# Medical Legal Partnerships in Asylum Cases

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## ABSTRACT

The number of immigrants arriving and residing in the Deep South, an area historically considered unfamiliar and inhospitable to immigrants, has risen in recent years, leading to heavier caseloads for immigration lawyers and judges and less-than-ideal conditions for asylum-seekers. To address these circumstances, one group of lawyers, psychologists, and doctors—the medical-legal partnership embedded within Luke's House Clinic in New Orleans—has coalesced to provide comprehensive physical and psychological evaluations, as well as legal services, to the thousands of immigrant detainees and non-detainees in Louisiana alone. The advantages of such medical-legal partnerships (MLPs) lie in their ability to share resources, information, and personnel to achieve more efficient and effective outcomes for their participants. The Luke's House MLP and other MLPs like it, such as the MLP of Southern Illinois (MLPSI), the HELP: MLP in southeastern Pennsylvania, and Terra Firma in New York, have shown large returns on investment and successfully effected positive legal and policy changes for vulnerable individuals in their communities. This paper discusses the successes of these MLPs, and the operation of the Luke's House MLP in particular, to demonstrate the role that MLPs can play in the ever-demanding pursuit of asylum in the U.S. and the situation of detention on the border.

## KEY FINDINGS

- Medical-legal partnerships have proven successful in other contexts. For example, the Medical Legal Partnership of Southern Illinois (MLPSI) had a 271% return on investment from 2002-2009.
- Policy changes beginning in the mid-1990s have played a central role in the increasing number of people in immigration detention and the rising number of asylum cases on immigration judges' dockets.

- 60,000 people are currently awaiting asylum hearings on the U.S.-Mexico border.
- Medical forensic evidence increases the likelihood that asylum will be granted (30% v. 85%).
- Legal cases increasingly challenge current immigration detention practices on the grounds of medical indifference, punitive conditions of confinement, and blanket parole denial.
- The most common psychiatric diagnoses amongst displaced people are Post-Traumatic Stress Disorder (PTSD) and Major Depression. Amongst refugee populations, 3.6% of men and 9.7% of women demonstrate symptoms of PTSD. Rates of PTSD can be as high as 35% in post-conflict settings.
- Chronic pain is a common condition affecting nearly 50% of asylum seekers.

# Introduction

The past two decades have seen an explosion in the number of individuals being held in immigration detention centers on the southern border of the United States. This upward trend can be partially explained by several policies instituted before and during the Trump administration. Two laws passed in 1996, the Illegal Immigration Reform and Immigration Responsibility Act (IIRIRA) and the Antiterrorism and Effective Death Penalty Act (AEDPA), resulted in the doubling and, sometimes, tripling of immigrant populations in the southern states, as well as a sharp increase in the number of detainees along the border. In 2019, a Department of Homeland Security (DHS) decision to rescind a federal immigration policy known as "catch and release" led to a greater number of immigrants being held in detention centers on the border and in Mexico while their asylum cases were pending. The "migrant protection protocol" or "remain in Mexico" program initiated by the Trump Administration resulted in more than XXX asylum seekers living in border towns along the US-Mexico border. Rampant kidnappings, trafficking and violence in these towns has exacerbated physical and psychological conditions resulting from an asylum seekers original trauma.

Regardless of an immigrant's detention status, a greater percentage of asylum cases are being denied as a result of the draconian policies promulgated by the Trump administration. For example, Attorney General Jeff Sessions' 2018 ruling that domestic violence and gang violence did not constitute sufficient grounds for asylum precipitated a marked rise in asylum claim denials, most acutely impacting Central American women and children. Moreover, in 2019, DHS and DOJ published a regulation that added a new bar to eligibility for asylum-seekers who, en route to entering the United States through the southern border, transited through a third country and did not apply for protection there. A total of 25,096 individuals were subject to the bar between July 16 and September 30, 2019, including 398 who were eventually exempted from the bar because they were victims of severe trafficking or applied for protection in a third country. As of February 24, 2020, another 10,468 individuals subject to the asylum bar had established eligibility to apply for statutory withholding of removal or protection under the Convention Against Torture. In addition, the United States signed Asylum Cooperative Agreements (ACAs) with Guatemala, Honduras, and El Salvador in 2019. ACAs allow DHS to transfer asylum claimants to one of these three countries to seek protection, as long as it is not their country of origin. None of the ACAs, however, went into effect during FY 2019.

How can legal and medical professionals collaborate to impact issues of immigration in the United States? The purpose of this white paper is to discuss how medical-legal partnerships can be applied towards resolving asylum cases in the United States in the context of a specific case study: the MLP embedded within Luke's House Clinic in New Orleans. This paper will explore the tools that MLPs employ to integrate medical and legal services and improve outcomes for underserved populations, specifically asylum-

seekers. Does the collaboration of legal and medical professionals significantly improve health, legal, and social outcomes for MLP participants? What questions remain unanswered? What does the future of these programs look like?

This paper will begin with a brief definition of MLPs and examples of other MLPs that have been successful in terms of return on investment, referrals made, or health outcomes. MLPs are built off the understanding that lawyers have particular skills and connections that can improve medical outcomes, and that doctors have medical knowledge and methods of diagnosis that can, in turn, improve legal and social outcomes. One example of an MLP that has proven successful in a rural context is the Medical Legal Partnership of Southern Illinois (MLPSI). The MLPSI had a return on investment well over 200% and won or positively resolved 169 cases involving Medicaid, Social Security benefits, power of attorney, family law, employment, and housing between 2007 and 2009 alone (Teufel et al. 2012, 708-709). Similarly, in the past three years, the Health, Education, and Legal Assistance Project: A Medical-Legal Partnership at Widener University (HELP: MLP) has assisted over 400 participants and their family members with a wide array of legal issues, including public benefits, housing, disability benefits, employment, debt collection, and more (Atkins et al. 2014, 205).

The paper will then proceed to discuss the MLP embedded within Luke's House Clinic in New Orleans, a case study of MLPs in asylum cases. Asylum conditions in Louisiana exemplify the troubling circumstances of asylum and immigration detention across the American South. The MLP at Luke's House, a collaboration between representatives of Loyola Law's Immigration Law Clinic and Physicians for Human Rights, contends with a detention population of over 8,000 people and asylum denial rates ranging from 80.1% to 99.5%. The MLP combines coordinated psychological and physical evaluations with legal services to deliver more effective care and present a more comprehensive picture of an asylum-seeker's history to the court. Though the MLP is new, it has been able to identify common physical and psychological sequelae amongst its patients and make several appropriate referrals.

The paper will end with some concluding thoughts regarding the efficacy of the MLPs discussed and the future of MLPs in asylum cases in the United States. Though many MLPs have demonstrated success, it remains to be seen whether this success can continue over longer periods of time and the effects that additional funding and partnerships might have on the quantity and quality of services provided. Can the return on investment and the positive legal outcomes be maintained on a larger scale? Can investment in these types of MLPs buy better health and social outcomes?

## An Overview of Medical-Legal Partnerships

The medical-legal partnership is a healthcare delivery model that incorporates legal services into healthcare in order to achieve improved health and social outcomes for vulnerable populations. Developed at the Boston Medical Center in 1993, the MLP model has spread throughout the United States and internationally. MLPs are known to be active in "38 U.S. states, 100 hospitals, and 116 community health centers" (Teufel et al. 2012, 706). In MLPs, lawyers and social workers are treated as essential to providing healthcare, and doctors and psychologists enable further success in legal proceedings.

At the fulcrum of the efficacy of MLPs is an interdisciplinary and collaborative structure that leverages the expertise of different stakeholders toward a common goal. Healthcare professionals are often uniquely

suited to offer advice on practices that the legal profession has long struggled with, such as predicting and addressing potential legal problems across demographics and among vulnerable clients. While legal professionals often take a reactive approach to cases, medical professionals can introduce a more preventative model of care.

Funding for MLPs can come from multiple sources, ranging from federal agencies to non-profits. In many cases, an initial investment is made by a funding healthcare partner to a legal assistance partner. Legal assistance often helps provide access to various public benefits or other monetary rewards that healthcare partners can consider to be a return on investment. Additionally, an initial investment in better care, coverage, and benefits can minimize the need for expensive emergency services as primary care, saving healthcare providers money in the long term. Lawton and Sandel (2014, 30) aptly phrase the question central to MLPs: "Can society buy better health by paying for justice?" The preliminary results seem to suggest as much.

Existing research on medical-legal partnerships examines the valuable role that MLPs play in improving both legal and medical outcomes, especially for marginalized communities such as immigrants and asylum-seekers. In a systematic review of medical-legal partnerships serving immigrant communities, League et al. (2020) discovered that across the United States, people were more likely to obtain positive legal outcomes when healthcare professionals were involved in legal proceedings. Asylum-seekers in particular can benefit considerably from MLPs because medical evaluations can increase an individual's chances of being granted asylum. When interviewing legal professionals working in asylum, Scruggs et al. (2016) found that many immigration lawyers struggle to find experienced physicians with knowledge of the legal system who can provide medical affidavits in asylum cases — accordingly, MLPs can help asylum-seekers overcome barriers to obtaining medical evaluations. In a similar study, Fuller et al. (2019) interviewed MLP participants, including medical providers, attorneys, and case managers, and concluded that MLPs have the potential to significantly improve the well-being of immigrant communities by increasing access to legal and medical support.

Specifically, MLPs often improve legal outcomes because medical professionals can contribute further insight about the experiences of asylum-seekers. According to Ardalan (2015), including medical professionals as part of the legal team in asylum cases increases the likelihood that asylum will be granted because they can provide expert evaluations about the harm that asylum-seekers faced in their countries of origin. Similarly, Friley (2017) describes how medical professionals and mental health experts can help advance asylum claims by identifying evidence of trauma and corroborating the stories of asylum-seekers. League et al. (2020) also found that immigrants may be more comfortable disclosing personal stories of trauma and suffering to medical professionals, compared to legal professionals.

Research on medical-legal partnerships also explores the ways in which MLPs can improve health outcomes for asylum-seekers. For example, medical professionals can provide mental health support to asylum-seekers as they recount traumatic experiences, in hopes of decreasing the stress and anxiety that immigration legal proceedings can create (Stark et al. 2015). As Tobin-Tyler (2019) demonstrates, lack of access to legal assistance can exacerbate health conditions for socially disadvantaged communities, so MLPs can help reduce health disparities by providing access to legal help and addressing the social determinants of health. MLPs can be especially valuable for immigrant communities because according to Derose, Escarce, and Lurie (2007), compared to the U.S.-born population, immigrants often receive

lower-quality health care and are more likely to avoid seeking medical help. For patients, the benefits of participating in MLPs include a decrease in patient stress (Ryan et al. 2021), improved physical health (Pettignano 2011), and a reduced need for medical care in the future (Martin et al. 2015).

In addition, several studies have found that MLPs can have broader, systemic impacts beyond direct assistance. Atkins et al. (2014) describe how MLPs can be a sustainable and effective source of funding for legal aid services facing a lack of funds, because of the MLP's significant value to healthcare partners. League et al. (2020) and the Human Rights Initiative at the University at Buffalo (2018) examine the educational value of MLPs, finding that interdisciplinary training and educational exchange helps law and medical students understand the interactions between the legal and healthcare systems, especially in relation to socially disadvantaged communities. And not only do MLPs help individual clients navigate legal and medical issues, they also address community-wide problems. Tobin-Tyler and Teitelbaum (2019) explain that because MLPs operate "on the ground," they play an important role in detecting policy failures and advocating for policy change.

## MLPSI

The Medical Legal Partnership of Southern Illinois (MLPSI) began offering its services to underserved clients across seven rural Illinois counties in 2002. In the MLPSI, medical providers trained to identify potential legal needs refer patients to the appropriate legal staff for assistance after verifying economic disadvantage and case type. Legal assistance providers then assist with any number of issues, including accessing Medicare and Social Security benefits. This MLP has been seen as largely successful and a positive example for other rural MLPs. From 2002-2006, the MLPSI reaped a 221% return on investment for its partner hospital system. From 2007-2009, this figure increased to a 319% return on investment. Over time, the MLPSI has also increased its caseload—it resolved 241 cases from 2007-2009, up from 85.8 cases between 2002 and 2006. The numbers suggest that rural MLPs like the MLPSI can be sustained over long periods of time and that the capacity to assist participants does not diminish with time. The documented success of the MLPSI has also led to the establishment of other MLPs in central Illinois and in St. Louis.

## HELP: MLP

The Health, Education, and Legal Assistance Project: A Medical-Legal Partnership at Widener University (HELP:MLP), founded in 2009, provides free civil legal services to individuals in southeastern Pennsylvania. The MLP is sponsored by Widener University Delaware Law School in collaboration with the Foundation for Delaware County's Healthy Start and Nurse Family Partnership Programs, the Philadelphia Nurse-Family Partnership Program, and the Mabel Morris Family Home Visit Program. The HELP:MLP operates off of the understanding that social determinants of health often lead to worse health outcomes and significant health disparities for underserved populations. According to the HELP:MLP, 80% of the civil legal needs of low-income people are left unmet, leading to undue stress and, in turn, continued health complications for people living in poverty (Atkins et al. 2014, 196). Not only does the HELP:MLP provide direct legal assistance, it also seeks to effect systemic policy change and alter healthcare and legal practices to achieve better overall population health. One such example of "policy change" is forcing local agencies to comply with existing laws and regulations—for instance, the HELP:MLP successfully challenged a welfare office that was sending non-English speakers informational pamphlets in English only.

Through its integrated approach to law and health, the HELP: MLP benefitted more than 400 participants and their family members from 2011-2014. Attorneys assisted participants with a wide range of legal issues, including housing and employment, accessing public benefits and disability benefits, family law, and utility shut-off prevention (Atkins et al. 2014, 205). Prior to MLP integration, case managers at Healthy Start would spend an inordinate amount of time trying to resolve participants' complex social needs that can often only be resolved via legal means. Having an attorney as part of the healthcare staff allows Healthy Start case managers to pass these complex legal and social issues to the attorney, which frees up the case manager's limited time to assist other participants. This collaborative approach has led to improved maternal and infant mortality and morbidity rates, hundreds of resolved civil legal issues, and the enforcement of existing regulations, and has also prevented harmful policies such as extremely high loan repayment agreements from being instituted in Chester. As Atkins et al. note, not only does the work of the HELP:MLP attorneys positively impact the MLP's participants, it benefits the community as a whole. The integrative nature that is central to the success of the MLPSI and HELP:MLP is also an essential mechanism of the MLP at Luke's House Clinic.

## TERRA FIRMA

Terra Firma, founded in 2013, is an immigrant-focused medical-legal partnership in New York City embedded in a federally qualified community health center affiliated with Montefiore Medical Center and in collaboration with Catholic Charities New York. To meet the complex needs of unaccompanied immigrant children (UIC) and families seeking asylum, Terra Firma integrates comprehensive health care with co-located behavioral health care, pro bono legal representation, case management, and youth enrichment programs. The population served is predominantly from the Northern Triangle countries of Central America (Honduras, El Salvador, and Guatemala), where rising rates of violence, gang activity, and poverty, combined with a lack of protection, have led to a record increase in young people seeking safe haven in the US.

Terra Firma provides newly arrived immigrant children and families with a medical home that includes integrated mental health and social services. In order to address the unique stressors and acculturation challenges facing immigrant children and families, Terra Firma offers individual, family, and group psychotherapy. In partnership with Catholic Charities Immigrant and Refugee Services, on-site immigration attorneys provide direct pro bono representation, consultations, and referrals to program participants. The program's medical and mental health providers write professional affidavits that provide clinical evidence in support of participants' petitions for legal relief. Terra Firma sees approximately 350 patients a year for health care services. Since its inception, the program has provided a medical home for more than 600 UIC and members of families seeking asylum and has helped more than 80 young people win their case in immigration court.

## Case Study: Luke's House Clinic MLP

The Medical-Legal Partnership embedded within Luke's House Clinic in New Orleans provides a case study of how the MLP model can be applied to the growing number of asylum claims on the border. The MLP began as an informal collaboration between representatives of Tulane University and Loyola University New Orleans College of Law around 2010 and evolved into a more formal collaboration in the form of a pro bono clinic as the MLP's partners responded to the increasing pressures and difficulties faced by

asylum-seekers. The impetus behind this formalization was the idea that a pro bono clinic would allow the MLP's medical and legal partners to streamline care processes, increase the capacity of those conducting evaluations, and expand opportunities for those seeking evaluations. Not only does the clinic involve assistance by trained providers, it also serves as a training ground for law students, medical students, and, potentially, social work students. In addition to providing physical and psychological evaluations, the MLP offers "know your rights" information sessions and legal screenings at the clinic. Clients who require ongoing medical or mental health care are referred to the Luke's House free clinic or other local clinics that provide refugee healthcare. The clinic also aims to increase its visibility and streamline its processes in order to raise awareness regarding the importance of physical and psychological evaluations for asylum- seekers.

## Immigration Context

Louisiana has always been a hotbed for immigrant detention centers operated by the Department of Homeland Security (DHS). In addition to causing a spike in detention, IIRIRA and AEDPA expanded grounds for removal and provided for the fast-track removal of immigrants. Moreover, these two laws in concert restricted the courts' power to review asylum cases and vastly increased funding for Immigration and Customs Enforcement (ICE). As a result, Louisiana currently has about 8,000 detainees being held in 10 parish jails and private prisons. Nationwide, the number of detainees has reached 34,000, and this number is on the rise. More and more immigrants are being sent to Louisiana from the border instead of being released into the interior, and the flow of asylum-seekers into the state is also increasing amid persistent gang violence and civil unrest in their countries of origin.[1]

Immigrants seeking relief greatly suffer from lack of competent legal representation, primarily due to the unavailability of government-appointed counsel. Nationwide, 69% of asylum claims were denied. Only 16% of unrepresented people and 33% of represented people won their cases. In Louisiana, denial rates are even higher. In Jena, Judge Crooks denied asylum claims a hundred percent of the time and Judge Landis denied 97.9% of claims. In Oakdale, recently- retired Judge Reese denied 99.5% of asylum claims, while Judge Laragy denied 86.1%. Judge Duck, who's been on the bench for over 20 years, denied 85.2% of claims. In New Orleans, Judge Marquez denied 87.8%, Judge Marstellar denied 85.1%, and Judge Larocca denied 80.1% of asylum claims. Before Hurricanes Katrina and Rita devastated the Gulf South, Hiroko Kusuda, the attorney at the head of the Luke's House MLP legal team, was the only nonprofit immigration lawyer in Louisiana—she faced a potential pool of applicants ranging from 1,200 to 1,500 people in the largest immigrant detainee-receiving state in the South. As Ms. Kusuda represented these immigrants, she struggled to find qualified medical experts to assist in their asylum claims.

The issues facing immigrants have become heightened since the onset of the COVID-19 pandemic, as evidenced by a number of class action challenges to immigration detention practices. For example, *Mons*

[1] One of the reasons that DHS houses such a large number of detainees in Louisiana is because of a cost-benefit analysis showing that it is cheaper to house immigrant detainees in Oakdale, Louisiana, for example, compared to housing them in New York or other more expensive locations. The former chief counsel for ICE has referred to the Oakdale immigration court as a "deportation machine," due largely to the fact that there is limited access to counsel for detainees in Oakdale. The Luke's House MLP believes that other conditions, such as the lack of access to library materials and telephones, as well as poor-quality medical care, breaks detainees' spirits and decreases their chances of release.

*v. McAleenan* challenges ICE's blanket denial of parole for asylum- seekers. In this case, the district court granted a preliminary injunction, and volunteer providers at Luke's House Clinic are monitoring ICE's compliance with this order. Another case, *Fraihat v. ICE*, is a nationwide class action suit which challenges medical indifference and punitive conditions of confinement in ICE detention centers. The judge in this case also granted a preliminary injunction. In the most recent litigation pertaining to Louisiana detainees, *Dada v. Witte*, a magistrate judge concluded that New Orleans ICE is medically indifferent and that the agency should release detainees who are at risk of contracting COVID-19, which is determined by certain risk factors as identified in *Fraihat*. Moreover, due to the Attorney General's draconian decisions and the administration's aggressive policies restricting asylum claims, immigrants, regardless of their detention status, bear far more burden to corroborate their claims than before.

Prior to the COVID-19 pandemic, the Luke's House MLP served only non-detained asylum- seekers, of which there is a substantial population in the Greater New Orleans area. Loyola Law Clinic also serves clients from around the state of Louisiana and across the Gulf Coast, many of whom traveled to Luke's House for evaluations. Since the onset of COVID-19, there have been an increasing number of requests for physical and mental health evaluations to be conducted virtually for detainees across the state.

## The Asylum Clinic's Mission and Staffing Model

The Luke's House Clinic MLP was initially two separate groups of people conducting independent evaluations, one associated closely with Loyola Law's Immigration Law Clinic and the other with Physicians for Human Rights. Throughout the entirety of the MLP's stakeholders' informal and formal partnership, medical and law students have been heavily involved in the process. Luke's House Clinic, which serves primarily Latino individuals and displaced people within Greater New Orleans, provides two afternoons a month during which the asylum clinic conducts psychological and physical evaluations. Becoming formally embedded within Luke's House allowed the clinic to develop a more centralized way to conduct screenings and "know your rights" workshops.

The evaluation process is a collaborative one, which allows for shorter turnaround time and the sharing of resources and information. When a patient requests an evaluation, both a mental health and physical health evaluator are in the room with the client and they take a combined history, which avoids requiring the client to retell their story multiple times. After a history, relevant to the asylum claim is obtained, a physical evaluation is conducted, the clinician conducting the physical evaluation exits the room, and the psychological evaluation is completed. Once the evaluation is complete, it is stored in Luke's House's medical records. The team can turn around a combined psychological and medical evaluation for the legal team's use in about two weeks.

Ongoing communication before and after evaluations has proven to be beneficial in outcomes of legal cases. For example, a patient by the name of "Miriam" was referred to the Luke's House MLP by the Loyola Law Clinic for a psychological evaluation. Miriam is a 23-year-old woman from El Salvador who presented with depressive symptoms, intrusive thoughts, hypervigilance, and physical reactivity to exposure to violence. She mentioned these different symptoms, but the primary focus of her interview was the abusive household where she grew up. In communication between the legal team and the mental health evaluator before the interview, the mental health evaluator knew Miriam's history and the gang extortion she was exposed to at the hands of MS-13, as well as her experiences with arson and other traumatic events. After Miriam's psychological evaluation was submitted, during preparation for

her immigration hearing, she disclosed that she was also a survivor of domestic violence. The legal team brought her back to the clinic, where a second interview was conducted and a letter documenting her history as a domestic violence survivor was included as an addendum. Ultimately, Miriam was granted withholding under the Convention Against Torture (CAT).

Another client of the Luke's House MLP, "Maria," was a successful business owner in Honduras who had to flee the country because of the transnational criminal organization MS-13, which threatened to take profits from her business. Maria decided that she would rather close-down her business instead of paying MS-13 because she knew that later, "they would want more" than her money. Due to Maria's refusal to pay, her best friend was shot and killed in front of her children while they were on their way to the bus stop for school. Maria fled to Mexico from Honduras in September but was later detained by the Mexican authority and deported back to Honduras. One day after she returned to Honduras, she received word from her mother that MS-13 had told her that if Maria returned, they would chop her children into pieces. Maria then fled Honduras for a second time and entered the U.S. in October 2016. In January 2019, Maria's brother Hector was murdered after he was deported back to Honduras. The legal team discovered that she was not able to describe her fear and referred her to the Luke's House Asylum Clinic, where the medical team conducted a psychological evaluation and prepared an in-depth report corroborating her fear of return. In the summer of 2019, after an extensive interview, U.S. Citizenship and Immigration Services granted her asylum.[2] In both cases, due to the collaborative and communicative nature of the MLP, information gained by the legal team was shared with the clinical team. This information was then processed in such a way that it, in turn, successfully impacted the outcome of their legal claims.

## Referral Process

At present, staff at Luke's House field and vet referrals and then schedule appointments at the asylum clinic. Upon a client's referral to Luke's House, the MLP requires the contact information and language preference of the client and has required that lawyers send interpreters—ideally trained medical interpreters, if not interpreters who are conversant in medical and legal language—to accompany the client. The MLP also requests that a brief case description be sent, along with the sworn document from the client seeking asylum, which can aid clinical evaluations. This referral process ensures that each aspect of the MLP—the doctors, psychologists, and lawyers—has the requisite materials to complete the necessary evaluation and to develop a more complete picture of an asylum-seeker's story for the court.

## Common Psychological and Physical Diagnoses

While evaluating asylum-seekers at the Luke's House Clinic, the MLP has identified several common psychological and physical sequelae that often result from the experiences that compel displaced people to flee their countries of origin. Medical evaluations at the clinic, which are based on training from Physicians for Human Rights, are conducted in compliance with the Istanbul Protocol. The Istanbul Protocol sets guidelines for the documentation of various forms of physical torture—it teaches clinicians not only how to medically evaluate patients, but also how to investigate and document evidence of

[2] At present, one MLP client's case is pending at the Board of Immigration Appeals, and another client is awaiting her asylum interview.

torture for legal purposes. There is a misconception that verifying allegations of trauma requires a scar or some sort of physical evidence, but many of the symptoms that the physicians look for during evaluations may not have physical marks, and instead manifest as various neurological symptoms. Consequently, one of the major symptoms that the clinic looks for is an ongoing condition like chronic pain. Oftentimes, chronic pain can be a consequence of torture itself, but psychological issues can subsequently exacerbate some of that pain. Through the collaboration of medical doctors and psychologists, the MLP can document these phenomena and identify how a person's experiences correspond to any physical manifestations.

Those conducting psychological evaluations consider asylum seekers developmental years in their country of origin, cultural and religious background, educational history, and developmental abnormalities, as well as factors that could negatively impact psychological development. Also central to diagnosis, is a patient's history of abuse, trauma, and/or torture, including trauma sustained before, during and after migration as well as recovery information. Various clinical scales, such as the Hopkins Symptom Checklist 25 (HSCL), the Harvard Trauma Questionnaire (HTQ), the Mini-Mental Status Exam and the Montreal Cognitive Assessment, the Beck Anxiety Inventory (BAI); Beck Depression Inventory (BDI), and a PTSD Checklist, are employed to make proper diagnoses.

Through these approaches, the MLP has identified common physical and emotional sequelae among asylum seekers including depression, memory disturbance, difficulty concentrating, lack of energy, social withdrawal, insomnia, flashbacks, and phobias. The most common diagnoses are post-traumatic stress disorder and major depression. Less common but still frequent diagnoses include panic disorder, complex PTSD, other anxiety disorders, dissociative disorders, and complicated bereavement. Possible but less frequent diagnoses include, but are not limited to, substance abuse disorders and organic brain disorders (including cognitive disorders). There are also certain physical sequelae that plague displaced persons at a high rate: chronic pain, such as headache, back pain, and neck pain (39-93%), chest pain (19-37%), joint pain (17-43%), foot pain (28%-72%), peripheral nerve pain, infertility/sexual dysfunction, scars (42%), and neurological injuries.

## Outcomes

The MLP's employment of a multidisciplinary approach has yielded many successes. Over the course of its first year, the clinic has made 19 referrals, achieved 1 withholding under the Convention Against Torture, and had 1 asylum case approved, with 17 cases still pending. Though it is difficult to follow up on the outcomes of these cases because they often span the course of many years, initial results suggest that the MLP has provided some relief for its participants.

Community Advocacy and Education:
Educating the community, especially future lawyers, judges, and medical and behavioral health clinicians, has been an important part of the mission. The Luke's House MLP collaborative has conducted workshops and trainings for medical students and asylum officers with the U.S. Department of Homeland Security. Because they provide early-career, multidisciplinary education for law, social work, and medical students, it is hoped that medical-legal partnerships will be an important tool through which social justice can be achieved in the future .

Secondary Trauma:

Since its inception, the MLP has prioritized acknowledging and mitigating secondary traumatic stress that might result as a consequence of working with asylum-seekers. Secondary Traumatic Stress, refers to "the experience of tension and distress" directly related to the demands of living with and caring for someone who displays the symptoms of post-traumatic stress disorder. Symptoms can include intrusive reexperiencing of traumatic material, avoidance of trauma triggers, and increased physical arousal. Each fall and spring semester, the MLPs social workers introduces the concept of secondary traumatic stress to law students working with the Loyola Law Clinic to identify and mitigate potential symptoms.

Caveats:
Luke's House Asylum Clinic has proven to be a constructive interdisciplinary collaboration but it too has encountered challenges. In her 2015 analysis of the benefits and challenges of integrating mental health professionals into asylum representation, Ardalan underscores three primary challenges of collaboration; funding constraints, divergent legal and mental health perspectives and advocacy goals and, differing ethical goals between the mental health and legal professions that could impede interdisciplinary work.

Funding constraints in New Orleans are real and exacerbated by the strained social service systems. The informal collaboration that resulted in the formal collaboration that is now Luke's House Asylum Clinic, provides medical and mental health evaluations on a pro bono basis. Additionally, Luke's House has donated staff time to schedule and host evaluations at their clinic. The handful of collaborators at Luke's House could benefit from addiction resources, however, recruiting and retaining providers to engage with asylum seekers and support them through evaluation has proven difficult. Physicians for Human Rights provided two free trainings for local providers between 2009-2019 with only a handful of providers continuing with PHR and connecting with the local asylum network to provide evaluations. Both the absence of a local coordinator and the lack of compensation for providers could be barriers to expanding and sustaining the local pool of providers. Collaboration with other MLPs or, as Ardalan suggests, cross sector academic appointments and resource sharing could alleviate funding constraints.

Divergent legal and mental health perspectives and advocacy goals have presented themselves in numerous cases at the Luke's House MLP however, like the case cited in Ardelan's article, open communication and conversation amongst interdisciplinary team members has resulted in agreement on advocacy goals. As cited above, the Loyola Law clinic's effort to acknowledge secondary traumatic stress and to integrate training on it to law students has facilitated law students to both request mental health evaluations and to discuss the impact of trauma on themselves and with colleagues of the legal team.

Lastly, Ardelan's raises the caveat about differing ethical goals between the mental health and legal professions specifically, attorney client confidentiality and the social worker's duty to warn. In accordance with Ardelan's suggestion one way to address potential conflict is to treat social workers and health care evaluators as members of the legal team and explain to asylum seekers that social workers are bound by attorney-client confidentiality but that on rare occasions circumstances may require disclosure of clinical information. Lawyers and social workers can also introduce supportive options for vulnerable asylum seekers such as seeing a therapist or reporting to the hospital emergency room (Ardelan, pg 44).

## Conclusion

This white paper considered the impact that Medical-Legal Partnerships have on the climate of asylum and detention at the border. Like other MLPs throughout the country, such as Terra Firma, the MLPSI and the HELP: MLP, the MLP at Luke's House Clinic in New Orleans adopts an integrative approach to addressing a vulnerable population's health and legal needs. As the flow of asylum-seekers into the United States and the number of immigrants detained on the border continues to rise, heavy dockets and poor conditions within detention centers necessitate a new and dynamic approach to asylum.

Some questions remain unanswered regarding the efficacy of MLPs like the Luke's House Clinic MLP in New Orleans. Can it maintain its positive impact on asylum-seekers over the long term? What role, if any, will MLPs like this one play in effecting systematic policy change with regard to asylum and immigration? Is it possible that, in addition to the clinic's impact on individual asylees, the information it gathers about the psychological and physical diagnoses of displaced people will help improve conditions at detention centers or encourage policymakers to release asylum-seekers into the interior while their cases are pending? The MLPSI, for example, has driven policy change within its own community—is it not rational to expect that other MLPs like the one at Luke's House Clinic will do the same? The Luke's House Clinic MLP has shown positive results in the year since its formalization, and observation of its pending cases over the next several years will be instructive for the use of MLPs in asylum settings. Furthermore, how will increased funding for MLPs like these affect their ability to increase their scale of impact? A multitude of entities—the U.S. Department of Health and Human Services, philanthropic healthcare foundations, nonprofits, and other federal agencies that serve elders and veterans—have considered investing in MLPs to achieve improved health and social outcomes for their target populations. It remains to be seen in what ways such funding could allow MLPs to scale up their services and increase their geographic reach. Though many MLPs have demonstrated success with relatively few resources, legal and medical needs currently far outstrip the capacity to meet those needs. The future of MLPs in the United States, particularly in the context of asylum, deserves more observation in the years to come.

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