

Remote evaluations for humanitarian parole of asylum seekers to the United States - The case of MA

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Introduction to the reader:

This case seeks to demonstrate the value of remote evaluations conducted by health professionals for the purpose of applying for humanitarian parole. In this case, a survivor of labor trafficking, kidnapping, and sexual violence in her home country endures additional physical and psychological suffering after experiencing physical and sexual assaults while awaiting entry into the United States to seek asylum. As increasing numbers of migrants seeking protection arrive at the United States' southern border, immigration enforcement deterrence policies keep many asylum seekers in limbo. Remote evaluations conducted by health professionals to document physical and psychological disorders for the purpose of applying for humanitarian parole can help to prioritize the most vulnerable cases (Mishori et al, 2021).

Background

Patient MA is a female in her mid-30s seeking asylum in the United States. As a child in her home country in the Caribbean, her biological mother offered her as payment for a debt to a wealthy woman. Through her childhood, she provided uncompensated household labor to this woman until MA became an adult and married a man with whom she had a son. Later, MA and her son were kidnapped and held for ransom. When her husband was unable to pay the ransom, she was repeatedly sexually assaulted in retaliation and her son was deprived of food and water. When they both were finally released, MA's husband and his family rejected her after she disclosed the episodes of sexual violence. Fearing for her life and safety, she flew with her son to South America and travelled north to seek asylum in the United States. During the journey, she was exposed to significant secondary trauma. At the US-Mexico border, MA was assaulted by two men, both physically and sexually. She received only limited care following the attack. A medico-legal evaluation of MA was conducted using remote communication technology by a physician as part of her humanitarian parole application while she remained in Ciudad Juárez with her son. In contrast to asylum evaluations, which may correlate past trauma to physical and psychological signs and symptoms, the purpose of humanitarian

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parole evaluations is to document ongoing medical vulnerability as a compelling basis to be allowed to temporarily enter the United States on humanitarian grounds.

Ethical considerations

Verbal informed consent was obtained from the patient for the publication of this case report.

Psychological signs and symptoms

As a child, MA had been told that she had been orphaned and was not aware that her mother had voluntarily relinquished her for financial benefit. The arrangement of poor children living with wealthy families and performing unpaid housework was somewhat normalized in her culture, despite meeting international definitions of child slavery (Blagbrough, 2008). As an adult, she enjoyed a relatively stable and happy relationship with her husband and son and endorsed no history of depression or anxiety. However, she began to exhibit active symptoms of severe PTSD following the kidnapping and sexual assault in her country of origin.

Her PTSD symptoms included (but were not limited to) intrusive and unwanted memories from the episode; physical and emotional reactions to these memories; avoidance of trauma reminders (such as interaction with men); diminished interest in activities; feelings of detachment; irritability; hypervigilance; problems with concentration; and sleep disturbances. She also developed various symptoms of severe major depression, including impaired sleep, loss of interest, guilt, low energy, difficulty with concentration and decreased appetite. Her symptoms initially started to improve when she was able to leave her country of origin with her son. However, they acutely worsened when she witnessed numerous acts of sexual violence while crossing through the Darién Gap of Panama.

Once she reached the US-Mexico border and became temporarily settled in Ciudad Juárez while awaiting legal processing to cross the border, she remained highly symptomatic as she did not feel safe in her environment. She experienced significant emotional volatility and became increasingly depressed. Her state of constant fear then became unbearable after she was abducted and physically and sexually assaulted by two men. She was thrown into a car, bound, blindfolded, and taken to an undisclosed location, where she was raped and punched in the face. At the time of the medico-legal evaluation, which was several weeks after the assault, she scored a 58 on a version of the PCL-C in her native language, indicating a high severity of PTSD. On a culturally and linguistically appropriate validated depression inventory she scored within the severe range for depression.

Physical signs and symptoms

By the time of the remote evaluation, MA's immediate wounds from the assault were no longer visible, but she possessed contemporaneous time-stamped photos of her injuries for review. She further endorsed intermittent acute-onset episodes of shortness of breath and pleuritic pain. These episodes were becoming more frequent and she expressed an intense fear that she could be gravely ill or dying when these pain episodes occurred.

Interpretation and conclusion

MA's physical and psychological findings are consistent with the traumatic experiences she reported. MA suffered from serious and chronic PTSD and major depression due to the compound trauma she endured, made worse by the persistent insecurity she felt while she remained in Ciudad Juarez, where she had been recently raped and assaulted. Additionally, her report of intermittent transient pleuritic chest

pain and shortness of breath associated with feelings of impending doom was suggestive of panic disorder, though this would be a diagnosis of exclusion and was felt to merit additional workup. Following the remote medical evaluation, these findings were reported in a letter documenting her physical and psychological vulnerability and she was granted humanitarian parole and allowed entry into the United States, where she has now settled and is receiving appropriate care.

Discussion

Increasing numbers of humanitarian parole evaluations are being conducted remotely by clinicians in the United States. MA's evaluation began with a group discussion thread with all those involved over a secure chat platform (WhatsApp). The evaluator first provided a clear overview of the logistics of the evaluation (e.g., start time and expected duration, participants present and their roles, need for adequate signal/data, importance of being in a private location, inability to provide treatment). Once it started, the evaluation initially took place with video enabled, but it was quickly converted to audio-only due to limi-

tations with the client's data network speed. The lack of a video stream for the majority of the encounter was not felt to have compromised rapport-building and, based on the client's account, may have made sharing some of the details of her past assaults less difficult.

MA's case highlights the utility of using remote evaluations to provide a prompt assessment of the psychological and physical symptoms of trauma victims residing in triggering and unsafe environments. Such an assessment can support an application for humanitarian parole, which has become an increasingly important legal mechanism to allow asylum seekers to enter the United States in the setting of recent border policies of deterrence (including metering, Migrant Protection Protocols, and Title 42). Remote psychiatric evaluations using a telephonic format have been shown to allow clinicians to obtain complete histories and make equally satisfactory diagnoses and recommendations (Bayne et al, 2019). While there are challenges to remote evaluations (such as those cited pertaining rapport building or technical difficulties), clinicians surveyed have consistently noted that they are able to achieve the goals of the eval-

Table 1. Advice in documenting physical and psychological trauma during remote evaluation (Raker and Niyogi, 2022; Tertsakian, 2018)

Psychomedical/Legal Considerations	Technological Considerations
Allocate longer period for establishing trust	Ensure adequate connectivity and charge of devices
Clarify the relationship of the referring attorney to the client and the limitations of their legal assistance	Choose a secure platform and consider attaching to an evaluation-specific number (e.g., Google Voice)
Be aware of the limitations that can accompany remote evaluations (e.g., not being able to observe body language in audio encounters)	Establish alternative plan in case of technology failure
Identify follow up plans in case patient demonstrates risk of danger to self or others	Confirm client is in a safe and private space for the duration of the interview

uation within the remote setting (Mishori et al, 2021). Of course, there are important practical measures to consider when conducting these evaluations. An overview of these best practices can be found in the attached table.

MA's case, where her environment had already put her at significant risk and was continuing to trigger her PTSD and depression, exemplifies the benefits of a prompt evaluation. At the same time, it also identifies potential risks in conducting them in the cross-border setting, particularly when interviewing clients in a city where you have not worked directly or are not connected to any local partners. Indeed, it is important to consider potential action plans in the case of a client's reporting active suicidal ideation, developing a panic attack during the encounter, or divulging medical issues requiring exigent response. Furthermore, referrals for these evaluations often come from attorneys or legal service organizations that are not fully or even partially representing the client, but rather providing limited supportive services such as preparation and filing of initial paperwork. As such, there is often much less information on the client provided up front than in the case of forensic evaluations of clients referred by their full legal representatives. While these considerations must be weighed carefully, the need for remote evaluations of cross-border clients seeking entry through humanitarian parole is great, highlighting the

need to identify best practices and provide a pathway for formal training and mentorship for interested providers.

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