Asylum Seekers in a Time of Record Forced Global Displacement: The Role of the Physician

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Sanctuary ring on the door of Notre-Dame in Paris
During the Middle Ages, grasping this ring gave the right of asylum
Medical Evaluations of Asylum Seekers

- There’s much suffering in the world (and this was true even before November 8)
- Physicians can practice impactful local global health
- Asylum seekers are a type of refugee
- Torture continues to be practiced widely
- Evidence shows that medical forensic evaluations increase likelihood of asylum being granted
- Trainees desire introduction to asylum medicine
- Questions to be answered:
  - What is the demand for asylum evaluators?
  - What is the experience of asylum seekers?
  - How can we support new LGBT asylees?
1 in every 113 people on earth is an asylum-seeker, internally displaced or a refugee

Source: UNHCR / 20 JUNE 2016
Ancient History of Asylum

Sanctuary ring on the door of Notre-Dame in Paris During the Middle Ages, grasping this ring gave the right of asylum
Yale Center for Asylum Medicine

Physicians have unique expertise and can assist asylum seekers who are seeking a life free of persecution in the US.
Referrals

- Immigration attorneys
- Academic legal clinics
- Human rights groups (Physicians for Human Rights, HealthRight International, American Friends Service Committee)
Mr. AT

- Came from the DRC
- Protested peacefully against repressive, autocratic government
- Unlawfully arrested, detained and tortured by government officials
Cut with bayonet
Burned with hot plastic
Document scars of persecution
<table>
<thead>
<tr>
<th>Degrees of Consistency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not consistent</td>
<td>The lesion could not have been caused by the trauma described.</td>
</tr>
<tr>
<td>Consistent with</td>
<td>The lesion could have been caused by the trauma described, but it is non-specific and there are many other possible causes.</td>
</tr>
<tr>
<td>Highly consistent</td>
<td>The lesion could have been caused by the trauma described, and there are few other possible causes.</td>
</tr>
<tr>
<td>Typical of</td>
<td>This is an appearance that is usually found with this type of trauma, but there are other possible causes</td>
</tr>
<tr>
<td>Diagnostic of</td>
<td>This appearance could not have been caused in any way other than that described.</td>
</tr>
</tbody>
</table>

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION COURT

In the matter of the Application for

Asylum of DC

Declaration of Katherine McKenzie, M.D.

QUALIFICATIONS: I, Katherine C. McKenzie, hereby declare as follows: I am a General Internist and Assistant Professor of Medicine on the full time teaching faculty at Yale School of Medicine and a member of Yale Internal Medicine Associates for the last 14 years. Since 1999, our practice has interviewed and examined a number of applicants referred from both Yale Law School and the University of Connecticut Law School. I have used the material prepared by Physicians for Human Rights to aid in my evaluation of asylum applicants. I have also participated in training presented by Doctors of the World. My training as a Board Certified internist qualifies me to perform this kind of examination.


HISTORY: Ms. C is a 31-year-old Tutsi woman from the city of Lubumbashi in the Democratic Republic of Congo (Congo). She is seeking asylum in the United States of America. While she was in Congo, she was abducted, beaten and raped by the Congolese Security Forces operating under President Laurent Kabila. She also witnessed the murder of her father by the security forces.
**Refugee versus asylum seeker**

- **Refugee:** “any person who... is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of [his or her] country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”

- **Asylum seeker:** any person meeting the definition of a refugee who is present in the United States (Immigration and Nationality Act of 1965)
Refugees

Asylum Seekers
Legal Criteria for Asylum

- Well-founded fear of persecution

- Persecution is based on race, religion, nationality, membership in a particular social group, or political opinion

- Persecution is by the government, or government is unable or unwilling to protect from persecution
Benefits of a medical forensic evaluation

A PHR study showed that 89% of asylum-seekers who received forensic evaluations through PHR were granted asylum compared to the national average of 37.5% among US asylum seekers who did not receive PHR evaluations (Lustig 2008)
Common Forms of Torture and Their Physical and Functional Sequelae

- Burns
- Blunt trauma/beatings

Torture reported by Amnesty International in more than 141 countries (AI 2014)
Common Forms of Torture and Their Physical and Functional Sequelae

- Sharp trauma
- Forced positioning
Forced Positioning
The Yale Center for Medical Simulation

- Asylum seeker is evaluated in exam room
- One or two trainees assist with evaluation
- Up to six trainees (students, residents, fellows) observe behind a one-way mirror (with consent)
- Evaluation is video-recorded (with consent)
  - Useful reference for writing the affidavit
- Conference room for reflection and education
  - Review case
  - Assess for vicarious trauma
Demographics

31 total participants
Response rate: 87%

77% US Born
71% Female
61% MS1

38% had experience working with refugee/immigrant populations
Results

Quantitative

- 78% strongly agreed that the experience was worthwhile
- 74% strongly agreed that they increased their knowledge around asylum populations
- 70% strongly agreed that the YCMS was conducive to the learning process
- 22% strongly agreed that they would want to be in the examination room
- 70% strongly agreed that they had adequate emotional support
- 35% strongly agreed that they would want to perform evaluations in the future

Narrative

- “This was my first experience...I gained knowledge about both the medical evaluation and the legal process of asylum”
- “It was a novel concept and slightly jarring that physicians act more as objective analysts”
- “I felt that the observership was a very valuable experience and strengthened my resolve to work with displaced populations”
Benefits and Limitations of the Model

• Positive experience for introducing trainees to forensic medical evaluations
  – *Witness the entire process from affidavit to evaluation*
• Novel way to address demand for “local” global health experiences
• Interested trainees can pursue advanced educational opportunities
• Reduces client re-traumatization, upholds privacy concerns
• Limitations: lack of direct interaction with the applicant
Female Genital Mutilation/Cutting (FGM/C)

All procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons

Considered to be gender-based persecution
Ms. GL

- Born in African country where female genital mutilation/cutting (FGM/C) routinely performed
- Subjected to FGM/C as a 12 year old
- Clitoris and labia minora excised (Type 2 FGM/C)
- Pain and bleeding acutely
- Chronic pain with intercourse, inability to experience sexual pleasure
Prevalence of Female Genital Cutting
Scaled 2011

- Green: Essentially never
- Light Green: Rare or limited to particular ethnic minority enclaves (≤11%)
- Yellow: 11-25% of women have had their genitals cut
- Orange: 26-50% of women have had their genitals cut
- Red: More than half of women have had their genitals cut
- Gray: No Data

(This scale includes both mild and severe forms of cutting.)

Source: WomanStats Project
Map: BYU

Yale School of Medicine
Different types of female genital mutilation

Type 1

Type 2

Type 3

http://www.dw.com/image/18669133_401.png
Complications of FGC (WHO 2016)

- Bleeding
- Infection
- Urinary problems
- Scarring
- Pain
- Infertility
- Obstetrical problems

Asylum Medicine Queries

- What is the demand for asylum evaluators?
- What is the experience of asylum seekers?
- How can we support new LGBT asylees?
“To tame the savageness of man and make gentle the life of this world”

Aeschylus
For More Information

physiciansforhumanrights.org

healthrightinternational.org

amnestyinternational.org

un.org
References


Yale Center for Asylum Medicine
Anticipated Future Challenges

- Time of great uncertainty for asylum seekers
- “Raise the bar” on credible fear test
- More adversarial asylum judicial proceedings
- Greater need for documentation
- Stricter detention policies, including separating families; increased time in detention
- Fewer individuals who are victims of persecution will seek asylum in the US
## FGM/C Classification (WHO)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Type 1</strong></td>
<td>Partial or total excision of clitoris and/or prepuce</td>
</tr>
<tr>
<td><strong>Type 2</strong></td>
<td>Partial or total excision of clitoris, labia minora and with or without the labia majora</td>
</tr>
<tr>
<td><strong>Type 3</strong></td>
<td>Infibulation: Narrowing of the vaginal opening with or without removal of clitoris</td>
</tr>
<tr>
<td><strong>Type 4</strong></td>
<td>Other harmful procedures including pricking, incising, scraping, cauterizing</td>
</tr>
</tbody>
</table>

World Health Organization, Fact Sheet, 2016
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