

Western New York Human Rights Clinic

Asylum Evaluation Training Manual 2015



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Asylum Evaluations & The WNY Human Rights Clinic

What is a medical asylum evaluation?

Clinical evaluations occur for asylum seekers in order to establish the facts surrounding abuse and torture. Having a physician or a medical expert produce a written document or oral testimony provides a level of validity to an asylum seeker's case that often cannot be attained in other ways. An asylum seeker is aiming to demonstrate that they have a well founded fear of persecution due to their membership in a particular social group, religion, political opinion, race, or nationality and are unable or unwilling (due to this fear) obtain protection in that country.

Licensed clinicians provide the level of expertise needed for a valid evaluation. Specialists (such as psychiatrists and gynecologists), primary care physicians, and licensed psychologists can conduct these evaluations, depending on the needs of the client. In some cases, asylum seekers may have multiple evaluations; a client may need a medical examination to document scars and a psychological examination to document PTSD and depression.

In an evaluation, the evaluator will ask a client for a thorough history of his or her torture and other traumatic events, assess the client for possible abuse sequelae, document the psychological and physical evidence of torture, and state the degree of consistency between the narrative that the client has given and the evidence of torture that is found. The clinician is to be an objective evaluator in the assessment of clients.

What is the WNY Human Rights Clinic?

The WNY HRC was founded in 2014 to serve the need for medical and psychiatric forensic evaluations of refugees seeking asylum status in the Buffalo area. We partner closely with the WNY Center for Survivors of Torture (WNYCST) through Jewish Family Service of Buffalo and Erie County to identify clients who may benefit from our assessments. The WNYCST aims to provide an intensive case management and strength-based client centered model to support survivors of torture in their healing process. The goal of the HRC is to reinforce this endeavor by providing objective forensic examinations and creating affidavits based on our findings for use in legal asylum cases.

Our clinic is primarily student-run, and we are motivated by the knowledge that forensic examinations significantly increase the likelihood that asylum seekers will be successful in obtaining protection in the USA. We furthermore hope that the clinic will serve as a beneficial tool to educate volunteers about the struggles of our clients, the legal side of asylum-seeking, and the performance of forensic examinations.

Partnership with Jewish Family Service

The Western New York Center for Survivors of Torture (WNYCST) was established in June of 2014 to address the consequences of political and state-sponsored torture experienced by survivors living in Western New York. The WNYCST pairs each client with a care coordinator to obtain services from partnering agencies and resources from the community. These agencies include the University of Buffalo School of Medicine and Biomedical Sciences, Vive, Inc., Journey's End Refugee Services, LakeShore Behavioral Health, and Catholic Family Center in Rochester. Since January of 2015, the WNYCST has served over 100 men and women from over 25 countries.

Clients receiving a forensic examination through the HRC may require their care coordinator to be present before, during, or after their examination. It is the care coordinator's role to prepare and support their client through the difficult process of recounting his or her story. If at any time a client requires the need to speak to their care coordinator, please do not hesitate to contact the WNYCST at **(716)883-1914**.

Project Director: Pam Kefi
Medical Director: Dr. Kim Griswold, MD
Care Coordinator: Anna Skop, MS, LMHC
Care Coordinator: Ali Kadhum, MSW

Logistics of Evaluations

What should I do before the evaluation?

You will be sent a brief summary of the case, which you should read prior to the exam. It may be helpful to familiarize yourself with the client's country of origin and any current conflict in the area, though this is not required.

What should I bring?

Students should each bring several sheets of paper, pen, and the interview and forensic body templates included in your manual. If you are performing a medical exam, bring a phone or camera to take photographs for documentation. In some cases, you may be asked to bring bottled water, cookies, or flowers; Dr. Griswold often supplies these items to help the clients feel at ease, though we'd like to assist her with this in the future. There is no need to bring a stethoscope or any medical equipment. See next section for body map, which can be helpful for documenting physical findings. There are additional body map templates in the Cornell manual which is linked under the "Resources" section.

What should I wear?

Preceptor attire is encouraged. No white coats, please.

Where are the evaluations?

Medical: The medical evaluations currently take place at Dr. Griswold's office: Lakeshore Behavioral Health: 430 Niagara Street, Buffalo. *Note: please use this exact address, as there is another Lakeshore office which is also on Niagara Street.* There is a parking lot in front of the facility.

As we obtain more volunteer providers, the locations of exams may vary. You will be notified in advance of the location of forensic exams you participate in.

Psychiatric: You will be notified in advance of the examination location.

Can I ask questions?

Though your primary role during the interview is to listen and scribe, you are allowed to ask questions to clarify points that the client is making, spellings of cities/names/etc, or anything else that will help you write a more accurate affidavit. The attending often will specifically ask you at the end of the interview if you have anything further to ask.

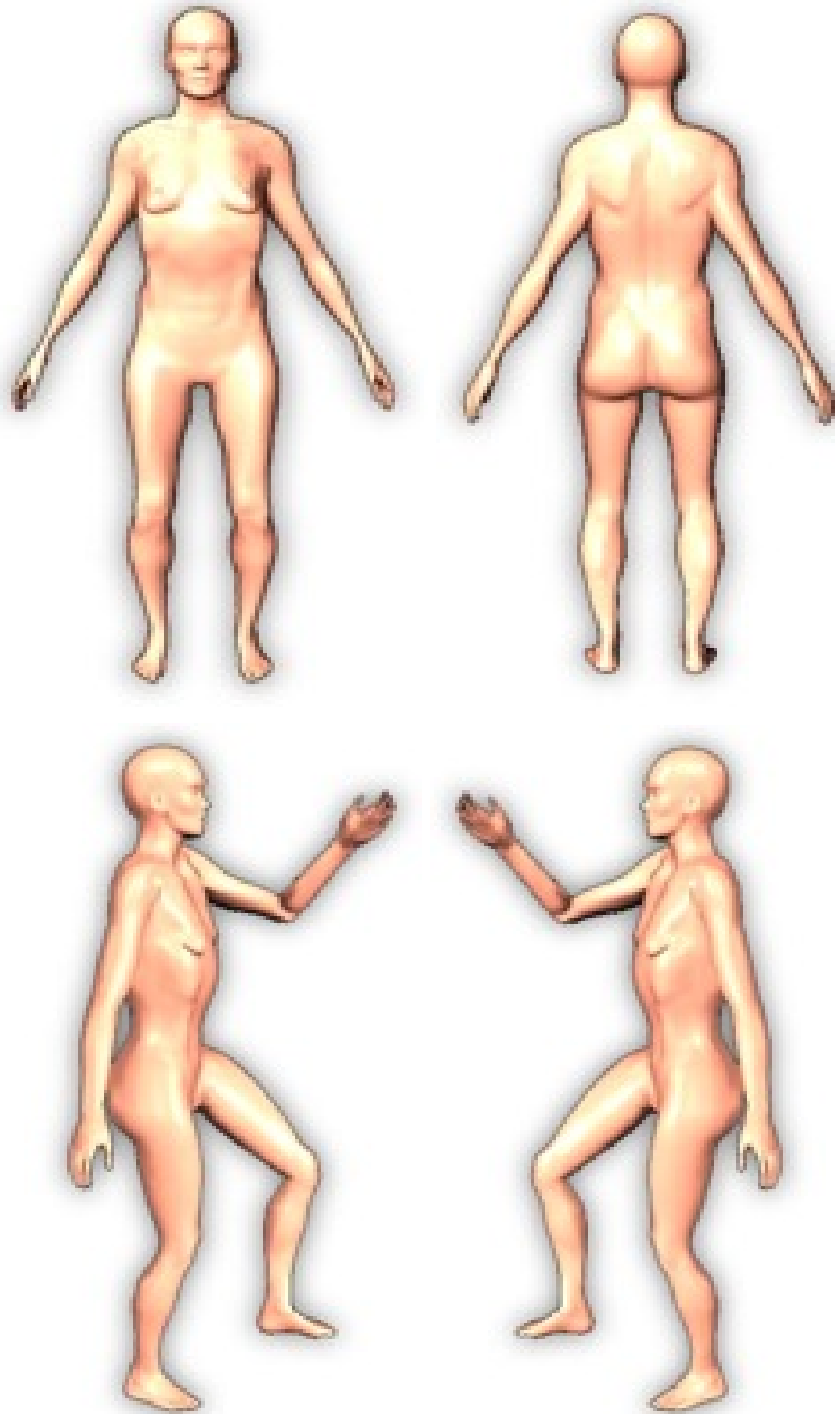
What happens after the evaluations?

Clients who are affiliated with the WNY Center for Survivors of Torture are required to attend a debriefing session with the case worker at JFS.

Typically, once the client leaves, the students will spend a few minutes debriefing with the attending. You should then coordinate with the other student scribe(s) how you will divide up work on the affidavit. A shared google doc is usually helpful because both parties can edit it in real time.

Twice a year we plan to have informal reflection sessions to allow volunteers to debrief, discuss challenges, and share positives. Stay tuned!

Body Mapping



Medical Affidavit Writing: The Student Role

The goal of a medical affidavit is to record evidence of physical and psychological trauma as an objective medical professional. Students drafting affidavits are not yet qualified to draw medical conclusions about clients- however, students can still make a significant contribution by preparing a draft of the narrative portion of the affidavit that can then be incorporated into the final document prepared by the evaluating physician.

The students scribing a forensic exam are responsible for submitting a draft of the affidavit to the attending physician **within 2 weeks** of the exam, unless otherwise specified (we sometimes receive urgent referrals).

Tips for writing the affidavit:

- Include only information that the client has told you.
- Students should read sample affidavits before preparing their own. Please email the Clinic's email address if you would like to view a sample affidavit written by one of our physicians. Sample affidavits are also viewable in the "Resources" section of this manual.
- The client's account should include information about the client's life prior to abuse, episodes of traumatic events, and information about the client's present life.
- Throughout the narrative portion of the affidavit, be careful not to report information as proven facts. Always state that the client "states" or "reports" events or incidents.
- Direct quotes are very helpful; they can vividly illustrate the client's experiences and personality.
- Do not include information that may hurt the client's case. This includes adding nonessential details, such as colors, numbers, and dates- even small discrepancies can have serious consequences.
- Avoid using legal terminology: for example, "persecution" is a more legally specific term than "torture" and therefore should not be used in a medical affidavit.
- Students should collaborate with physician evaluators to improve their affidavit writing skills.
- ****Important**** Sometimes photos are necessary to include in a medical affidavit. However, we ask that you please delete these immediately from your phone/computer as soon as the affidavit is completed.

Sample Affidavit (from successful asylum case)

United States Department of Justice
Executive Office for Immigration Review
Immigration Review
Immigration Court
New York, New York

In the matter of
Redact Redact Redact
RESPONDENT
State of New York
Erie County of New York

Affidavit of Kim Griswold, MD, MPH

March 18, 2015

I, Dr. Kim Griswold, do hereby affirm the following:

I am a Family Physician, trained to care for infants, children, adults and the elderly. I have training in OB/GYN; experience in prenatal care, and caring for women who have had Female Genital Cutting (FGC). I attended medical school at SUNY Buffalo, and completed my family medicine residency at Buffalo General Hospital in 1997.

Psychiatric and behavioral health training:

1. Psychiatric Emergency Department
2. In-patient psychiatric wards
3. Fellowship in Primary Care and Psychiatry – Training medical residents in Behavioral Health
1. Experience in delivering primary care to, and diagnosing and treating patients with depression, anxiety, PTSD, panic disorder, schizophrenia, bipolar disorder and intimate partner violence
2. Experience in documenting torture and ill treatment
3. Primary care of refugees and victims of trafficking for 25 years
4. Completed United Nations High Commissioner for Refugees (UNHCR) forms documenting torture
5. Physicians for Human Rights (PHR) training (February 2014, June 2014)
6. Experience with testimony in Immigration Court

I am a volunteer for Physicians for Human Rights as an objective medical evaluator of individuals seeking asylum; and also the Medical Director of our local Center for Refugee Survivors of Torture (<http://nyshealthfoundation.org/our-grantees/grantee-profile/jewish-family-service-of-buffalo-and-erie-county>)

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In this capacity I conducted a pro bono physical exam of this client, Mr. Redact Redact Redact, on March 18, 2015. The following delineates my understanding of the events leading up to this client's asylum claim as described by the client, together with my clinical interview and physical exam findings. My evaluation was done in compliance with the standard protocol of the United Nations manual, Istanbul Protocol. I am prepared to testify to all of these statements based on my personal knowledge and belief.

The interview and physical exam with Mr. Redact Redact lasted three hours and was conducted at my office at LakeShore Behavioral Health Center in Buffalo, NY. With the client's permission, two medical students, Redact and Redact, served as medical scribes. The interview lasted approximately 3 hours and was conducted with interpretation by trained Somali interpreter Redact.

CLINICAL INTERVIEW

1. Mr. Redact Redact Redact was born on October 6, 1979 in the Ogaden region of Ethiopia. He lived with his parents as well as 4 sisters and 3 brothers. They were nomadic farmers and belonged to the Rer Issak ethnic group. Mr. Redact worked as a goat keeper from ages 8 to 12, then as a cow keeper until the age of 17. After age 17, he worked as a camel caretaker. At age 19, Mr. Redact married his wife, [REDACTED], who belonged to the same ethnic group.
2. He smiles as he recounts his childhood, which he reports was free of conflict. Mr. Redact reports that he did receive some Islamic religious education.
3. Mr. Redact had five children with his wife (four boys and one girl), whose names and birth dates are as follows: [REDACTED].
4. In 2007, Mr. Redact was living in the village of Cobala, continuing his work with livestock. He reports that his brother, [REDACTED], and brother-in-law, [REDACTED], were working for a Chinese company that had moved to the area to search for and extract oil. The company was associated with the Ethiopian government.
5. On April 24, 2007, Mr. Redact states that the rebel army Ogaden National Liberation Front (ONLF) attacked employees of the company due to its association with the Ethiopian government. Mr. Redact's brother and brother-in-law were both killed. Mr. Redact was informed of this event and saw the body of his brother the next day.
6. Mr. Redact reports that "after the war between the Ethiopian army and the rebels", the Ethiopian army began to fight with rural people, attacking villages. In May of 2007, they invaded his village and began burning down the farms. During this time, Mr. Redact was found and attacked. **He reports being burned with an unknown object on his right arm and chest**, and then being left with the burned remains of his village. When questioned on how he knew his attackers were the Ethiopian army, Mr. Redact stated that his attackers only spoke Amharic, the native language of Ethiopians and a language which he does not speak or understand.

7. After this attack, he sought treatment with a traditional healer, who used creams as treatment; there were no hospitals in his area. He recalls the burns taking many months to heal.

8. Following the burning of their village, Mr. Redact and his family, along with other surviving members of the village, fled to the mountains in the region to hide from the Ethiopian soldiers. They spent about three months in the mountainous region and returned home when they heard that the Ethiopian army had left the area.

9. Again in 2010, he states that a neighboring village was attacked by the Ethiopian army. He reports that homes were destroyed and people were killed. At this time, fearing an attack, Mr. Redact and his family fled their land to a nearby river region. They remained there for about three years, continuing with their nomadic traditions of living off the land and raising livestock.

10. In 2013, the family moved back to their original village, [REDACTED].

11. On August 5, 2013, Mr. Redact recounts that he was captured when the Ethiopian army invaded the village. He reports being asked, "Have you seen the rebels around this area?" When he replied that he hadn't, he says the soldiers called him a liar and **cut him in the face using a bayonette**. He was **struck twice, once above the right eyebrow and once on the left temple**. He was then **cut on his right palm and index finger** when he raised his arms to try to protect himself. He recalls significant bleeding from both his hand and face. He states that he was also kicked, beaten, and burned multiple times on both arms with an unknown object. While he was being attacked, the soldiers repeated, "Tell us. You're hiding the rebels."

12. While this was happening, his mother, [REDACTED] saw what was occurring and ran out toward her son. Mr. Redact becomes visibly upset when describing the following events. He states that his **mother was strangled to death** by the soldiers for trying to protect him. Then, he reports that his **wife and fifteen-year-old sister were raped** by the Ethiopian soldiers in front of him.

13. After the death of his mother and the rapes of his wife and sister, the family made the decision to leave their village permanently.

14. His father took Mr. Redact to Addis Ababa. It was there that Mr. Redact found an agent whom he paid the price of \$4,000 USD to provide him with documents and airline tickets out of the country.

15. On September 1, 2013, Mr. Redact states he flew from Ethiopia to Brazil, and then to Venezuela. From Venezuela, he travelled to Columbia and then walked to Panama for 9 hours where he got temporary papers from immigration. Next, he reports that he travelled to Costa Rica, then El Salvador, Guatemala, and Mexico. Most of his travels were via bus, car, and on foot. This journey took almost 3 months.

16. On November 26, 2013, Mr. Redact arrived in Laredo, Texas and presented to the Border Protection Office voluntarily. He smiles as he recalls that he was treated well, told to sit down. The officers attempted to find an interpreter, but could not find anyone who spoke both Somali and English.

17. A physical exam was performed and at this time, Mr. Redact was diagnosed with diabetes and was given medication.

18. He was transferred to the Batavia Detention Center in December, where he stayed from approximately December 2013 until January 2014. He then moved to Vive, Inc. in Buffalo. He currently resides at the Buffalo Peace House in Hamburg, NY.

19. Mr. Redact says that his wife, [REDACTED], and children fled to Djibouti. They sold all their animals in order to pay agents to take them to Yemen via boat. They arrived in Yemen on February 20, 2014, and are currently living in a refugee camp. Mr. Redact worries for their safety in Yemen, stating "the life of my family depends on my case."

PHYSICAL EXAMINATION

(This was not in the original, but should be in all affidavits)

Past Medical History:

Past Surgical History:

Allergies:

Immunizations:

Hospitalizations:

Medications: (medical and psychiatric)

Recent tests: (bloodwork, x-rays, etc.)

How are you sleeping?

How is your appetite?

Do you have any specific pain?

Are you currently seeing any doctors for any reason?

1. Mr. Redact arrived on time for his appointment, was well-groomed, made appropriate eye contact, and was cooperative and conversational throughout the interview.

2. Mental Status: Alert and oriented. Speech clear, and based on his ready responses to questions through the interpreter, thoughts are goal directed. Mood is euthymic, except when he relates events that have obvious emotional content, such as the rape of his wife and sister, the death of his mother, and his own injuries. Affect normal.

3. Mr. Redact's vital signs were as follows: height 5' 6.5", 154 lbs., heart rate 80 with regular rhythm, blood pressure 138/80.

4.

Head, eyes, ears, nose throat: Head, normocephalic. with skin changes as noted below. Eyes, clear, pupils equal and reactive to light, no scleral changes. Full extraocular movements. Ears clear, nares normal with no nasal discharge. Mouth and throat, clear, no erythema.

Neck supple, with full range of motion.

Chest, clear to percussion and auscultation.

Cor, S1S2, regular rate and rhythm.

Abdomen, soft, non- tender. No guarding.

Genitalia not examined, due to patient's discomfort. Patient denies any visible scarring in genital area, and denies sexual trauma.

5. Skin examination:

1. Right medial upper bicep: There is a 6 cm x 10 cm area of irregular, hyperpigmented, puckered skin extending up into the axilla. See: Figure 1.
2. Right pectoral area of chest: adjacent to the skin lesion described above, there is a similar area measuring 3 cm x 2.5 cm. See: Figure 1.
3. Right ulnar aspect of palm: 4 cm curvilinear hypopigmented scar. See: Figure 2.
4. Right forearm (flexor surface): 3 cm x 2 cm at base, triangular shaped smooth, hyperpigmented patch. See: Figure 3.
5. Left forearm: 3 cm x 1 cm hyperpigmented patch. See: Figure 3.
6. Left thenar eminence extending to tip of thumb: puckered area with irregular pigmentation pattern. See: Figure 4.
7. Right forearm (extensor surface): 2.5 cm smooth hyperpigmented, slightly raised plaque. See: Figure 5.
8. Right index finger: 0.6 cm curvilinear hypopigmented scar
9. Clubbing of right index finger; no clubbing in other fingers
10. Right eyebrow: there is a linear 1.5 cm hypopigmented scar. See: Figure 6.
11. Left lower temple: linear 1.5 cm hypopigmented scar
12. Back: left scapular region- hyperpigmented 1.5 x 0.5 cm hyperpigmented patch

6. Neurologic examination:

1. There was decreased sensation to sharp touch of the right index finger from the distal interphalangeal joint to tip of phalanx.
2. Sensation to sharp and light touch remained intact across remainder of the right index finger as well as the other digits.
3. Motor strength intact throughout the upper and lower extremities. Gait stable. Remainder of neurological examination unremarkable.

Interpretation of Findings

Physical Evidence

Mr. Redact's physical exam supports his reports of beating, burning and stabbing. The injuries documented above are highly consistent with the mechanisms of injury he describes. Mr. Redact has physical scarring consistent with defensive wounds, including injuries to his palms and the extensor surfaces of his forearms.

Psychological Evidence

Mr. Redact was appropriate in his psychological responses as he related his story. He has appropriate feelings of grief and horror when he discusses persecution of his family and his own beatings. This is again highly consistent with the events he describes.

CONCLUSION

1. To date, I have conducted over 15 with survivors of torture in the Buffalo area. My assessment is that Mr. Redact Redact Redact demonstrates historical and physical evidence of the abuses he alleges.
2. In conclusion, it is my opinion that Mr. Redact Redact Redact has suffered substantial physical abuse, and psychological sequelae.
3. I declare under penalty of perjury, pursuant to the laws of the United States, that the foregoing is true and correct and that this affidavit was executed on March 18, 2015.

Figure 1: Hyperpigmented, irregular patches on right arm and chest

Figure 2: 4 cm curvilinear hypopigmented scar

Figure 3: Hyperpigmented, irregular patches on flexor surfaces of right and left forearm

Figure 4: Irregularly pigmented, puckered skin extending along the thumb

Figure 5: 2.5 cm linear, hyperpigmented scar.

Figure 6: 1.5 cm linear, hypopigmented scar along the right eyebrow

Resources

- <http://healtorture.org>: excellent resource
 - “Specific Populations” provides background information on various ethnic groups
 - Entire “Medical” tab very helpful, especially “Documentation” section
- UN High Commission on Refugees: <http://www.unhcr.org>
- PHR Student Run Asylum Clinics:
<http://physiciansforhumanrights.org/asylum/student-asylum-clinics.html>
- Istanbul protocol:
<http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>
- Cornell Training Manual:
http://wcchr.com/sites/default/files/wcchr_handbook.pdf
 - Very helpful information, including additional sample affidavit and more body maps