Asylum clinics: Establishing a legal, medical, and ethical framework for the global healthcare practitioner’s role

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INTRODUCTION

- Universities and hospital-affiliates are leaders in global health as well as in local communities
- Medical student-run asylum clinics (with the help of licensed clinicians) can provide services to vulnerable refugee populations on a local level. However, understanding of the legal, medical, and ethical implications of such clinics is necessary

LEGAL ASPECTS OF ASYLUM

Why asylum?
- Authorized to live and work in the US
- Can sponsor immediate family members for asylum
- After 1 year can receive eligibility for: green card, Medicaid or Refugee Medical Assistance, application for citizenship
- Must meet definition of “refugee”
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Burden of proof remains with the asylee. Must apply within 1 year of entering US
- Must meet definition of “refugee”
- Past persecution or reasonable fear of future persecution
- Basis of race, religion, ethnicity, political opinion, or social group
- Evidence of persecutor, “severe harms,” evidence the asylee is part of a protected category, evidence the asylee was harmed for the identified reason

The legal affidavit provides background statements that link harms/traits as well as identifying conditions in the country that would predispose harm

Medical assessments and the role of asylum clinics

Where is there a need for asylum clinics? What resources may be available?
Common referral sources:
- NGOs that specialize in advocacy for torture survivors, refugees, or asylum seekers
- Local free clinics
- Homeless shelters that house newly-arrived asylum seekers
- PHR’s Asylum Program

Most of the clinics depicted above have been established in partnership with Physicians for Human Rights (PHR). PHR is a group that works with clinician volunteers (doctors, social workers, and psychologists) to perform evaluations of asylum seekers and complete a medical affidavit. With assistance in a medical-legal affidavit from a group such as PHR, the likelihood of receiving asylum protection status increases from less than 40% (the current national approval average) to 90% (the average of student-run clinics, based primarily on published data from the Weill Cornell Center for Human Rights and the Brown Human Rights Asylum Clinic).

ETHICAL PRINCIPLES AND CONSIDERATIONS

Considerations of individuals
New provider relationship: doctor vs judicial participant
Beneficence & Nonmaleficence - Psychological trauma/ retraumatization

Considerations of healthcare institutions
Concern for liabilities vs obligation to serve the public
Duty to educate vs duty to protect vulnerable populations

Considerations of government organizations
Social justice
Egalitarianism
Health and wellbeing vs healthcare

CONCLUSIONS

- The involvement of trained clinicians in conducting evaluations of asylum seekers provides a valuable service to vulnerable populations and constitutes a delivery of social justice.
- While challenges are inherent to the crossover of medical professionals in a judicial-legal sphere as well as involvement of medical student trainees in care of vulnerable populations, the overall benefits and documented successes of these clinics give strong evidence for their aid and support

Key Components of the Medical Affidavit

| Provider Qualifications | - Educational & professional qualifications
| - Prior forensic experience
| - Relevant coursework or participation in training
| - Prior testimony in immigration court
| Background | - Date, time, duration, location of meetings
| - Demographic information
| - People present during evaluation
| - Use of an interpreter
| - Documents reviewed prior to evaluation
| Story Summary | - General information about the asylum seeker
| - Summarize the story and facts used to reach conclusions (focus on abuse/torture)
| - Summary of the asylum seeker’s current state
| Examination | - Usually superficial skin examination w/ documentation of any prior signs of trauma
| - Basic assessment of psychiatric health determinants: affect, mood, language
| Assessment/Impression | - Explanation of how injuries correlate to the facts of the asylum seeker’s case
| - Provider’s opinion on causes of physical or psychological injuries
| Recommendations | - Explain ongoing symptoms or disabilities
| - Recommendations for further evaluation/care


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