities like RI. We hope this paper will serve as a call to action for interested medical and mental health clinicians to join our clinic as evaluators, mentors, and human rights advocates. To learn more and participate in our annual Physician for Human Rights training, email Brown.asylum.clinic@gmail.com.

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Disclaimer

The views expressed herein are those of the authors and do not necessarily reflect the views of the Alpert Medical School or Physicians for Human Rights.

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