

Writing Medical-Legal Letters in Support of Humanitarian Parole

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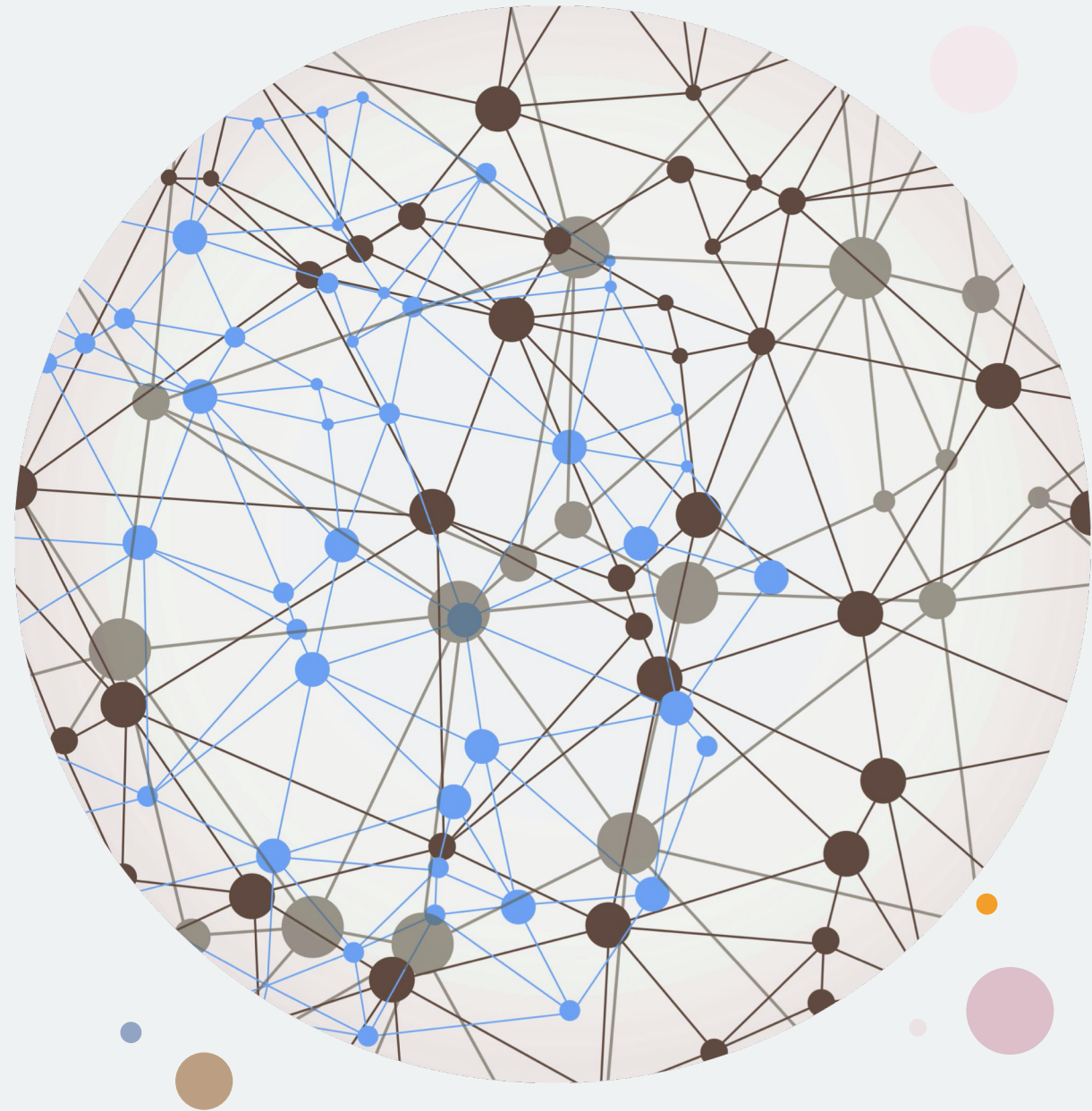
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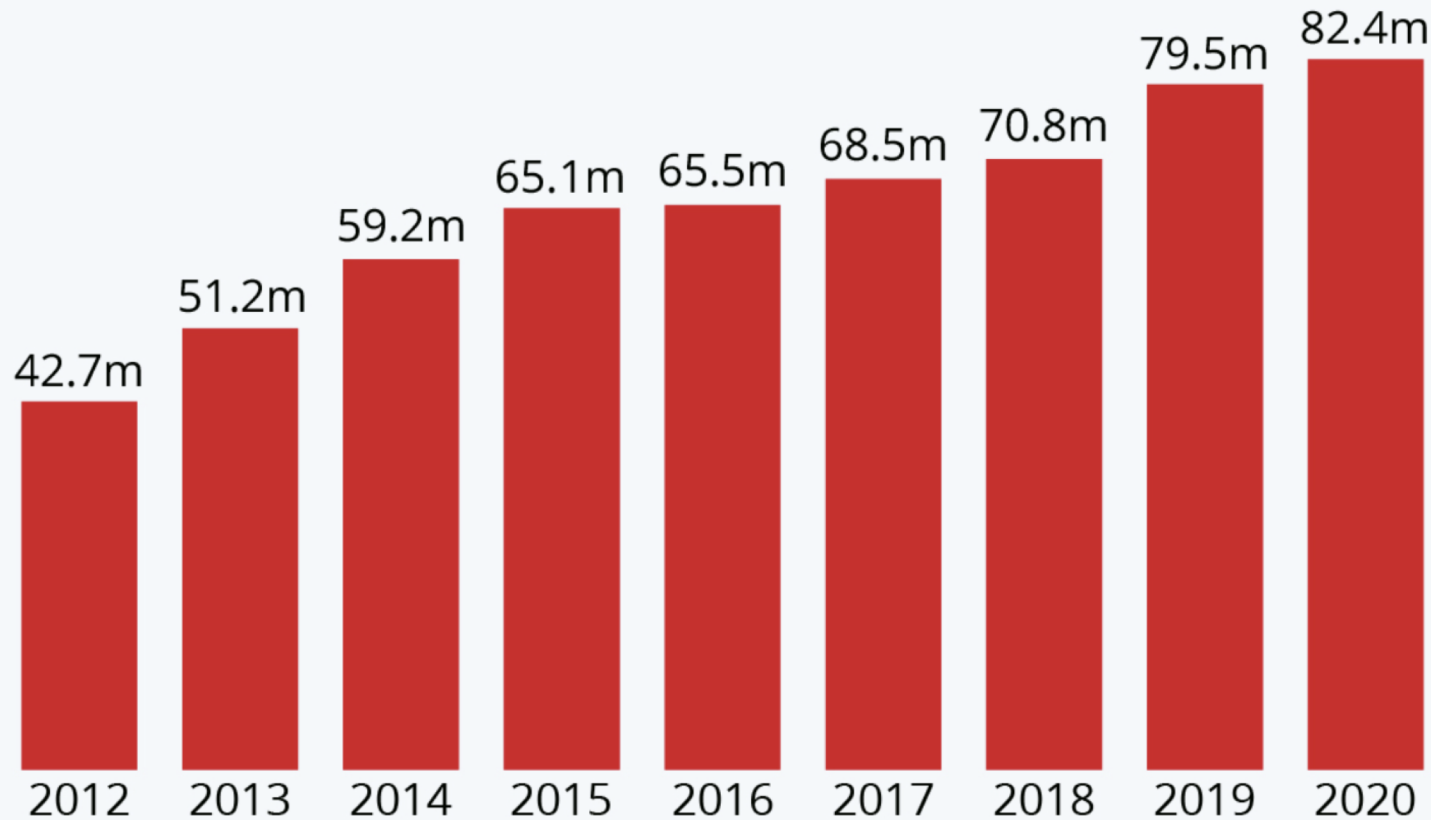
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Number of Forcibly Displaced People at Record High

Number of forcibly displaced people worldwide by year*



* Internally displaced, refugees and asylum seekers.

Source: UNHCR



**1 in every 97
people**

**in the world are forcibly
displaced**

*About half are children
About half are women and
girls*

EVERY MINUTE

25 people are forced to flee

EACH DAY

37,000 people are forced
to flee their homes



Source: UNHCR, 19 June 2019





The Asylum crisis at the Tijuana-San Ysidro border



2016-2020: Metering

- Appointment system organized by Grupo Beta

2019/2021-present: Migrant Protection Protocol

- Between 57,000 and 90,000 people have been returned to Mexico to await court hearings

2020 – present : Title 42

- Closed the border to migrants and asylum seekers under the pretext of addressing COVID19

> [Health Equity](#). 2021 Apr 30;5(1):277-287. doi: 10.1089/heq.2020.0144. eCollection 2021.

Continued Trauma: A Thematic Analysis of the Asylum-Seeking Experience Under the Migrant Protection Protocols

Madeleine C Silverstein¹, Rebecca F P Long¹, Elizabeth Burner², Parveen Parmar³,
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Neither Safety nor Health: How Title 42 Expulsions Harm Health and Violate Rights

July 28, 2021 | Asylum, United States

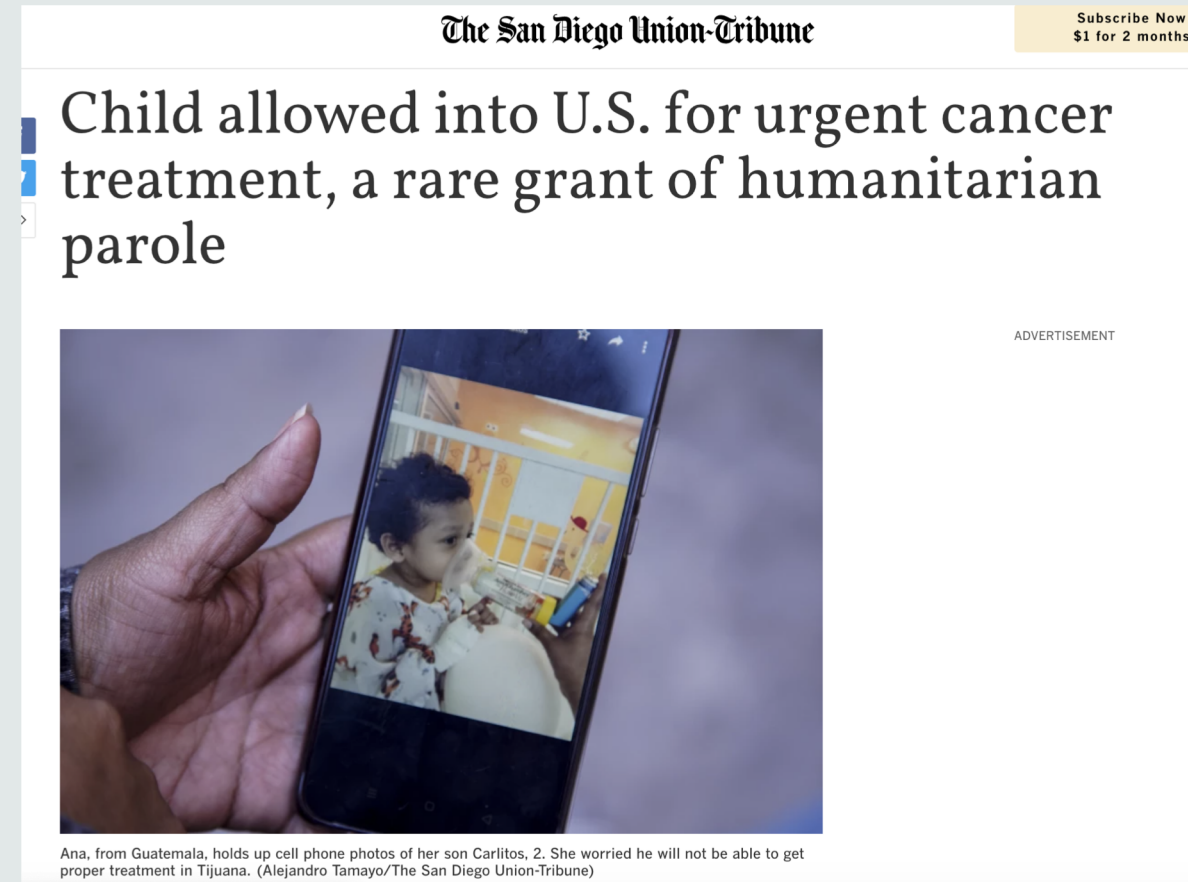


Vision: To provide ethical, holistic, integrated, trauma-informed, and culturally-inclusive care and advocate for all displaced and populations made vulnerable along the US-Mexico border in collaboration with activists and existing healthcare organizations.

We are working toward a world in which every individual has the right to stay, the right to move, and the right to return in the pursuit of health and wellness.

What is Humanitarian Parole?

- Humanitarian Parole is granted by the US government to an individuals who “have a compelling emergency and there is an urgent humanitarian reason or significant public benefit to allowing you to temporarily enter the United States
- Generally speaking, asylum seekers are allowed to stay until their asylum case is adjudicated
- In Tijuana, Humanitarian Parole requests are sent to the port director at the San Ysidrio point of entry, who determines whether they will be granted parole or not.



What is your role as a medical provider

- Evaluate the case and determine if the patient is eligible – in other words do you feel that the person cannot get adequate medical care for their condition in Tijuana
 - If yes: you would then write a letter that testifies to why you believe (with your medical expertise) that this is true
 - If no: refer back to our clinic with any recommendations
- You are not liable for any patients nor are you promising service when they enter the United States. You are simply putting your expertise on paper
- This IS NOT a forensic evaluation – it does not address a person's right or eligibility for asylum

Process for writing the letter

- 1) You will receive full instructions, template and letterhead from us in an email
- 2) You will be assigned a case:
 - Name
 - Phone number
 - Age
- 3) You will contact the patient via WhatsApp
 - For peds – the parent's contact info will be given
 - If you need an interpreter
 - Tarjimly is free: <https://www.tarjim.ly/en>
 - You can usually use your home institution's translators or a friend/colleague who is fluent
- 4) Write the letter and send it to medical-legal@refugeehealthalliance.org within one week
 - We assign it to a lawyer

Process for writing the letter: Tips

- Have the patient **send you any labs or imaging in advance** via Whatsapp to review
- You will also need their **date of birth and full name** of the patient only (I have them send passport or ID)
- If you need additional studies and testing, that may be possible but we have a limited budget. **Sometimes we get children across the border simply because the workup is unavailable to them.**
 - If you absolutely need something, you can send them to our clinic. Please contact medical-legal to arrange this
- If you are unsure if a service is available in Tijuana the general rule of thumb is this: **no access to a pediatrician (only to generalist in our clinic), no access to specialty services (or difficult to obtain), no access to advanced imaging, no access to disability or rehabilitation services CURRENTLY under the Mexican public health system**
- It is fine to pursue a workup in Mexico or treatment in Mexico **but this takes a long time and it may fail, so please write the letter in addition to doing that.**
- It is also FINE if you don't think the patient is eligible. Feel free to just email us that. Our physicians in Mexico are not specialty trained and sometimes refer non-urgent cases.



REFUGEE HEALTH ALLIANCE

— BEYOND BORDERS —

1/23/2022

Date of Birth: [REDACTED]

To Whom it May Concern:

I am writing this letter on behalf of [REDACTED] a 13 year old female from Lazaro Cardenas Michoacan who is currently in Tijuana, Mexico with [REDACTED] mother suffering from granulomatosis with polyangiitis. I conducted a virtual independent evaluation of [REDACTED] on January 21, 2022. I am an American trained physician fully licensed to practice medicine in the state of California. I am trained in Pediatrics and currently work at Cedars-Sinai Medical Center as a pediatric hospitalist and a clinical instructor. I also help run a non-profit organization for migrants and refugees in Tijuana, Mexico.

I have reviewed [REDACTED]'s medical history and spoke with her mother at length. As per her mother, Angela developed purple spots (purpura) on bilateral feet in May 2020, and was taken to a clinic for evaluation where she was diagnosed with a kidney infection and discharged home with antibiotics, lasix, and pain medication. However, [REDACTED] began to have worsening symptoms including fever, difficulty walking, as well as body aches and returned to the clinic for additional evaluation. At that time, an infectious disease workup was initiated and she was diagnosed with rickettsia and started on additional antibiotics. However, she continued to worsen clinically and was admitted to the hospital where additional workup was initiated due to concern for possible autoimmune process. Given limitations in resources, the patient was transferred to a hospital in Guadalajara, Mexico in August, 2020 where she was ultimately diagnosed with granulomatosis with polyangiitis. Angela was initially seen by a rheumatologist and nephrologist and started on therapy in Guadalajara. However, due to fear of severe harm and possible death from domestic violence (by her father), [REDACTED] and her mother fled Guadalajara in September, 2020 and ultimately settled in Tijuana, where she currently remains. Angela was last seen by nephrology and rheumatology in September 2020 where she was started on prednisone and Azathioprine. She also received 4 units of rituximab, a monoclonal antibody treatment.

Granulomatosis with polyangiitis (GPA) is a life threatening, necrotizing antineutrophil cytoplasmic autoantibody (ANCA)-associated systemic vasculitis, predominantly affecting small-sized arteries in the upper

autoantibody (ANCA)-associated systemic vasculitis, predominantly affecting small-sized arteries in the upper and lower respiratory tract as well as the kidneys. Other manifestations of the disease include cutaneous (skin), ophthalmic, neurologic, and cardiac involvement. Therapy for this disease consists of induction of remission with immunosuppressive therapy as well as maintenance of remission with immunosuppressive therapy to prevent relapse. The patient received rituximab, an antineoplastic monoclonal antibody in combination with prednisone (steroid) therapy. She was also started on Azathioprine which is another antineoplastic agent and remains on this therapy at this time. These medications require very close monitoring as they can be extremely toxic but also lead to immunosuppression, placing the patient at significant risk for serious, life threatening infection. All patients with GPA should be closely monitored as they may be at risk for complications such as pulmonary hemorrhage and kidney failure. Typically, patients with a new diagnosis of GPA are followed every 2-4 weeks for the first 3 months and subsequently every 2-3 months in order to evaluate the patient's response to therapy as well as the toxicity of the regimen. As it is evident in [REDACTED] case, she has not been able to have the appropriate follow up to manage this life threatening disease. She requires specialized care and close follow up from a pediatric rheumatologist, pediatric nephrologist, as well as pediatric ophthalmologist. The patient is currently living in a shelter in Tijuana where she is constantly exposed to many factors that place her health and life at significant risk.

Given the current state of healthcare provision in Tijuana, the barriers to obtaining quality medical care, and the complexity of the patient's medical condition [REDACTED] currently does not have access to the medical care needed to adequately prevent risk of decompensation and subsequent poor health outcomes including significant pulmonary hemorrhage, renal injury, renal failure, vision loss, and serious bacterial infection leading to sepsis. We hope you will consider allowing [REDACTED] to await her asylum hearing in the United States where she will have access to the healthcare treatments she requires. **In summary, it is my medical opinion that if [REDACTED] were to remain in Tijuana, she would be at significant risk of undue and preventable harm, worsening of her medical condition, severe illness and premature death**

I am happy to answer any questions that may arise.

Sincerely,

[REDACTED]

Romina Kim, MD
State of Licensure/Medical License Number: California,
DEA number:

How do we get cases?

- In the past we took referrals from legal organizations (specifically we work with Al Otro Lado, ImmDeff and Jewish Family Services) however that caused too much burnout and many non-urgent referrals
- Currently: our local physicians (non-specialty trained generalists in Mexico) and volunteers refer cases to our medical legal services (5-10 per week)
- We complete some of evaluations in Tijuana and others were refer to remote physicians of various specialties (YOU!)
- When you send them back to me, I refer the cases onto local free legal organizations who then present their cases formally to Customs and Border Patrol (CBP)



AL OTRO LADO

What to tell families

- You are a volunteer physician with Refugee Health Alliance
- All of our services are FREE and the legal services are FREE. If anyone is telling you that their lawyer is asking for \$\$ please refer the case to me
- If you write a letter:
 - Please tell the patient **it can take 1-2 months** for them to have a response
 - **Any updates on the cases should be requested from lawyers not you – we simply don't know so please don't have them ask us.**
 - If the letter fails, we can write another letter if you think the child is getting worse (don't tell this to families but just FYI)
 - Please tell the families to keep this to themselves because we cannot write a letter for all children in Tijuana and can only let the most vulnerable through. If we have too many people asking we may need to shut down the program (secondary to local provider burnout)

Other volunteer opportunities

- Come join us on the ground!
- Volunteer opportunities:
 - Weekday clinics at Resistencia en Salud/Justicia en Salud
 - Saturday Shelter Outreach
- What we need:
 - Physicians, PAs, NPs, Psychologists, Therapists, Midwives, Nurses, Students, General Volunteers
- What you need to get involved:
 - A valid passport
 - Proof of Covid Vaccination
 - Medical License
 - Ability to speak Spanish or Creole (Please try to bring an interpreter with you if possible if you don't speak either language)
- How to sign up:
 - Go to www.refugeehealthalliance.org
 - Go to "Get Involved" and click on "volunteer" or "Saturday Outreach"

English Spanish



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5. Contact us: rha@refugeehealthalliance.org
6. Romina Kim: rominakim@refugeehealthalliance.org
7. Hannah Janeway: hjaneway@refugeehealthalliance.org



Without you, this year wouldn't have been possible

thank you!

Questions?

