Challenges for Students in the Creation, Growth, and Management of an Academic, Student-run Asylum Clinic

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Abstract

Medical school asylum clinics are complex organizations that blend medical and legal expertise with service to assist individuals seeking refuge from human rights violations. The balance of power shared by the students and faculty who lead these clinics varies widely across institutions, usually in an inverse reciprocal relationship. The Weill Cornell Center for Human Rights will observe its 10th anniversary in 2020 and is notable for espousing maximal student autonomy in the organization’s governance with minimal faculty control or administration participation. This level of autonomy requires that, in addition to successfully running the organization, student leaders must adeptly manage logistical, administrative, and ethical challenges without compromising the trust and confidence of the medical college and larger university. This article describes a series of difficult decisions involving policy, conflict resolution, and resource management made expeditiously by the student leadership. Ethical dilemmas, operational challenges, and the difficulties imposed by an unexpected global catastrophe—the COVID-19 pandemic—are presented alongside detailed descriptions of how these issues were deliberated and resolved by the student leadership.

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1. Introduction

In 2020 the Weill Cornell Center for Human Rights (WCCHR) celebrates its 10th year of continuous existence. Created by a small group of idealistic students and clinicians, the organization is the first medical student-run asylum clinic in the United States and one of the most prominent recognized by Physicians for Human Rights (PHR) (Emery et al. 2015). The WCCHR’s volunteer clinicians and students identify the sequelae of torture and trauma among asylum-seeking individuals through forensic physical, gynaecological, and mental health evaluations. After each evaluation, the student-faculty team documents their findings in a medical affidavit that is used by the client’s attorney in petitioning for legal protection. By uncovering medical evidence, these documents help corroborate an asylum applicant’s narrative of persecution (PHR 2012). Individuals who proceed through the asylum process in the United States with both legal and medical assistance are successful 89 per cent of the time, compared to a 37.5 per cent success rate among those—with and without legal representation—who lack medical documentation (Lustig et al. 2008). In addition to providing forensic medical evaluations, the WCCHR organizes referrals to address the ongoing medical and social needs of our clients, hosts annual asylum trainings for students and clinicians, presents educational programmes at the medical college and at affiliated law schools, and engages in research around various human rights topics.

After 10 years, the WCCHR has provided more than 625 evaluations to individuals from 75 different countries; in 2019 alone, the organization conducted 129 evaluations, consistent with the growing demand for this service (Sharp 2019). Although asylum clinics now exist in many US medical colleges, the WCCHR is notable for its near-total focus on student leadership. In addition to handling all of the WCCHR’s administrative tasks, students are responsible for creating and implementing policies and procedures. Moreover, students supervise students and faculty alike while managing any issues that arise. Two or three faculty members serve advisory roles as Medical Directors, and the student leadership additionally meets regularly with deans and administrators to keep the medical college apprised of the WCCHR’s activities. This transparency and accountability, together with the leadership’s appreciation of the important relationships with the medical college, larger university, and the New York asylum community, provide the foundation for ongoing student autonomy.

The success and prominence of the WCCHR do not come without enduring dedication, pride in a student-run organization, and many hours of hard work added to an already rigorous medical school curriculum. Inevitably, the student leadership encounters logistical, administrative, and ethical challenges that are commonly reserved for more experienced clinicians or administrators. In this article we, the current and former student leaders of the WCCHR, describe a number of experiences in three major areas: ethical dilemmas, operational challenges, and difficulties that quickly arose around the COVID-19 pandemic. For each challenge, we outline the central issue and its antecedents, explain the relevant facets of the WCCHR’s operations, describe the solution that was developed, and delineate the leadership’s plans to prepare for similar situations in the future. We hope that by sharing these reflections, other student-run organizations might benefit from our experience.
2. Ethical dilemmas

Ethical quandaries related to working with asylum seekers have challenged the WCCHR’s student leadership since the organization’s inception. Over the years, we have continually sought to strike a balance between equitably distributing high-quality services and respecting the individuality of our clients.

2.1 Providing medical and social services to our clients

Forensic evaluations frequently uncover medical, psychological, and social needs that require urgent attention, like the beds and winter coats that were needed by a Honduran mother and her children who fled extreme domestic violence at the hands of her partner, the dental and chronic pain treatments that would address the injuries sustained by an Azerbaijani man who was repeatedly beaten because of his mixed ethnicity, or the psychological support that would ease the suffering of our clients who were grappling with post-traumatic stress disorder. Feeling that it would be unethical to knowingly discharge individuals from our service without addressing their needs, the WCCHR responded by establishing the Continuing Care programme to coordinate referrals for our clients and grappled with how best to implement such services. We were aware that some clinicians have uncovered experiences of torture among patients in their practices and proceeded to provide forensic evaluations, and that others have consented to personally treat medical or psychological conditions after first encountering the individual through a forensic evaluation (Asgary and Smith 2013). Indeed, this approach has the potential advantage of limiting the number of times that an applicant is required to recount painful experiences and thereby reduces the likelihood of revictimization (Pettitt and Hirst 2011; Mosley 2018; Paskey 2016). In recent years, however, our legal colleagues report that attorneys working for the Department of Homeland Security have been applying greater scrutiny to asylum cases and incorporating conflict-of-interest arguments that attack the validity of forensic evaluations. In this context, our ethical calculus weighed the benefits of minimizing the trauma of retelling painful stories against the harm of potentially jeopardizing an applicant’s asylum claim through a perceived lack of impartiality from the clinician evaluator. To ensure the absolute integrity of the forensic evaluations, we determined that clinicians and students who conducted an applicant’s forensic evaluation could not also participate in that individual’s care nor serve as case managers to coordinate referrals.

2.2 Equitable allocation of our resources

The WCCHR provides all of its services pro bono: clinicians and students donate their time to schedule and perform the forensic evaluations and prepare the medical-legal affidavits. Students also volunteer their time to connect clients to medical and social services through the WCCHR’s Continuing Care programme. When the clinic was established, all evaluation requests came to the WCCHR through Physicians for Human Rights (PHR), an international, not-for-profit organization for which asylum is one of several humanitarian foci. Initially, all clients referred by PHR were also represented pro bono by attorneys from other not-for-profit social welfare agencies, some of which include Hebrew Immigrant Aid Society, Catholic Charities, and Human Rights First. As the WCCHR became more widely known within the New York asylum community, major law firms became an ever-increasing source of referrals. Within the first few years of the clinic’s existence, private, fee-for-service immigration attorneys learned of the WCCHR and began referring clients. One such enterprising attorney, herself of Middle-Eastern heritage, established an office in...
a Brooklyn neighbourhood heavily populated by immigrants; by word of mouth, this law practice became extremely successful, and she referred multiple clients to the WCCHR for evaluations.

A number of students protested the free provision of our extensive, time-consuming services to individuals who are able to engage private legal counsel, contending that our clinic’s services should be reserved for those who also receive free legal services. Other students disagreed, maintaining that it would be oddly discriminatory not to provide free services to clients simply because they could afford costly medical evaluations offered by private forensic physicians. Because the WCCHR has always had the capacity to accommodate any client seeking evaluation irrespective of economic status, the debate was more of a moral nature than one concerning resources: some students felt that private attorneys were taking advantage of the clinic’s free services and availability. Appealing to our core value of serving any asylum seeker in need, we ultimately resolved to require all attorneys to agree that no time spent working with the WCCHR would be billed to clients. In the evaluation process, this time often entails several hours discussing the case and working on the affidavit with our clinician evaluators.

The WCCHR evaluates only those asylum seekers who already have legal representation. This practice arguably excludes the most vulnerable individuals who are not supported by legal counsel and thus may not realize that they can obtain a forensic medical evaluation to corroborate their experiences of torture. Numerous barriers make accessing this vulnerable population nearly impossible. Because applicants are referred to the WCCHR by PHR or by attorneys directly, the WCCHR currently has no mechanism for identifying individuals in need outside these pools. There are, however, points in the application process at which clinicians are able to access asylum seekers: individuals who apply for asylum affirmatively—those who enter the USA on a valid visa—must complete an interview with an asylum officer who is authorized to either grant asylum or defer the case to an Immigration Judge. Applicants who request asylum at the US border must pass a credible fear interview wherein the applicant successfully demonstrates a ‘significant possibility’ of establishing, in a hearing before an Immigration Judge, persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion if returned to the applicant’s country (USDHS 2018). Individuals without legal status in the USA must seek asylum through the defensive process, which culminates in a hearing before an Immigration Judge who adjudicates the case. One could therefore imagine developing a partnership wherein trained clinicians are present during credible fear interviews, asylum interviews, or immigration court proceedings to screen asylum applicants for torture and trauma. Implementing this strategy would, however, inundate the medical asylum community with a number of evaluation requests that far exceeds our present capacity, and many more clinicians would need to be trained to accommodate the ensuing influx of evaluation requests.

On rare occasions, individuals without legal representation approach the WCCHR to request a forensic medical evaluation. In these cases, we refer the individual to an attorney trusted by the organization. Having legal representation prior to initiating the forensic evaluation process confers a number of advantages: the attorney, being an expert in immigration law, determines whether the client’s case would benefit from a medical perspective, thereby ensuring that evaluations are not applied unnecessarily. Attorneys make this determination after hearing the client’s narrative over several sessions in a safe, controlled, and non-adversarial setting. The attorney additionally works with the client to draft a
preliminary account of the applicant’s experiences, a process that uncovers information that helps focus a forensic evaluation. Moreover, through conversations with trusted attorneys, clients may begin to develop strategies for managing their emotional responses to discussing harrowing experiences, which, in turn, can help prepare the client to speak about their trauma with complete strangers—an ability that will be required of the client in asylum interviews or in immigration court proceedings. Performing a forensic evaluation without prior legal counsel risks exposing an applicant to questioning and a physical examination before the individual is emotionally prepared to discuss truly horrifying experiences. Consequently, the strategy proposed in the preceding paragraph could fail to gather critical evidence and could retraumatize the applicant.

2.3 Navigating the difficulties of conducting research with the asylum-seeking population

The WCCHR conducts research that aims to improve the services we provide to asylum applicants, enhance our training and education efforts, empower advocacy for survivors of torture, and generally advance the scholarship of human rights. Recognizing the wealth of data contained in the hundreds of affidavits already prepared for our clients, the WCCHR has performed a number of retrospective analyses and is planning other studies that use the existing database (Ackerman 2019; Aguirre et al. 2020). The WCCHR has also sought to capture our clients’ unique perspectives and experiences through survey projects and an interview-based study (Geynisman-Tan et al. 2019; Kaur et al. 2020).

Pursuing research that required our clients’ participation elicited several ethical questions, foremost among these being the potential for coercion. Because they rely on the assistance we provide through forensic evaluations, we feared that asylum seekers may not feel free to decline participating in research. The WCCHR therefore implemented safeguards to separate the forensic evaluation and research processes. Critically, prospective research subjects are approached only after completing the evaluation: at the end of the evaluation, one of the students helps the client complete a needs-assessment form that gauges the client’s interest in referrals for various medical and social services, provides space for the faculty evaluator to make clinical recommendations, and asks whether the WCCHR may contact the client about research participation in the future. If the client responds affirmatively to the last question, then a research coordinator contacts the client to discuss research opportunities and invites interested clients to give consent at a later in-person meeting. The clinician and students who performed the forensic medical evaluation are therefore unaware of the client’s participation status. We additionally emphasize—at every step of the consent process—that participation is entirely optional and has no bearing on the individual’s forensic evaluation, affidavit preparation, or immigration proceedings. Above all else, we must ensure that our clients feel confident that their decision about research participation will not influence any of the services provided to them by the WCCHR.

3. Operational challenges

As the WCCHR expanded in subsequent years, the organization began facing technical issues that challenged central WCCHR values. Difficulties securing interpreters forced us to deliberate acceptable conditions for evaluations. Inconsistent success gaining
3.1 Managing imperfect evaluation conditions

The WCCHR employs several measures to safeguard the conditions for every evaluation. In advance of the evaluation, the client’s attorney is required to provide the evaluation team with a draft of the applicant’s personal account, discuss the case with the evaluating clinician, and secure an acceptable interpreter. Together, these policies ensure that an evaluation will uncover documentable, objective evidence and that key aspects of the case, which may be difficult for the client to reveal, are not overlooked. On the day of an evaluation, an on-call student stands ready to address a host of foreseeable issues and can, for example, secure a replacement location, deploy backup student evaluators, assign a medical student as a stand-in translator for a few common languages, arrange telephonic interpretation, and facilitate rapid communication between all parties if the evaluation must be rescheduled.

The following vignette describes a difficult decision made expeditiously by the evaluating team when the prescribed interpreter policy had not been followed by the referring attorney.

A young woman from a religious minority in a small West African nation was referred by her immigration attorney for a mental health evaluation. This case required an interpreter who spoke a rare dialect of an already uncommon language. The woman was seeking asylum because she was being forced to comply with an arranged marriage to a tribal elder in whom she had no interest. Matters were further complicated by her secret marriage to a man she loved—she faced likely violent repercussions, if not death, and profound community disgrace should her real marriage come to light and they discover her to no longer be a virgin. In a complicated scheme worthy of Hollywood, she and her husband were spirited out of their village and relocated to a small community of their tribe in New York City. When it came to her asylum mental health evaluation, she appeared with her husband and a close family friend as the designated interpreter; no professional translator had been found. The evaluating team was thus faced with an immediate quandary: proceed, recognizing that the man’s friendship with the couple would likely intrude on the quality and possibly truthfulness of the interview; or cancel, with the unlikely hope of rescheduling given the case’s urgent status. With little opportunity for reflective discussion with the WCCHR leadership, the evaluating team decided to proceed with the interview through the friend-interpreter.

The preceding episode reveals that theoretical ‘best practices’ and carefully crafted policies cannot, at times, be reconciled with practical realities. The WCCHR’s leadership therefore affords each evaluation team considerable latitude in resolving unforeseen issues, deferring to the judgement of the evaluating clinician. In this instance, the evaluator carefully outlined the pros and cons of the decision to proceed, noting that the essence of the evaluation was accomplished without delving into details of the client’s intimate life (which clearly would have been both difficult and insensitive, given the interpreter). Experiences like this have been instructive to the WCCHR’s leadership: they illustrate that serving a vulnerable population sometimes demands flexibility in the organization’s policies.
3.2 Conducting forensic evaluations in detention centres

In recent years, the WCCHR and other student-run asylum clinics have received increasing numbers of requests to evaluate detained asylum applicants (Sharp 2019). Conducting forensic evaluations in detention centres poses a number of challenges: detention facilities typically lack private rooms and, consequently, detainees are not permitted to disrobe completely, thereby limiting the evaluator’s ability to perform a thorough physical exam. Worse still, the detention guards may be either present through the evaluation or regularly pass by the examination room, precluding the clinician from having a truly private conversation with the detainee.

Conducting evaluations in detention centres is additionally complicated by gaining student evaluators access to the facility. For example, the WCCHR was asked to evaluate a gay, HIV-positive man from the Caribbean who was the target of denigration and numerous physical assaults owing to his sexual orientation. One such attack left him without vision in his left eye. The client’s attorney requested that we send a team to the detention facility to examine the sequelae of the client’s trauma, and one of the authors of this piece was the student evaluator assigned to the case. The clinician was granted access to the facility without issue. Despite being a Co-Executive Director of the WCCHR and having extensive experience participating in forensic evaluations, the student was denied access. Citing language from section 4.3 Medical Care, part FF Examinations by Independent Medical Service Providers and Experts from the 2011 Operations Manual ICE Performance-Based National Detention Standards (PBNDS), the Supervisory Detention and Deportation Officer on duty reasoned that only clinically licensed individuals should be permitted to enter the facility for the purpose of evaluating a detainee (USICE 2011). Just five months later, however, the very same student was permitted to enter the same facility to participate in the psychological evaluation of a detainee from Afghanistan who was persecuted by the Taliban.

Because the guidelines are vague, admission to the detention facility is determined by how the on-duty officer interprets the PBNDS. Consequently, student evaluators are not consistently permitted access to detention centres. In accord with its educational mission, WCCHR policy requires that students participate in every forensic evaluation. However, since student access may be denied only one or two days in advance of the scheduled forensic evaluation, the WCCHR amended its policy to permit clinicians to evaluate detained clients without students present so that an applicant’s asylum claim is not negatively impacted by the unpredictability of detention officers.

Fearing that we might inadvertently force a blanket policy of denying students admission to detention centres, we have not attempted to contact the U.S. Immigration and Customs Enforcement agency (ICE) to resolve the issue. We entreat other clinics to tread cautiously, but note an intriguing counter example: our colleagues at another student-run asylum clinic employ a strategy that circumvents the need to obtain students access to detention facilities. That clinic developed a partnership with a nearby detention facility wherein applicants are transported to the clinic’s hospital campus for evaluation. Although the applicant can be evaluated in a more comfortable setting, the transporting guards may be present and elect to keep the detainee handcuffed throughout the evaluation. This approach thus exchanges one set of challenges for another.

Evaluating detained asylum seekers either in house or in detention is clearly far from ideal: the described conditions risk compromising the integrity and reliability of the forensic
evaluation; forensic evaluations performed in these settings could fail to capture critical, sensitive information surrounding the traumas experienced by an applicant, thereby weakening the client’s asylum claim. Nonetheless, we determined that an imperfect evaluation is far superior to no evaluation at all. Operating under the principle of harm reduction, the WCCHR will therefore continue to evaluate detained asylum applicants.

3.3 Increasing demand for forensic medical evaluations

The organization’s philosophy has always been to accommodate any warranted request for evaluation regardless of referral source and urgency. For several years the WCCHR has faced dramatically increasing demand for forensic medical evaluations: we performed 80 per cent more evaluations in 2019 than in 2017. Whereas most referrals previously came directly from PHR at a steady, monthly rate, rising numbers of direct requests from pro bono immigration attorneys throughout the New York City area have contributed to the surging demand in recent years. In addition to the pressure of greater volume, the urgency of many of these requests—some requiring a final affidavit in days to weeks rather than months—severely taxed volunteering evaluation schedulers and clinicians.

Three developments explain the growing demand. 1, Attorneys whose cases originally came to us through PHR’s referral process began contacting the WCCHR directly for future evaluations. PHR, meanwhile, continued sending referrals from other attorneys as before. 2, Although the WCCHR has never marketed its services, word of mouth within the immigration law community led to new attorneys contacting us on behalf of their clients. 3, Recent changes in federal policy under former Attorney General Jeff Sessions inverted the order that asylum cases were adjudicated, reviewing the most recent applications first. The WCCHR and other asylum clinics received an influx of evaluation requests from attorneys who cited the change as the reason for the timing and urgency of their requests (Sharp 2019). Furthermore, there has been a significant increase in the number of asylum cases adjudicated each year since mid-2017 (TRAC 2020).

Dedicated to accommodating all evaluation requests, the WCCHR responded to the burgeoning demand in two key ways. First, we progressively doubled the number of evaluation schedulers (all volunteer medical students) from three in 2017 to six in 2020, and we created a separate Division of Scheduling under the supervision of an experienced student on the Executive Board. With the increased demand for urgent evaluations and the associated responsibilities of screening cases, communicating with attorneys, training schedulers, and troubleshooting, there was more than enough work for a designated Director of Scheduling. Second, we actively recruited new volunteer clinicians by publicizing the organization and its training sessions to clinical departments at Weill Cornell Medicine. Current WCCHR clinicians were also asked to recruit new volunteers from their personal networks. The 2018 and 2019 training sessions each attracted record numbers of new participants and subsequently expanded the roster of available clinician volunteers. Over the past 10 years, the student leaders of the WCCHR have also helped establish other clinics throughout the country: owing to the integral roles they serve, the WCCHR’s student leaders have developed valuable resources—including manuals, training slide decks, example affidavits, and templates for organizational procedures—and experience that we readily share to help troubleshoot challenges that arise as others start and operate asylum clinics at their home institutions (WCCHR 2015; PHRSAB 2019). Through semi-annual training sessions, which began offering a live-stream option in 2017 to reach distant trainees, the WCCHR
has prepared over 400 clinicians and more than 1,000 students representing over 40 medical schools to perform forensic medical evaluations, thereby expanding the pool of clinicians and students regionally and nationally to meet the increasing demand for this service.

Despite these successful adaptations, there are real limitations to expanding the organization’s capacity further, especially in the face of the constraints imposed by the COVID-19 pandemic (discussed below). Having only finite capacity, the WCCHR may eventually face the unattractive prospect of triaging cases and the actual possibility of denying evaluation services to some applicants. We have long been flexible in accepting cases with deadlines shorter than the eight-week time frame stipulated by the WCCHR’s official policies. As the number of requests for urgently needed evaluations continues to rise, we may be forced to reject cases requiring completion sooner than a strict deadline. Overwhelming demand in the future could alternatively be addressed by limiting clients to one type of forensic evaluation: currently, a single client might, for example, receive a mental health evaluation to assess psychological sequelae of trauma and a separate physical evaluation to document any physical evidence. To allow for the optimal distribution of limited resources, we may also face the necessity of discussing referrals in greater detail with requesting attorneys to select only those cases that are most likely to benefit from a forensic medical evaluation. These policy shifts are unappealing to an organization that is committed to helping any asylum applicant in need. Moreover, establishing the standardized criteria needed to implement any of the proposed changes would pose numerous ethical challenges.

4. Response to the COVID-19 pandemic

With devastating consequences for industrialized and developing nations alike, the COVID-19 pandemic has wreaked havoc across the world and has highlighted sharp divides in privilege, particularly in the United States (van Dorn et al. 2020). Those seeking asylum are a particularly vulnerable population and urgently require support from the medical community.

4.1 Conducting forensic medical evaluations remotely

As increasing numbers of COVID-19 cases were documented in New York around mid-March 2020, the WCCHR suspended all in-person forensic evaluations. To accommodate previously scheduled evaluations, we presented clinicians and attorneys with the possibility of performing mental health evaluations remotely. Reflecting their hope that the pandemic would be short-lived and their desire to ensure ideal conditions for collecting forensic evidence, every attorney initially declined the offer, preferring to reschedule their clients’ in-person evaluations. As the end of March 2020 approached, attorneys began actively requesting remote evaluations, recognizing that in-person evaluations would not be possible for quite some time.

Our primary concern in offering remote evaluations was their perceived legitimacy in immigration proceedings: we worried that affidavits based on remote evaluations might be viewed with a more critical eye. Although an accurate Mental Status Exam requires direct observation of the subject, a recent study from the Icahn School of Medicine at Mount Sinai found the efficacy of telephonic and in-person psychiatric evaluations to be comparable across several measures (Bayne et al. 2019). Moreover, video-based telepsychiatry is hypothesized to be as effective as standard psychiatry visits and has been shown to be an acceptable alternative for patients in health-care-poor regions (Hassan and Sharif 2019).
Whether immigration courts hold remote evaluations in the same regard remains to be seen. To safeguard the credibility of the forensic affidavits prepared for our clients, we have instructed our evaluators to carefully explain the need to perform evaluations remotely during this pandemic.

Following PHR’s guidance, the WCCHR endorsed conducting mental health evaluations through video-based software that comply with the privacy regulations stipulated by the Health Insurance Portability and Accountability Act (HIPAA); other clinics have also followed suit (PHR 2020; Firn 2020; Green 2020). Having successfully evaluated a detained client remotely in November 2019—who was granted asylum in early 2020—we could readily apply a similar strategy during the COVID-19 lockdown to conduct remote mental health evaluations beginning on 6 April 2020. Although the data gathered by forensic evaluations of asylum seekers are not subject to HIPAA regulations, the WCCHR subscribes to the highest standards in protecting our clients’ privacy. The WCCHR prioritized video-based software, using telephonic evaluations only when the internet connectivity is insufficient. However, the practicality of remote physical evaluations remains murky. How will scars be documented and measured? Will the video quality be sufficient to adequately characterize any findings? Whereas telemedicine services offer an excellent screening tool for Emergency Departments, we believe that remote physical evaluations may be viewed less favourably by immigration courts. To ensure that we offer our clients services of only the highest quality, the WCCHR will perform only mental health evaluations remotely until proper guidelines are established for forensic physical evaluations.

Are remote evaluations a stop-gap, or are they here to stay? One solution for addressing the ever-increasing demand for forensic medical evaluations might be to offer both in-person and remote evaluations once the pandemic abates. Although it would not address the need for more trained clinicians, this strategy could significantly ease the burden on our student schedulers by eliminating the need for physical space and, hopefully, by expanding access to clinicians, students, and clients. We will critically evaluate whether remote evaluations empower us to sustainably serve a broader population of asylum seekers or are merely the ‘best next option’ in times of crisis.

4.2 Evaluating the need for temporary release from detention centres

As the situation in the pandemic’s epicentre worsened, attorneys submitted urgent requests to the WCCHR seeking review of their detained clients’ medical records. Specifically, clinicians were asked to identify any medical conditions—including disease that affect the function of the respiratory, cardiac, and immune systems—that would render the detainees particularly vulnerable to COVID-19 and to write a letter explaining the necessity for temporary release if appropriate. Because social-distancing measures cannot be effectively implemented in many detention centres, the incarceration of nonviolent asylum applicants poses a profound public health hazard during a pandemic (Akiyama et al. 2020). Moreover, the WCCHR’s student leadership believed that COVID infections arising from detention constituted a human rights violation and therefore felt compelled to allocate resources to this cause.

As we started doing this work, three main challenges came to our attention. Because medical intakes at detention facilities are often brief, problem-focused, or lacking in detail, discrepancies were noted between the prison medical records and the health conditions reported by clients and their attorneys. Our clinicians consequently felt that relying on
incomplete records unfortunately hindered their ability to effectively advocate for detained asylum applicants. Nevertheless, our clinicians continue to rely on their best clinical judgement, while remaining objective and apolitical in their assessments, to determine whether a case merits a letter advocating temporary release.

Complicating matters further, attorneys have made a variety of requests, ranging from informal letters seeking release from ICE custody to formal habeas petitions and expert declarations. These requests differed from standard forensic affidavits in ways that were not always immediately clear to evaluators. Unsure of how best to accommodate certain requests, some clinicians opted to instead prepare letters describing the conditions in detention facilities and explaining the general risks that continued detention posed to detainees during a pandemic. On the other side of the collaboration, some attorneys engaged evaluators in lengthy conversations over the relevance of certain clinical details. Although frustrating at times, these discussions highlighted the attorneys’ commitment to their clients and their need for clinical expertise.

Finally, many asylum applicants are at risk of becoming homeless upon their release from detention, which poses an equally problematic public health hazard (Tsai and Wilson 2020). We therefore work closely with our legal partners to ensure that clients, upon their release, have a place to stay. Notwithstanding the intense workload and challenges inherent to writing expert declarations, our clinicians and medical students have both found the process to be a rewarding learning experience. The WCCHR will continue to offer this service to clients as long as it is needed.

4.3 Supporting asylum seekers during a pandemic
All too often, traumatic events precipitate an individual’s flight from persecution, and a pandemic likely compounds the stress experienced by asylum seekers. Owing to language barriers, limited access to phones or the internet, and various other reasons, this population frequently has poor access to medical and social services. Their traumatic histories may additionally impede these individuals’ abilities to seek medical or governmental assistance. Further, in this complex and continually evolving time, an information gap may exist regarding COVID-19 and asylum seekers’ health care rights.

A pandemic as devastating as COVID-19 begets creative solutions: the WCCHR’s medical students constantly push the organization to discover new ways to support the asylum community. In light of our temporary inability to host in-person events and provide non-essential health care referrals, our students shifted their efforts to explore COVID-19 resources for asylum seekers. Contacting various medical centres revealed that, although the public charge ruling does not apply to those who require treatment for COVID-19, asylum seekers without health insurance may face extraordinarily high medical bills comparable to those faced by uninsured permanent legal residents (USCIS 2020). The WCCHR thus decided to support local non-profits with greater inroads into the New York asylum community by reallocating our events funding to asylum seekers in need of financial assistance and providing our medical perspective to legally-oriented asylum non-profits as requested.

5. Conclusion
Our description of the WCCHR has been arbitrarily divided into the separate categories of Ethical Dilemmas, Operational Challenges, and the special circumstances arising from the arrival of COVID-19. Beyond describing how the organization functions and manages
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There are also many sharable recommendations that may be relevant not only for other similar programmes, but also for student-run organizations in general. We offer three. First, the importance of a clear, focused mission and guiding mission statement cannot be overstated. Finding solutions to many of the problems we have presented began with reminding ourselves of the organization’s primary goals and purpose. The WCCHR’s foundational pillars of service, education, and research continue to help the leadership solve problems and decide on innovations and new activities. Declining a proposal that falls outside these basic parameters is generally a straightforward matter.

A second recommendation or ‘lesson learned’ over the programme’s existence has been the significance of respecting and prioritizing student autonomy as one of the hallmarks of the organization. The students’ pride, enthusiasm, passion, and seemingly limitless energy and work capacity are nurtured and enhanced by the culture and atmosphere that the WCCHR is ‘our’ organization. At one point in the organization’s history, two faculty members attempted to influence and direct the organization in ways that were at odds with the wishes of the student leadership. During meetings and planning discussions, one could feel the energy sucked out of the room as students fell silent and became reluctant to participate. After these two situations were resolved (one faculty member left the organization and the other was asked to leave by the leadership), the enthusiasm and energy quickly returned.

Lastly, the students have learned the value of organizational structures and processes. Unlike comparable programmes housed by other medical universities at which first-year students are thrust into leadership positions, the WCCHR has developed a manageable organizational chart with structured leadership that introduces first-year students to the basic tasks involved in providing forensic medical evaluations to asylum seekers. The WCCHR’s training is one of close peer supervision, apprenticeship, and progressive accrual of responsibilities. In this regard, the organization follows models of traditional medical education in which medical students and new physicians are closely supervised by experienced doctors and gradually entrusted with greater and greater responsibilities. The executive leadership of the WCCHR is reserved for senior students who have been involved with the organization for at least two-to-three years. By the time they are appointed to lead their peers, the student leaders have performed every task within the organization and encountered most of the common problems that arise. And, aided by the organization’s structure and overriding mission clarity, the experienced senior students are consistently able to manage any circumstances that arise, as our examples illustrate.

Student-run asylum clinics bear an enormous responsibility: collaborating with immigration attorneys to provide forensic medical evaluations for asylum seekers. Often, this is a life-saving service. Such an organization cannot transcend myriad challenges without the committed involvement of three participants: students, faculty, and the school administration.

Without students there is no student-run asylum organization. Because they occupy central roles, the students must be passionate about human rights, share desires to lead and shape the organization, and possess strong interpersonal skills that enable them to relate to clients, lawyers, faculty, administrators, and each other. Successful student leaders of the WCCHR have simultaneously relished autonomy and decision making while recognizing the need to maintain consultative harmony with faculty and the administration. Critically, all WCCHR students must also be willing to work long hours at tasks that are often tedious, repetitious, and inglorious. There is no better example than the work of the students who schedule the forensic medical evaluations. Scheduling evaluations—the backbone of
the organization—is a time-intensive, laborious process. Each evaluation requires assessing
the referral, identifying an available evaluator, finding a convenient date, securing a loca-
tion, assigning students, sometimes facilitating the introduction of a newly trained clinician
to observe, and being on call while the evaluation takes place. Each scheduling step usually
involves multiple emails or phone calls; questions and problems invariably arise, requiring
revisions of plans and further work. On top of their academic obligations, five schedulers
organized 129 evaluations—averaging six-to-eight hours per case—for the WCCHR in
2019. Simply put, the WCCHR would not exist without its students.

Faculty fill several key roles within the WCCHR. Medical Directors, invited into the
role by the WCCHR leadership, attend monthly board meetings, mentor student leaders,
and are available for consultation as challenges arise. Several different clinical faculty have
been appointed to this position over the organization’s lifetime. Those best-suited to the
role have demonstrated dual ability as teachers and evaluators, expertise in human rights,
and a commitment to championing the students’ autonomy in administering the organiza-
tion. Because they function in a middle-ground between the WCCHR and the administra-
tion, the Medical Directors must recognize the rare occasions requiring their involvement.

For example, as the WCCHR plans to pursue additional research studies, potentially of
greater scope, the Medical Directors play an important role in lending their experience to
guide the students through logistical and ethical challenges. However, for the most part, the
Medical Directors need to be comfortable allowing students to lead the organization and
even to learn from mistakes.

Faculty are also intrinsically involved in conducting evaluations, composing affidavits,
and the considerable teaching that accompanies every session. Before they can volunteer
their time and skills, prospective faculty evaluators must participate in one of the
WCCHR’s training sessions and observe an experienced clinician perform an evaluation.
This onboarding process conveys the values of the organization, illustrates the WCCHR’s
expectations of the evaluators, and delineates the roles for each evaluation. Rarely, a pro-
spective evaluator finds that this circumscribed role is not for them, but the vast majority
find working with WCCHR students to be an enriching and collaborative experience.

Finally, the success of the WCCHR and the ownership that the students enjoy could not
exist without ardent support from deans at Weill Cornell Medicine. Indeed, as a fledgling
student organization in 2010, the WCCHR depended on the administration’s support in
the form of official sanction and the standard funding afforded to student groups.

Moreover, the organization could not expand its services or realize its research ambitions
without institutional backing. Weill Cornell Medicine and Cornell University soon came to
benefit as much from the WCCHR as the organization benefited from the institutions: the
WCCHR’s increasing visibility brings the university positive press, and progressively
greater numbers of applicants to the medical college cite the WCCHR as a major factor for
their interest in matriculating. Recent changes in national policies have heightened aware-
ness and distress about immigration rights across the nation and, within Cornell, elevated
interest in the WCCHR’s activities. Student leaders were invited to make presentations to
the university’s board of trustees as well as to the medical college’s board of overseers, the
organization made Grand Rounds presentations for individual hospital departments,
alumni periodicals featured articles about the WCCHR, the law school expressed an inter-
est in WCCHR presentations for their faculty and students, and influential alumni began
directing portions of donations to benefit the WCCHR. What began as a dependent rela-
tionship has grown into one of mutuality and reciprocal benefit.
As the WCCHR enters its second decade, the foundational elements of students, faculty, and administration are quite strong and working in synchrony. Problems, challenges, conflicts, and external pressures will no doubt continue to occur, but the WCCHR, carried by dedicated students and the organization’s heritage, is poised to take them on.

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