Stippled pigmentation suggests a cigarette burn. Wide, flat heels where the skin is thick and uneven can indicate Falanga, a type of torture that involves repeated beatings on the sole of the foot with a stick or a rock. A dark, dotted curvilinear scar above the elbow might be consistent with an injury from a wet rope — wet because the survivor’s torturers threw water on it to make it tighter.

These are examples of the human rights abuses documented by University of Michigan students and physicians through the U-M Asylum Collaborative, or UMAC. This student-led organization provides assistance in documenting physical and psychological evidence of torture and persecution for individuals from around the world seeking political asylum in the United States.

Illustration by Brian Stauffer
Photography by Susan Tusa
UMAC brings together legal representatives and U-M medical providers to conduct forensic medical evaluations. Through this process, volunteers document the evidence of human rights violations and provide medical affidavits that can be powerful in supporting asylum seekers’ cases to stay in the country. UMAC is a referral collaborative that works in partnership with the U-M Law School; Freedom House Detroit, a temporary home for survivors of such abuse; and Physicians for Human Rights, or PHR, a national nonprofit organization that oversees a network of 400-plus health professionals offering pro bono forensic evaluations for asylum seekers. When a lawyer in the area has a client whose case would be helped by a medical affidavit, they will submit a form to PHR who will then recruit UMAC to take the case.

In addition to taking on the medical evaluations, UMAC educates medical students and physicians on recognizing and advocating for victims of torture and abuse in clinical practice. The organization also seeks to expand the boundaries of the physician’s professional role to protect human rights both in the United States and abroad.

Wrapped in this mission is an opportunity for first- and second-year medical students to be involved in a transformative clinical experience outside the lecture hall, where they can deepen physical exam skills, cultural awareness and empathy.

“We’re taking on work that could potentially change a person’s life,” says Ginny Sheffield, co-executive director of UMAC and a 2017 M.D. candidate. “So in that way it feels big. It feels bigger than often what I feel like I’m doing as a medical student.”

LITTLE BITS OF GOOD
As military officers raided Zaini Itito’s home in Togo, he hid with friends 40 kilometers away, knowing that he would soon have to flee Africa for his life.

Itito had known the officers were coming. His job as a government border control officer and not-so-discrete affiliation with the opposing political party — one that called for democracy in Togo and an end to the dictatorship of then President Gnassingbé Eyadéma — made him a target for military intimidation. They had arrested him once before and held him in a cell for two days without water. They’d tortured him and forced him to sign a document swearing he would not assist or support the opposition again.

“They said, ‘If we see you doing what we don’t want, we will put you in jail or kill you,’” Itito says.

With the help of friends and supporters within the opposition party in Togo, Itito was able to cross the border into Ghana and get the documentation he needed to board a plane to the United States. He arrived in New York with one bag and not a word of English. He approached a man at the airport he thought might be African, and spoke to him in a familiar French dialect. Amazingly, that man was from Togo, too. He invited Itito to stay with him and eventually helped him find Freedom House in Detroit.

Today, 10 years later, Itito is now a U.S. citizen. He works as the resident services manager at Freedom House, welcoming others like him to the country he says saved his life.

“When new people come and I open the door for them, they relax in their face and they say ‘oh, there’s somebody like me here,’” Itito says. “I tell them, ‘Don’t worry. You will be protected here. This is a safe place.’”

Founded in 1983 and funded through support from government grants, private foundations, religious organizations and individual donors, Freedom House offers asylum seekers like Itito free, comprehensive services including food and shelter, medical care, legal representation, education and job training. The organization operates out of the historic St. Anne’s Church Convent in Detroit. Its top two floors now house about 40 residents at a time, who smile and laugh often, despite the horrors they have been through. The staff occupies a few small offices on a lower floor, and their walls display framed quotes from Gandhi, the Beatles and South African social rights activist Desmond Tutu: “Do your little bit of good where you are; it’s those little bits of good put together that overwhelm the world.”

When an asylum seeker arrives at Freedom House, Senior
Attorney Kelly AuBuchon and her staff perform a legal intake to determine if that person meets the criteria to make a successful asylum case. In order to qualify and eventually get the grant of asylum, an applicant must prove they have a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group or political opinion. Freedom House often works with second- and third-year law students in the U-M Law School’s Asylum Clinic, overseen by law professor Nick Rine, to help build clients’ cases. According to a 2008 study published in the *Journal of Immigrant and Minority Health*, when asylum applicants have a medical affidavit to corroborate their testimony, chances of getting asylum increase from about 40 percent to 90 percent.

Rine recalls instances when he’s had to convince his own primary care physician to perform the medical evaluations for his cases. Since 2006, Freedom House has represented nearly 140 asylum cases that required medical affidavits using a single volunteer physician evaluator. Meanwhile, the United States Citizenship and Immigration Services in Chicago, which serves 15 states including Michigan, receives approximately 300 new asylum applications per month.

“It’s quite common that our clients have either or both physical or psychological injuries that corroborate their stories about torture and persecution, so a medical examiner who can submit a medical affidavit is considered very useful,” Rine says. “But finding people who are prepared or able to provide the necessary services without being paid for them can be a real problem.”
Through their participation in U-M’s student chapter of PHR, Jamie VanArtsdalen and Anna Meyer, both 2015 M.D. candidates, learned of the unmet need for physicians who could provide medical affidavits in the Midwest and founded UMAC. They modeled the collaborative after the student-run clinic at Weill Cornell Medical College, the first of six student-run asylum clinics at a U.S. medical school. In doing the background research to establish UMAC, VanArtsdalen was struck not only by the demand for asylum clinics, but also by the number of torture survivors who show up seeking care in U.S. emergency rooms.

“Even beyond just doing the medical affidavit work, having the general awareness that this happens and you will see it throughout your career is also really important,” she says. “It’s something I will take away, and it will be valuable throughout my residency and career.”

After a training session in November 2013 led by experts from PHR, the first UMAC evaluation took place in January 2014. To date, 16 U-M physicians and more than 50 medical students have been trained to conduct evaluations.

“Most of us became involved through our connections with others who are interested in global health,” says Stephanie Chalifour, UMAC co-executive director and a 2017 M.D. candidate. “We have several Peace Corps volunteers, and many of us have done work in developing countries. So it was a group of people who were really drawn to each other already, and then this project got us all really excited.”

The students work closely with a committee of advisors made up of faculty from the Medical School and the Law School, including Rine, and lawyers from the U-M Health System and Freedom House. UMAC has been able to take on 30 percent of Freedom House’s cases over the past year. The group hopes to continue training physicians and students to take on more and different types of cases, including human trafficking and others in which survivors of human rights abuses are seeking legal protection. They also plan to use UMAC as a platform for more joint activities between the Medical School and the Law School, including a seminar series.

“They really took it and ran with it,” says Michele Heisler, M.D. (Residency 2000, Fellowship 2002), a U-M professor of health behavior and health education and of internal medicine who is on the board of PHR and is the faculty advisor to UMAC. “It is inspiring what they have accomplished in such a short amount of time. UMAC
has become an important, experiential way of reinforcing key lessons we want our medical students to come away with. We believe that health is a human right and that, as physicians, we should recognize the links between health and human rights. That’s the professional ethic we want to instill in U-M medical students. No textbook can teach what the medical students learn by participating in UMAC’s evaluations: hearing the stories of the applicants and trying to understand what they survived; learning how to conduct a thorough but sensitive interview and to document the physical and psychological evidence of the persecution the applicants experienced.”

So far, says AuBuchon, all of UMAC’s cases are still pending in the Asylum Office, which is experiencing a backlog due to area immigration judges being tapped to handle the influx of unaccompanied minors crossing the U.S. border. Most of the clients UMAC has worked with have fled from Sub-Saharan Africa — places like Nigeria, Uganda, Cameroon and Kenya — where you can be arrested and prosecuted for being gay. LGBT refugees are the second most common type of asylum seeker Freedom House sees after those who have been persecuted for their membership in an opposing political party. Many of these refugees were leaders in their communities before being targeted by the government — simply for what they believe or who they are.

“They’re the people who stood out against something that was going wrong, knowing harm could come to them but still trying to make the change in the world,” AuBuchon says. “And I think that’s exactly who we need in the United States.”

“AN INDELIBLE EXPERIENCE
Michigan students are making it possible for more asylum seekers to get the evidence they need to stay in the U.S. Working on weekends in borrowed clinical exam space in the building that formerly housed Mott Hospital, UMAC’s physician- and student-volunteers examine asylum seekers with an important question in mind: Do the scars — physical, psychological or both — support the story?”

“These are stories that are heart-wrenching,” says Meyer, who participated with Heisler in UMAC’s very first evaluation. “I experienced a lot of sadness and outrage at the abuse. It’s very emotionally difficult work.”

The work is also very different than the typical doctor-patient interaction. The tools, for example: A tape measure is much more useful than a stethoscope in documenting the terrible things people can do to each other. Evaluators are discouraged from wearing their white coats because a uniform of any sort can be intimidating to torture survivors. They’re also discouraged from thinking of asylum seekers as patients at all.

“It is a blurred line for physicians, and it can be a challenge to see someone as a client rather than as a patient,” Sheffield says. “But the judge wants to see that you are an independent observer. You’re there to document, and you’re not involved in this person’s care in the traditional sense because if you are, then you are biased. So we have to be careful to remain unbiased in that sense.”

Though an attending physician leads the exam, the two medical students assigned to the case do the bulk of the research. They study the torture methods, sociopolitical background and events in the client’s region at the time of their torture, so the physician knows what type of scars and other evidence to look for. They also take notes and diagram the abuse during the evaluation. The team then works together to draft, sign and send the affidavit to the client’s lawyer. Then, they wait.

“It’s an experience the students describe as grounding, rewarding and meaningful — one that stays with them long after they leave the exam room.

“Medical school has its ups and downs, and sometimes you lose perspective when you’re sitting in a dark room in the middle of the night, reading about clinical pathways and trying to jam them into your head,” Sheffield says. “But then you have an experience like this, where you see someone who has struggled so much, and even if there’s just the tiniest thing you can do to help them, it makes it worth all the time you spend trying to cram things into your head and learn as much as possible. It becomes easier to remind myself why I’m here.”