

Medical Evaluation of Asylum Seekers

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Yale SCHOOL OF MEDICINE

Yale Center for Asylum Medicine



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

Role of Clinician Examiner

Forensic evaluation, not medical care

- Physical exam of asylum-seekers who have scars due to persecution and/or torture
- Objectivity strengthens testimony given to court
- Expert testimony, not advocacy work
- “Clients”, not patients

Not responsible for:

- Verifying identity of client
- Confirming veracity of client’s testimony
- Predicting what would happen if client returned to their country
- Deciding whether client qualifies for asylum



Benefits of a medical forensic evaluation



PHR

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 SL, et. al. J Immigr Minor Health 2008;10:7-15

Torture

- Officially condemned by most nations
- Continues to be carried out in almost 150 countries; it is widespread in more than 70

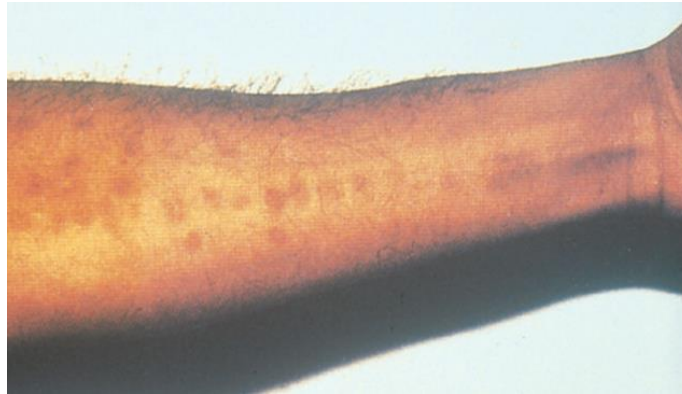


UN General Assembly Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment and Punishment (CAT) 1984

- Any act by which **severe pain or suffering**, whether physical or mental, is **intentionally inflicted** on a person for such purposes as obtaining from him or a third person Information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or **intimidating or coercing** him or a third person, or for any reason based on discrimination of any kind, when such pain and suffering is inflicted by or at the instigation of or with the consent or acquiescence of a **public official** or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions

Common Forms of Torture and Their Physical and Functional Sequelae

- Burns



- Blunt trauma/beatings



Forms of Torture and Their Physical and Functional Sequelae

- Sharp trauma



- Forced positioning



Referrals

- Immigration attorneys
- Academic legal clinics
- Human rights groups (Physicians for Human Rights, HealthRight International)



Medical Evaluation

- Review/reiterate/expand declaration
- Physical exam
- Document findings with photographs and/or body diagrams



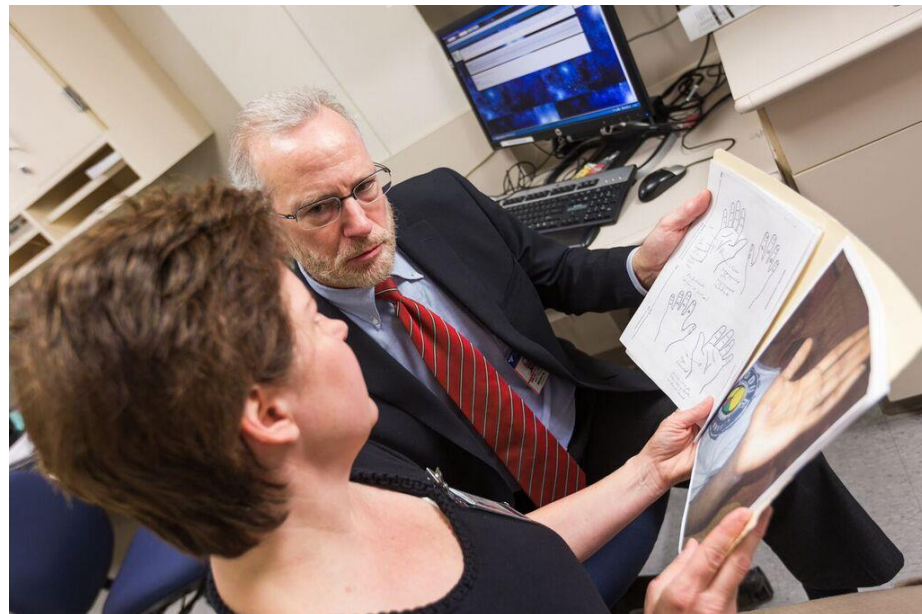
The Interview

- **Independent expert**
- **Sensitivity, compassion, respect**
- **Allow client to feel some control while reliving trauma in during the interview and exam**
- **Elicit as detailed information as possible**
- **Be aware of potential for poor recall/inconsistent memory**



Physical Examination

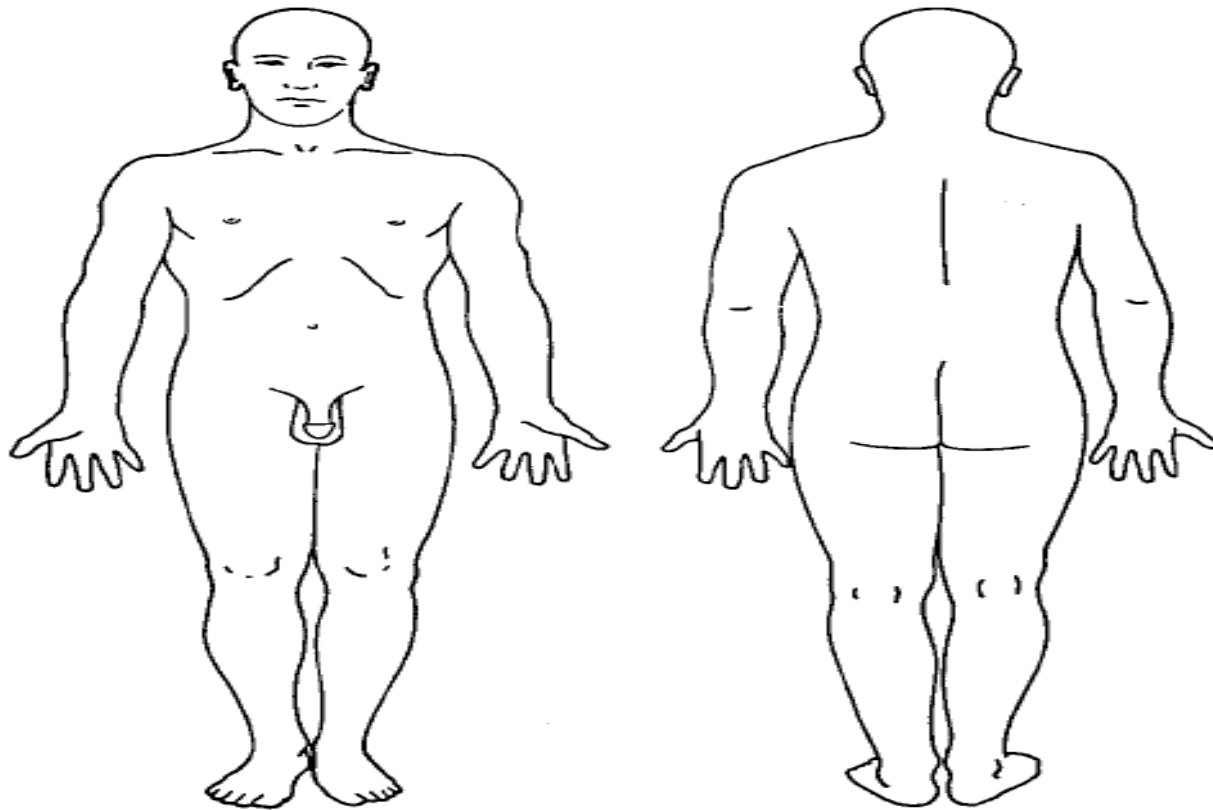
- Document scars and note functional deficits
- Body diagrams
- Photographs
- Describe injury as well as treatment: medication, sutures, surgery, hospitalization



Physical Examination

Anatomical Drawings for Documentation of Torture and Ill Treatment

Full Body, Male – Anterior and Posterior Views (Ventral and Dorsal)



From Istanbul Protocol Manual

Degrees of Consistency	
Not consistent	The lesion could not have been caused by the trauma described.
Consistent with	The lesion could have been caused by the trauma described, but it is non-specific and there are many other possible causes.
Highly consistent	The lesion could have been caused by the trauma described, and there are few other possible causes.
Typical of	This is an appearance that is usually found with this type of trauma, but there are other possible causes
Diagnostic of	This appearance could not have been caused in any way other than that described.

Istanbul Protocol Manual, 2004, United Nations

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



pub209healthcultureandsociety.wikispaces.com/file/view/scared-girl-undergoing-fgm.jpg/378212534/scared-girl-undergoing-fgm.jpg

FGM/C Classification (WHO)

Type 1	Partial or total excision of clitoris and/or prepuce
Type 2	Partial or total excision of clitoris, labia minora and with or without the labia majora
Type 3	Infibulation: Narrowing of the vaginal opening with or without removal of clitoris
Type 4	Other harmful procedures including pricking, incising, scraping, cauterizing

World Health Organization, Fact Sheet, 2016

Affidavit

December 2, 2008

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION COURT**

In the matter of the Application for

Asylum of DC

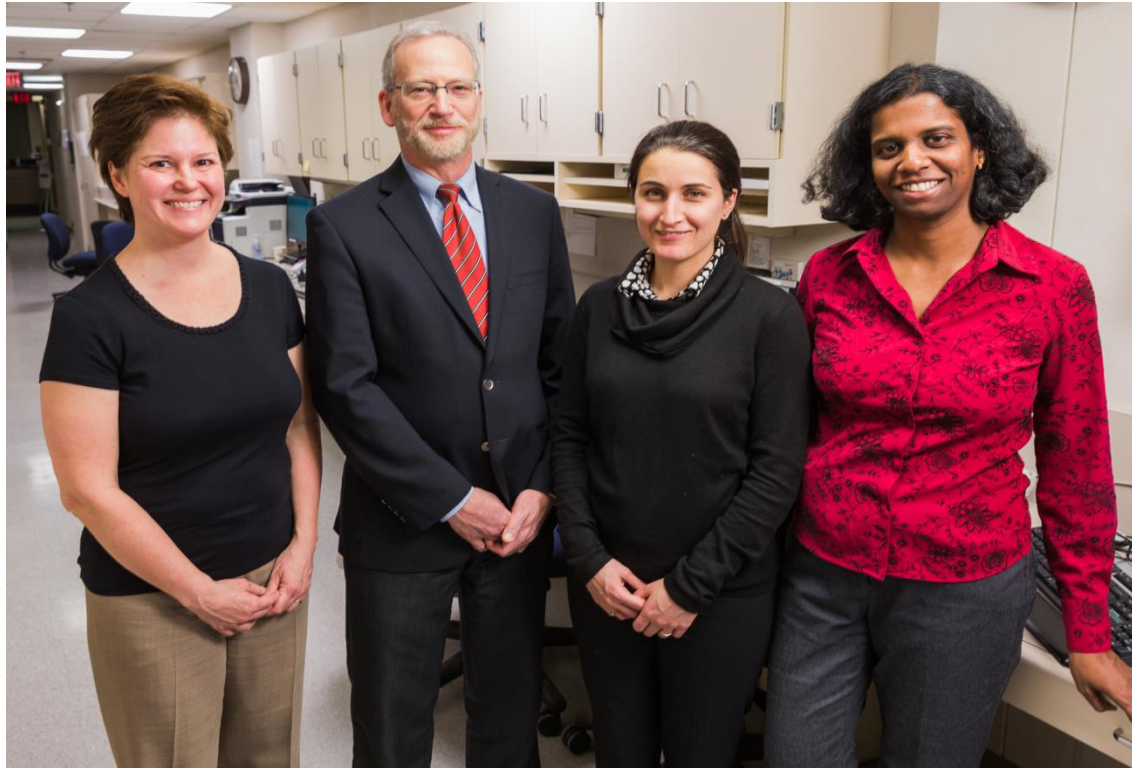
Declaration of Katherine McKenzie, M.D.

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.

INTERVIEW: I interviewed Ms. C in my office on Thursday, November 20, 2008. Ms. C speaks fluent English.

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.

Self-care and secondary trauma



**You can look at a scar and see hurt,
or you can look at a scar and see healing.**

-Sheri Reynolds

Bibliography

- **Physicians for Human R. Examining asylum seekers : a clinician's guide to physical and psychological evaluations of torture and ill treatment. Cambridge, MA: Physicians for Human Rights; 2012**
- **Lustig SL, Kureshi S, Delucchi KL, Iacopino V, Morse SC. Asylum grant rates following medical evaluations of maltreatment among political asylum applicants in the United States. J Immigr Minor Health. 2008;10(1):7-15**
- **Peel M, Iacopino V. The medical documentation of torture. London; San Francisco: Greenwich Medical Media; 2002.**

Resources and Training

physiciansforhumanrights.org

healthright.org