



Asylum Clinic Guide

A guide for starting a PHR asylum clinic at your institution

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More information directly related to the National Student Program can be found at phrstudents.com

What is an Asylum Clinic?

At its core, an asylum clinic housed at a medical school is a student-run program that connects Physicians for Human Rights (PHR)-trained clinicians to political asylum seekers and their attorneys. These clinicians conduct forensic medical or mental health evaluations to uncover signs and sequelae of torture or trauma and document their findings in affidavits that serve as evidence in the client's legal application for asylum

Why do we need Asylum Clinics?

Tens of thousands of individuals flee human rights violations in their home countries and seek asylum in the United States every year. Currently, less than 40% are ultimately granted protective status. While the immigration legal system places a heavy burden on asylum applicants, access to evidence is challenging, and many rely solely on their own testimony. Forensic evaluations introduce reliable evidence of trauma or torture into the proceedings, providing access to evidence for asylum seekers and trustworthy information for fact-finders. There is enormous demand for this evidence by immigration attorneys but the costs of expert testimony are often out of reach for asylum seekers. Physicians for Human Rights' Asylum Program facilitates pro bono forensic evaluations, and often partners with medical school asylum clinics to do so.

By creating asylum clinics at their associated medical centers, medical students and licensed clinicians can address a gap in services for a vulnerable population and create a practice community for forensic work. Students play a substantial role in the asylum seeker's case by drafting the affidavit. This degree of engagement helps create the next generation of evaluators.

Asylum clinics also serve as foundations for advocacy and for service provision in their communities. Through associations with academic institutions, each asylum clinic serves as a direct liaison between the asylum-seeker population and a community of passionate students and academic faculty. This allows students in medical schools and throughout universities to create educational events and to engage in advocacy activities. Through their involvement in an asylum clinic, faculty have the opportunity to reach a truly unique and underserved community.

How do I start an Asylum Clinic?

Starting a PHR asylum clinic is a serious undertaking, and requires considerable planning, communication (among your fellow students and faculty as well as with PHR), and forethought. The strongest clinics start slowly, with a trained and dedicated core of students and faculty. Do not expect that you should be planning and managing trainings from the start, or that you will be taking on a heavy caseload or working directly with immigration attorneys in year one. Below, we lay out some concrete steps to take when getting started. You should keep in mind, however, that the overall goal is to create a multi-year, sustainable, and professional program. Prioritize actions and planning with this goal in mind, as opposed to a desire to start quickly and conduct a certain amount of activity in your first year. If your clinic plans to partner with PHR, you will be asked to review and sign a Memorandum of Understanding document, which guides the logistical elements of your partnership with PHR, outlines the support you can expect from PHR, and enumerates the responsibilities of the clinic.

Our experience has shown that your partnership with PHR will be the more fruitful if particular foundational tasks are completed. In the interests of laying the foundation for long-term success, we require you to complete the following components before your clinic can be officially recognized and

eligible to receive cases. The purpose of this guide is to explain these initial steps and provide institutions and students with the tools they need to be successful. Careful study of this starter kit as well as communication with PHR and with the Asylum Student Advisory Board are crucial to successfully completing these initial steps.

Step 1: Reach out to the Asylum Program at PHR

Letting the Asylum Program know that you intend to start a clinic at your school in the near future will allow for better communication, planning, and ultimately a stronger “launch” of your clinic. While there is significant groundwork to be laid by students and faculty, you will be in a better position to begin working with clients if PHR is aware of your efforts, and can plan and advise appropriately. Contact the Asylum Program at asylum@phr.org, introduce yourself, and explain your interest in creating an asylum clinic at your school. A connection to PHR will be necessary in many of the steps discussed below. The PHR Student Advisory Board will also serve as a helpful resource to you throughout your planning, contact information for the Board is available through PHR upon request.

Step 2: Identify an Advisor with Experience in Forensic Documentation of Asylum and other Immigration Cases

An advisor with experience in conducting forensic evaluations will assist you in identifying a target population, help you develop a mission, and serve as an ally as your clinic navigates your institution’s administrative requirements. If you plan to work with PHR, an ideal faculty advisor will have trained or worked with PHR previously. PHR may be able to advise your clinic as to whether there is an Asylum Network Member currently affiliated with your organization who is able to get involved.

If you are unable to identify a faculty advisor with experience in this work at your institution, please reach out to the Student Advisory Board. It may be that your time is better spent laying the groundwork for a clinic and raising awareness of asylum-related issues at your school through PHR Student Chapter activities.

Step 3: Assessing Community Need

It is imperative to understand the resources available to asylum seekers in your community and the actual demand for forensic evaluations in your area. Key resource categories to keep in mind include:

- NGOs that specialize in advocacy and service provision for torture survivors, refugees, or asylum seekers.
- Local free clinics that serve as referral centers for asylum seekers.
- Homeless shelters that house newly-arrived asylum seekers.
- PHR’s Asylum Program—ask if there is a high concentration of requests in your area.

Additionally, law schools often house clinics that specialize in representing immigrants or asylum seekers. Key questions to ask legal clinics include:

- What is the general profile of your asylum seeker clients?
- Who do you contact for referrals for medical-legal affidavits?
- Which local organizations have you worked with?
- How can your organization benefit from a medical-legal partnership?

If PHR receives few requests from your area, that is okay! Local NGOs will often have demand for medical affidavits and may not have historically sought evaluations through PHR. Your interviews with local stakeholders will help you understand whether low demand for PHR referrals indicates an actual paucity of need, or instead reflects a scarcity of PHR Network members or poor visibility of PHR's services. In the latter two cases, your clinic could reach a previously underserved region. It is strongly recommended, however, that new clinics work through PHR initially rather than accepting what are called "direct referrals" at the outset. This will allow you to build strong systems and practices with PHR's support and guidance. You should also carefully message the increased capacity that your clinic will represent. It is very unlikely that your nascent clinic will be able to meet all of the demand for forensic evaluations in the community, and we emphatically advise clinics to take on only a small number of cases in their first year of operation. Passing referrals through PHR will help to moderate demand as you build the clinic. Some clinics, as they mature, may later begin accepting "direct referrals" from local attorneys, without going through PHR.

We also encourage clinics to build relationships with area providers who can be sources of referrals, or who may in turn provide post-evaluation care to clients seen by the clinic.

Step 4: Approaching your medical school for institutional permission

Your medical school will likely have various logistical, practical, and ethical/legal concerns or questions about the clinic that you will need to address. Some of these questions will guide your early planning (i.e., faculty advisor, clinic space, student group registration) and some may not have occurred to you at the outset (rules about whether outside clinicians and students may take part, liability, consent, etc.). You should identify these concerns and requirements as early as possible, ideally with the support of your faculty advisor(s). Aim to hold a meeting with the administrative staff whose approval will permit you to operate a student-run clinic under your institution's auspices. Be prepared to discuss the demand in your area, your space and supervision needs, your partnership with PHR, the distinction between forensic evaluations and medical care, and any institution-specific matters. You may want to prepare for this meeting by again reaching out to PHR staff and to the Student Advisory Board.

Step 5: Recruit Dedicated Clinicians

The primary limiting factor in evaluation caseload is clinician time and availability. Recruiting a sizeable and diverse clinician workforce will enable your clinic to accommodate more clients. MD and DO physicians, PhD and PsyD psychologists, physician assistants, nurse practitioners, and licensed clinical social workers can all conduct forensic evaluations. There may already be several individuals within your institution who are trained to do forensic evaluations and who might be interested in volunteering with a student organization. Should you choose to work with resident physicians, you should keep in mind that medical licensing varies by state and that a licensed clinician must supervise the evaluation and sign off on the final affidavit. Some asylum clinics work only with students and clinicians, while others incorporate resident physicians as well. If you choose to work with PAs and LCSWs, you may want to include PA and social work students in your clinic, as well.

Some tips for clinician recruitment include:

- Request to provide a brief presentation at departmental meetings.
- Ask interested attending physicians to recruit their residents for training and ask clinicians to connect any interested colleagues with your clinic's leadership.

- Be active on social media! Create twitter accounts and websites to get the message of your clinic out in the community.
- Leverage the relationships that local NGOs have with clinicians.
- Reach out to your mentors.
- Reach out to local chapters of professional organizations, i.e. American Psychiatric Association, and ask PHR if there are network members in the area who would be interested in joining your community.

Step 6: Pursue Training Opportunities

Before accepting cases from PHR, clinicians must be trained to perform forensic evaluations and must sign up to become PHR Asylum Network Members. The standard entry point for new members is a PHR training, which are offered several times each year in various locations around the country. You should visit our website to view upcoming training opportunities [here](#) if you are planning to launch an asylum clinic at your school. You can encourage interested but untrained clinicians to do the same.

Depending on your regional location and the demand for evaluations in your area, PHR may be able to plan a nearby training that can help launch your clinic. However, this will not always be possible. Early communication with PHR and the Student Advisory Board will allow you to take advantage of any potential training events in the country.

For developed clinics interested in conducting a training, contact PHR staff.

Organizational Structure of the Asylum Clinic

While designing an organizational model is left to the discretion of the individual chapter, there are key tasks to be addressed that are common to all asylum clinics. These include:

- Securing space for the evaluation
- Securing interpreter services
- Managing Asylum Case Placement
- Planning and coordinating on-campus events and administrative logistics
- Community Outreach and Post-Evaluation Management

Securing Space for the Evaluation

If you plan to offer institutional space that clinicians can use for evaluations, you will need to negotiate with your institution to secure space that is private and that possesses any equipment needed to accommodate the type of evaluation the space is intended to house. Physical evaluations are best done in rooms with access to physical examination equipment, i.e., clinical simulation centers, free-clinic space, or at the evaluating physician's clinic. Mental health evaluations can be conducted in a conference room or in a clinician's private office. In any case, privacy must be ensured and distractions kept to a minimum.

We recommend asking the following questions when setting up an arrangement to an institutional space:

- When can the space be accessed? Who will be responsible for requesting/reserving the clinical space?
- Are there institutional limitations to how the space can be used or how often it can be used?

Securing Interpreter Services

PHR clearly delineates in each placement email that the attorney is responsible for providing a competent interpreter. Ideally the translator will be a certified professional. At minimum, the translator cannot be a friend, family member, or person legally involved in the client's case (i.e. attorney or law student working on the client's case). You should, nevertheless, determine whether you can access telephonic services through your institution, as last minute cancellations with interpreters do sometimes occur. If you plan to use your institution's telephonic interpreter services, you will need to arrange an agreement with the institution and secure an access/billing code. We emphasize that in-person interpretation is superior to telephonic interpretation.

Also, note that PHR does not have a blanket requirement that attorneys provide professional, court-certified translators. The expense of hiring professional interpreters is often passed on to the client and would place evaluations out of reach for a substantial percentage of the population we serve. If for any reason a particular evaluator requires professional translation, you must bring this preference to PHR's attention when you welcome this evaluator into your clinic so that cases are not placed and then rejected.

It is essential to be wary of any potential conflicts of interest between the translator and the client, i.e. members of opposing political factions or tribes.

We recommend compiling a list of pro bono interpreter services in your area that you can distribute to attorneys upon request.

Managing Asylum Case Placement

Managing case placement entails a number of responsibilities. Case placement tasks include:

- Regular phone calls with PHR Headquarters to obtain a roster of new cases.
- Communicating with PHR in a timely manner as to whether or not the clinic can place a particular case with a volunteer.
- Identifying clinician volunteers who can take the case.
- Providing the clinician volunteer and medical students with the necessary case information and post-evaluation protocol.
- Assigning medical students who will assist the clinician volunteer with history taking and affidavit drafting.
- Acting as a liaison between the clinician volunteer, the medical students, and the client's attorney to determine the date, time, location, and necessary accommodations for the case.

Note that attorneys have particular responsibilities in this process that are set by PHR and outlined in PHR's case-placement email. It is completely appropriate to ask attorneys to adhere to those rules if they wish to use your clinic's pro bono services. An attorney failing to comply with the responsibilities delineated by PHR constitutes grounds for canceling an evaluation; this consequence should be clearly communicated to the attorney.

Case placement is discussed in greater detail below.

On-Campus Events and Administrative Logistics

Managing the on-campus aspects of your asylum clinic typically falls to another set of students. Their tasks include:

- Scheduling a series of lectures, workshops, journal clubs, etc. that align with your clinic’s educational objective.
- Creating your chapter’s budget and managing finances.
- Ensuring the chapter abides by the administrative requirements of your medical school.
- Engaging with the community to coordinate advocacy events and experiential learning opportunities.

Community Outreach and Post-Evaluation Management

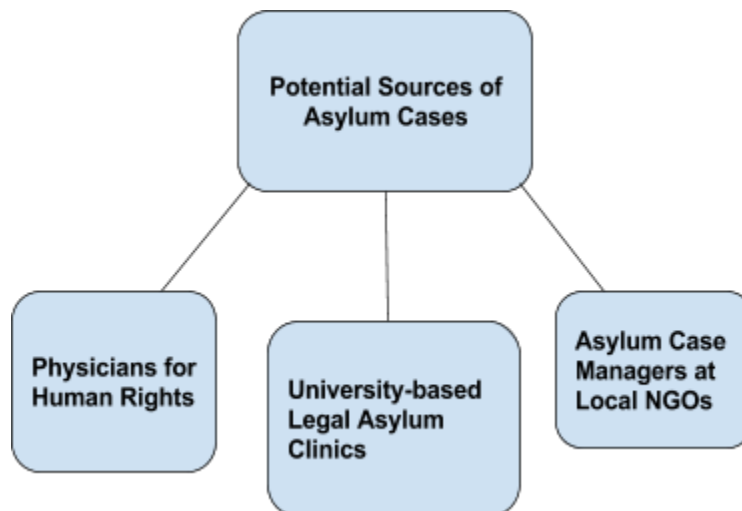
Students filling these roles manage and cultivate external partnerships and coordinated efforts within your Medical Center and with local organizations. Their tasks include:

- Outreach to clinical faculty for participation in the clinic.
- Obtaining a list of pro-bono health centers in your area that can provide medical follow-up to Clients.
- Locating and developing relationships with local NGOs who are directly involved in advocating for and providing service to refugees and asylum seekers.
- Managing external communications and social media.

The Forensic Evaluation Case Placement Process

This section outlines each step in placing an asylum case.

Step 1: Obtaining Cases



- You will conduct conference calls with the Asylum Program staff. During this call, you will discuss the statuses of pending cases and

request cases for the coming month. It is critical that you remain transparent about your clinic's capacity to accommodate new cases. You are not obligated to take on new cases if you have not placed a sufficient number of cases on your roster. Additionally, you should inform the Asylum Program staff at PHR about any new sources of case referrals. Some Asylum Clinics, particularly those with more experience, accepting referrals from multiple organizations. These clinics, however, have established procedures and policies that ensure their commitment to placing PHR cases is not neglected.

- If you are partnering with PHR, case placement procedures and associated communications are also addressed in the MOU. Carefully review the tasks and expectations discussed in this document to ensure smooth coordination with PHR.

Step 2: Reaching out to Clinicians for Case Placement

As you welcome new clinicians into your clinic, it is essential to gather the following details:

- Specialty.
- Languages they speak.
- Areas of interest, clinical experience with various forms of trauma (i.e., blunt, sexual, mental health.)
- Number of cases they are willing to take on each semester.
- Specific timeframes that best suit their availability to take on cases.
- Location in which they would like to conduct evaluations.

With clinician preferences in mind, choose one evaluator to contact via email about their interest in taking the case. In your evaluation request email it is imperative to note the following:

- Deadline by which the evaluator's affidavit is due.
- A definite reply-by date (i.e., three days to one week from the time of first contact).

If the clinician is unable to take the case, or does not meet your reply-by deadline, continue to contact other clinicians. Inform PHR if you are unable to place a case after two weeks so that the case can be referred to an evaluator outside the clinic.

Clinicians are required to provide PHR with the following documents before they will be permitted to accept cases:

- A copy of their medical license.
- Their CV.
- An application to join the PHR Asylum Network (you will provide this document to each clinician at your trainings.)

Step 3: Once the Clinician has Accepted the Case

Once you have placed a case, inform the Asylum Program staff at PHR which clinician has accepted the evaluation and what type of evaluation that clinician will perform. The Asylum Program staff will then connect the client's attorney with the evaluating clinician. You must let PHR know who you would like copied on placement emails.

In most cases, the physician and attorney will communicate regarding the time and location for the evaluation. If you feel that coordination is not occurring within the appropriate time frame, follow-up with reminders and recommendations regarding dates and times. Asylum clinics should reserve the right to cancel an evaluation if an attorney is unresponsive.

We strongly encourage the case scheduler to be proactive in facilitating communication between the clinician and attorney. The case scheduler will solicit a list of dates and times from the evaluating clinician and provide them to the client’s attorney. The scheduler will also provide the location of the evaluation.

Step 4: Obtaining a Medical Student Volunteer

After an established date and time are set, reach out to your trained medical student roster to obtain a volunteer. Some chapters have allowed up to 2 medical student volunteers to work together. If you want more than 2 students to observe an evaluation, you must reach out to PHR in advance to obtain approval – more than two volunteers could be overwhelming to a client and PHR would seek specific consent before proceeding. Because this increases the administrative work for a case placement it’s not a preferred model. Note that this rule would not apply to students who are observing but not in the room itself, as where there is an adjacent room providing observation by camera or one-way glass. While determining an equitable medical student placement strategy is left to the individual clinic’s discretion, we recommended that your student-selection process:

- Accommodates the client’s gender preference *Note: due to the sensitive nature of the cases, we require both clinician and student evaluators to accommodate the client’s gender preference.
- Acknowledges students’ degree of involvement and commitment to the clinic .
- Shares evaluation opportunities with as many trained students as possible.

Step 5: The Day of the Evaluation

A few days prior to the evaluation, the scheduling coordinator must

- Send a reminder email to the clinician, attorney, and medical student.
- E-mail the necessary documents for the evaluation, which include:
 - A sample affidavit of the same type (i.e., physical, mental health, combined)
 - The client’s personal narrative
 - Consent form and liability waiver if required by your institution
- Ensure that the attorney has provided an appropriate translator for the evaluation (see Securing interpreter services above).

It is important to provide information regarding the role of each member of the evaluation team. Below is a table outlining each role:

| Forensic Evaluation Team | | | |
|---|---|---|--|
| Clinician | Interpreter (if needed) | Resident (optional) | Medical Student |
| The clinician conducts and leads the evaluation. They are responsible for confirming the affidavit is accurate, notarizing* | Translates for the client, word for word, into the language of the evaluation team. | At the discretion of the attending, the resident can participate in all parts of the evaluation process. The attending must, however, supervise the | The medical student assists the clinician. They will take scrupulous notes of everything they see and hear. At the discretion of the physician, they write |

the final document, and sending it to the lawyer.

entire evaluation and sign off on the affidavit.

the first draft of the affidavit.

*Because some attorneys insist on it, we advise evaluators to get their affidavits notarized. Notarization legally certifies the clinician's identity and confirms the clinician's understanding that the affidavit is a legal document sworn under penalty of perjury. Notaries public are often available at your institution or at banks to notarize documents.

Step 6: After the Evaluation and Affidavit Drafting

The scheduling coordinator will reach out to the evaluation team to see if there are any complications to be addressed.

The medical student will draft the affidavit and the attending physician will review it and provide their confirmation and signature before sending it to the attorney. It is imperative to establish a definite deadline, and while it is the discretion of the chapter to establish specific deadlines, 2 weeks from the day of evaluation is recommended.

Completed affidavits should be shared with PHR, where they will be redacted (if not already) and filed securely.

Weeks, months, or years after the final affidavit is submitted to the attorney, an Asylum Officer or an Immigration Court Judge will adjudicate a client's case. You should implement a system to track case outcomes as this will help your clinic to ensure and improve the quality of the services it provides.

Step 7: Special Consideration for First Time Evaluators

In order to ensure quality of the affidavits, PHR requests that you send forensic evaluations from first-time evaluating clinicians to the Asylum Team. PHR will provide feedback and necessary edits. You may consider offering to pair up first time evaluators with experienced clinicians in mentor-mentee relationships. The first time evaluators may be offered the opportunity to shadow an evaluation prior to conducting one independently and may ask their mentor-evaluator to review and offer feedback on affidavits prior to submission. These opportunities may be especially useful for clinicians who are not accustomed to teaching or working directly with students and who would like support in how to incorporate teaching effectively into the evaluation process.

The Asylum Clinic as an Educational Platform at Your School

The potential impact of an Asylum Clinic extends beyond providing forensic evaluations. Asylum Clinics act as an educational resource at the medical center and university as a whole. Asylum clinics can supplement medical students' evaluation experiences with educational opportunities in human rights and health care. These activities can help raise awareness around your clinic's work and can introduce students and clinicians to your organization. New clinics, however, will need to evaluate whether they have the bandwidth to tackle these issues on top of case placement.

Experienced asylum clinics may develop an educational theme for the year. From this theme, an organized curriculum will encompass the theme from a variety of educational outlets. The cornerstone pieces of an Asylum Clinic Curriculum might include:

- Inter-professional panel discussions.
- Workshops exploring advanced topics in forensic evaluation.
- Short film screenings and discussions.
- Presentations with asylum seekers and refugees.*
- Community-based advocacy events.

*We usually advise against asking clients to participate in presentations. Your clients may feel compelled to accommodate these requests owing to a sense of being indebted to your organization for benefiting from a pro bono evaluation. Approaching your clients about presentations could therefore risk putting these individuals in very uncomfortable or even traumatic situations. It would, however, be appropriate to solicit participation from individuals who identify themselves as being interested in sharing their stories.

When holding advocacy events or workshops, remember that the work of the asylum clinic is to provide non-biased forensic evaluations: clinicians and students should not be seen as advocating for a particular outcome to cases. PHR Asylum Network Members are advocates for truth, for access to evidence, and for the fair administration of the immigration legal system. They are not, strictly speaking, advocates for particular clients or cases themselves. It is of paramount importance that forensic volunteers do not undermine their mission by engaging in advocacy that crosses this line. Please discuss with PHR any advocacy events your clinic plans to sponsor so that you can ensure the event's message aligns with your clinic's mission. Additionally, any materials you plan to publish (reports, articles, blog posts, etc.) that pertain to forensic evaluations or bear PHR's name must be discussed with PHR.

Materials for existing, developed Clinics

Guide to organizing asylum evaluation trainings

1. Notify PHR Asylum Program staff that you plan to host a training
 - Notify PHR at least eight weeks in advance of your training.
 - They will assist in advertising the training throughout their network.
 - They will provide necessary lecture materials and handouts.
 - They may be able to connect you with local professionals that can conduct sessions during the training.
2. Pick a date and plan your day in coordination with PHR

The training consists of 5 principal components:

- Introduction to Working with Asylum Seekers.
- Physical Evaluation of Asylum Seekers.
- Mental Health Evaluation of Asylum Seekers.
- Legal aspects of asylum/Best Practices for Writing Affidavits.
- Introduction to the structure of your clinic & your relationship with PHR.

You will need the following to conduct these sessions:

- A physician with experience in documenting physical sequelae of torture.

- A psychiatrist, clinical psychologist, or Licensed Clinical Social Worker – preferably with experience in torture and trauma.
 - Please note, for a training to meet PHR standards, trainers must have conducted at least eight forensic evaluations prior to leading a training.
- A lawyer with experience in asylum and immigration law.
 - PHR may be able to supply a legal trainer if a request is made far enough in advance.
- Your executive board to discuss the structure of your clinic and the medical student’s role.

3. Sample Training Schedule – Georgetown University Physicians for Human Rights

| <u>Module</u> | <u>Speaker</u> | <u>Start</u> | <u>End</u> |
|--|--------------------------------------|--------------|------------|
| Intro to Working with Asylum-Seekers | Kate Sugarman, MD/Sarah Kureshi, MD | 9:00 AM | 10:00 AM |
| Physical Evaluation of Asylum-Seekers | Kate Sugarman, MD/Sarah Kureshi, MD | 10:00 AM | 11:00 AM |
| Coffee Break | | 11:00 AM | 11:15 AM |
| Mental Health Evaluation of Asylum-Seekers | Sheetal Patel, PhD/ Mayada Akil, MD | 11:20 AM | 12:20 PM |
| Lunch | | 12:20 PM | 1:20 PM |
| Legal Aspects of Asylum | Varsha Kayi, JD/ Meredith Fortin, JD | 1:20 PM | 2:20 PM |
| Best Practices for Writing Affidavits | Varsha Kayi, JD/ Meredith Fortin, JD | 2:20 PM | 3:20 PM |
| Working with GUSOM Asylum Clinic | GUSOM PHR Leadership Team | 3:20 PM | 3:40 PM |
| Wrap-up and questions | GUSOM PHR Leadership Team | 3:40 PM | 4:00 PM |

5. In the Two Weeks Leading Up to the Training

- Reconfirm your speakers’ availability.
- Check in with the PHR Asylum Program staff regarding materials to disseminate to trainees.
- Make sure you have the necessary materials ordered; the Asylum Program staff will guide you with this.
- Plan for a final recruitment push for your training.
- Distribute training-day tasks among your executive board.

6. Immediately Following the Training

- Your clinicians will be provided with “Request to Join Asylum Network” link after the training.
- Carefully follow-up with the clinicians to ensure they send their application materials to PHR, which include:
 - A copy of the individual’s clinical license.
 - The clinician’s CV.
 - A completed PHR Asylum Network application form which can be found [here](#).
- Send a list of trained clinicians to your contacts at PHR.

- Send out a survey to newly trained clinicians to gather the number of cases they will be able to take per semester, potential time slots they would like to be contacted, and particular cases of interest.

Working with direct referrals

- If your clinic accepts direct referrals, ask the client's attorney to fill out PHR's direct referral form [here](#) and PHR will send you a copy of the completed form.
- Organization is key when prioritizing and placing cases. When you receive a case, be sure you have obtained the following information:
 - First and foremost, the Affidavit deadline as determined by the client's attorney.
 - A case identification number. (i.e., Case ####, 37 year-old male from Ethiopia...)
 - A description of the case that includes: country of origin, a brief history and reason for being seen, language barriers, and any sensitive information to be aware of.
 - Whether the attorney is requesting a mental health, physical, or gynecological evaluation or multiple evaluations.
 - Whether the client is comfortable having students present during the evaluation.
 - *If your clinic requires students participation in every evaluation, you can offer to refer the client's case to PHR if that client is not comfortable having students present during the evaluation.
 - A client's gender preference for both the evaluating clinician and medical student to ensure compliance with sensitivity.

Establishing Continuing Care for Your Clients

What is Continuing Care?

After your asylum clinic has conducted a few evaluations, you may begin to recognize that your clients are facing issues beyond their legal status as they attempt to resettle in your community. The goal of Continuing Care is to provide your clients with assistance in finding access to healthcare and related services.

Common Services that Asylum Seekers May Need:

- Urgent medical care
- Primary care
- Mental health care
- Dental care
- English language classes
- Housing
- Employment

How to Begin



1. Identify your Clients' Needs

- At first, this does not have to be a formal process. Recognizing that your clients may benefit from your clinic's assistance in finding access to professional care or social services is the first step.
- As your clinic grows, you may want to develop a standard Needs Assessment intake form for your clients.
 - Basic Information: Name, birth date, address, phone number, contact information, language.
 - Needs assessment: Types of services they would like assistance finding.

2. Prioritize Continuing Care Needs

- Begin by prioritizing your clients' continuing needs.
 - Urgency: Identify which needs may be urgently affecting your clients' quality of life.
 - Sustainability: Consider what your clinic can reliably and realistically offer to your clients.
 - Independence: Consider helping your client to enroll in programs that will improve their independence in their new setting (i.e. English language classes, health insurance.)

3. Establishing Connections with Resources and Care Centers

- Aim to establish connections with organizations that will help you address the needs you prioritized. Establishing a robust continuing care system can start by ensuring that your clinic addresses your clients' urgent needs, and then branching out to include other needs that can wait.
- Research local organizations that will best fit your clients and their needs.
 - Cost.
 - Accessibility (i.e. Distance, waitlists.)
 - Target communities (i.e. LGBT, domestic violence victims, ethnicity.)
- Make a genuine inquiry via phone or email.
 - Explain who you are and what your clinic does.
 - Be sure to identify who your clients are and how you believe your clients could benefit from their services.
- Important Questions You May Want to Ask.
 - How much do the services cost?
 - Do they have staff members or translators that can speak your client's language?
 - Is there a specific referral process that your clinic should follow?
 - If applicable, are they comfortable treating or working with asylum seekers?
- Negotiating your Partnership.

- Establishing your partnerships will usually consist of exchanging contact information, reviewing referrals processes, and understanding the limits and expectations of each party.
- Some organizations may ask for a more formal partnership.
 1. Signing an MOU (Memorandum of Understanding) is a possibility. This is a written document explaining the mutual understanding between you and the partnering organization about the expectations and rules of the arrangement.
 2. An MOU may outline the maximum number of referrals your continuing care program can make per month, outline a process that requires you to refer to one location before another, etc.
 3. Since your asylum clinic may be linked to your medical school, be sure to check with your advisor/director before signing any written agreement.

Where to Begin Looking for Partner Organizations

- Your own institution’s free clinic.
 - If your medical school already has a free medical/mental health clinic, they can be your best first step in establishing a continuing care resource!
- Humanitarian organizations.
 - Look for other organizations focused on providing services to vulnerable populations.
 - They can offer specialized services to clients who identify with particular communities.
- Local community healthcare clinics.
 - Community healthcare clinics tend to be affordable, sensitive to vulnerable populations, and can offer many language options.
 - They also tend to be comprehensive care options that can provide multiple types of services.
- Insurance/State Medicaid programs.
 - Enrolling your client in a health insurance program can be vital to their independence.
 - Check your state laws to see if they may be eligible for emergency insurance or Medicaid through certain provisions.
 - Asylum seekers in New York are eligible for Medicaid through a provision called PRUCOL (“Permanently Residing Under Color of Law), but this is not the case in all states.
 - Check with PHR or your attorney partners to find out what state benefits asylum seekers are eligible for, whether through PRUCOL or other means.
- Public libraries.
 - Public libraries are great resources for free English language classes, assistance in filling out applications, and other educational resources your client may find helpful.

Note About Conflict of Interest

It is important to note that while the clinicians associated with an asylum clinic are dedicated to providing medical, mental health, or gynecological forensic evaluations, they can also be practicing clinicians. In order to avoid a serious conflict of interest that can contaminate the validity of the client’s application for asylum, it is imperative that your continuing care program clearly separates these two responsibilities of the clinician. A clinician that is conducting a forensic evaluation for a client should not partake in that client’s follow-up treatment.

In addition, any student who participates in the forensic evaluation of a client should not serve on that client's continuing care team. For example, if your continuing care program is utilizing your institution's free, student-run clinic, then students who participated in a client's asylum case should not be involved in treating that client.

These restrictions are meant to maintain the impartiality and strength of your clinic as a forensic provider. HOWEVER, should you encounter a client in crisis during the course of your forensic work, it is entirely appropriate to assist that person in accessing emergency services. A client in immediate physical danger can be escorted to the emergency room by students or faculty involved in the evaluation.

Structure

As the number of clients you serve increases and your referrals network grows, it may be useful to implement an organized structure to ensure that the needs of each client are adequately met.



Case Managers:

- Each client is assigned to one Case Manager who handles all of the client's referrals or requests.
- Assigning each client to a specific person within your clinic will help to build an understanding relationship and to establish a reliable contact person for the client.

Team Leader:

- This person will serve as a point-person for both your case managers and for outside agencies working with your continuing care team. The Team Leader should serve as the central person who works with partnering organizations to answer questions, formalize referral processes, and address general inquiries.
- The Team Leader should also organize general meetings to pool any new resources that Case Managers may have found individually and to address any concerns from the group.

Frequently Asked Questions

1. How can I find out about asylum training opportunities?

Upcoming asylum evaluation trainings can be found at:

<https://phr.org/issues/asylum-and-persecution/asylum-network-trainings/>

2. Have clinics allowed residents to conduct evaluations, or only attending physicians?

PHR's standard of practices discourages residents leading evaluations without an attending physician as this makes the affidavit less credible.

3. Where do evaluations get documented?

There is no need to store affidavits in an electronic medical record system as the asylum seekers are not patients. Documents should be kept on secure HIPAA compliant devices by clinic leadership. Students who draft affidavits should delete documents once they are submitted to the clinic leadership and clinician. Clinics interested in performing research must store documents containing sensitive information in a secure database. Institutions housing asylum clinics can often provide and maintain such a database. An alternative option may be to enter information into a REDCap database. The clinic will also need to get acquire IRB approval before engaging in research involving clients or client information.

4. Is it mandatory for students to be trained if they are just observing?

We strongly recommend that all students involved in an asylum seeker's case have undergone training. Clinics may decide for themselves if they will allow observers in asylum cases. Due to the extremely sensitive nature of these cases, it is critically important that anyone attending the evaluation is participating in some way that is of value to the client. For example, any students attending an evaluation should have a direct role in taking notes and drafting the affidavit. First time clinicians may be offered the opportunity to shadow an evaluation with an experienced clinician with the understanding that they will ultimately conduct independent evaluations. We do not advise routinely offering students or volunteers the opportunity to "shadow" or observe evaluations without requiring that they have been appropriately trained through PHR and are providing some service that is of benefit to the client or to future clients.

5. What space do physicians use for forensic evaluations?

Student-run clinics have found a variety of solutions to this challenge. Some physicians will utilize their office space off hours. Other clinics have used practice clinic rooms in libraries. Consult your mentors and your institution's leadership to identify the best ways to secure space for evaluations. Operating an asylum clinic does not mean that you need physical space designated for evaluations.

Closing Remarks from the National Student Advisory Board & PHR

We would like to thank you for your participation in the Physicians for Human Rights Asylum Program. Your work will impact the lives of those who have faced persecution, violence, and displacement. You will lay the foundations for a career dedicated to global duty and social justice. It is imperative that each student Asylum Clinic establish themselves as part of a greater network and effort. As a member of this network, your experience, challenges, and lessons learned are essential to the development of our program. We strive to continue learning more about the populations we serve and about the ways asylum clinics can catalyze change in their communities. We ask that you keep in contact with your Regional Chapter Mentors and your Asylum and Refugee Co-Chairs on the Student Advisory Board. Your experience is invaluable, and your work is part of a national effort.