

Please take 5  
question pre-survey!



# Multidisciplinary Care & Advocacy for Patients at the Intersection of Gender Identity, Immigration Asylum, & Houselessness

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# Disclosures and Introductions



CAROLINA MIRANDA, MD  
SHE/HER

- No financial disclosures
- Peruvian immigrant
- Cisgender woman
- Family medicine doctor at FQHC
- Immigrant health, LGBTQIA health, abortion care
- Not an expert

LINA BARBENÈS SANTIAGO, LMSW  
SHE/HER

- No financial disclosures
- French Puerto Rican immigrant
- Cisgender woman
- Psychotherapist
- Immigrant and homeless mental healthcare
- Immigrants' rights activist
- not an expert

IAN ZDANOWICZ  
HE/THEY

- No financial disclosures
- Polish immigrant
- Transgender man
- Co-Director of Queer Detainee Empowerment Project and Coordinator of Direct Services Program
- LGBTQIA+ immigrant rights, trans and queer liberation, abolition of prison industrial complex

# Agenda

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Presentation ~40 minutes

- Disclosures, Introductions, and Objectives, Definitions
- Snapshot of TGNB Asylum Seeker
  - Who, where, why
  - How, after entry, detention
  - Barriers to care
- Multidisciplinary model

Workshop ~ 35 minutes

- Letter writing workshop
  - MH provider
  - Medical provider
- Q&A

# Learning Objectives

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Understand

Three primary forces driving transgender and nonbinary (TGNB) persons to seek asylum in the US

Identify

Five barriers to care faced by TGNB asylum seekers experiencing homelessness

Learn

The benefits of partnering with gender affirming community organizations

Write

One letter in support of a sample client's asylum case or gender affirming medical care

# Definitions<sup>1</sup>

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## Refugee status

- Outside of US, specific countries
- Unable or unwilling to return to home country
- Unable or unwilling to avail themselves of the protection of home country
- Persecution or *credible fear of persecution* on the basis of
  - Race
  - Religion
  - Nationality
  - Particular social group
  - Political opinion

## Asylum seeker

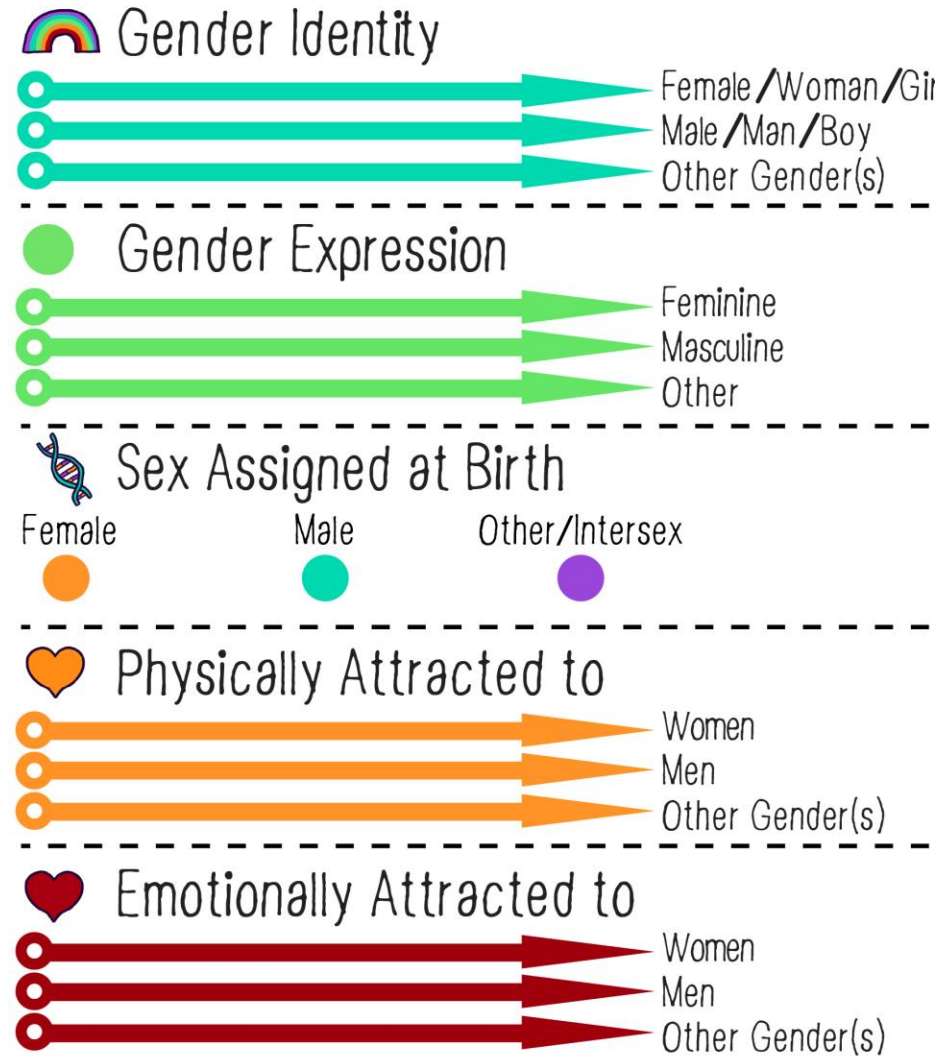
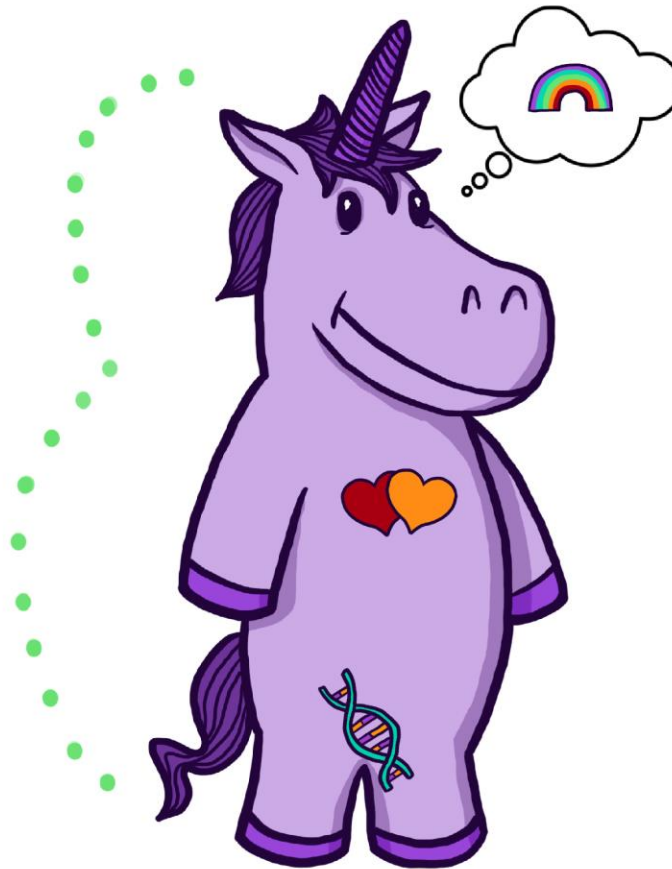
- Meet international definition of refugee
- In US or at the border
- Asylees may work in the US, apply for social security and government healthcare, petition to bring family members, apply for permanent status after 1 year

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources

## Definitions

- Gender Identity
- Gender Expression
- Sex Assigned at birth
- Sexual Orientation



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# Snapshot of a TGNB asylum seeker

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# Experience of new immigrants



Country of Origin

Migration Journey

Apprehension & Detention

Release into Community



Mayra is a 29 yo transwoman from El Salvador who recently arrived to New York City. She came to the US seeking asylum on the basis of gender-based persecution. She moved to New York in search of medical, social, and legal services. She was referred to your clinic by the Queer Detainee Empowerment Project (CBO) for primary care and mental health care.





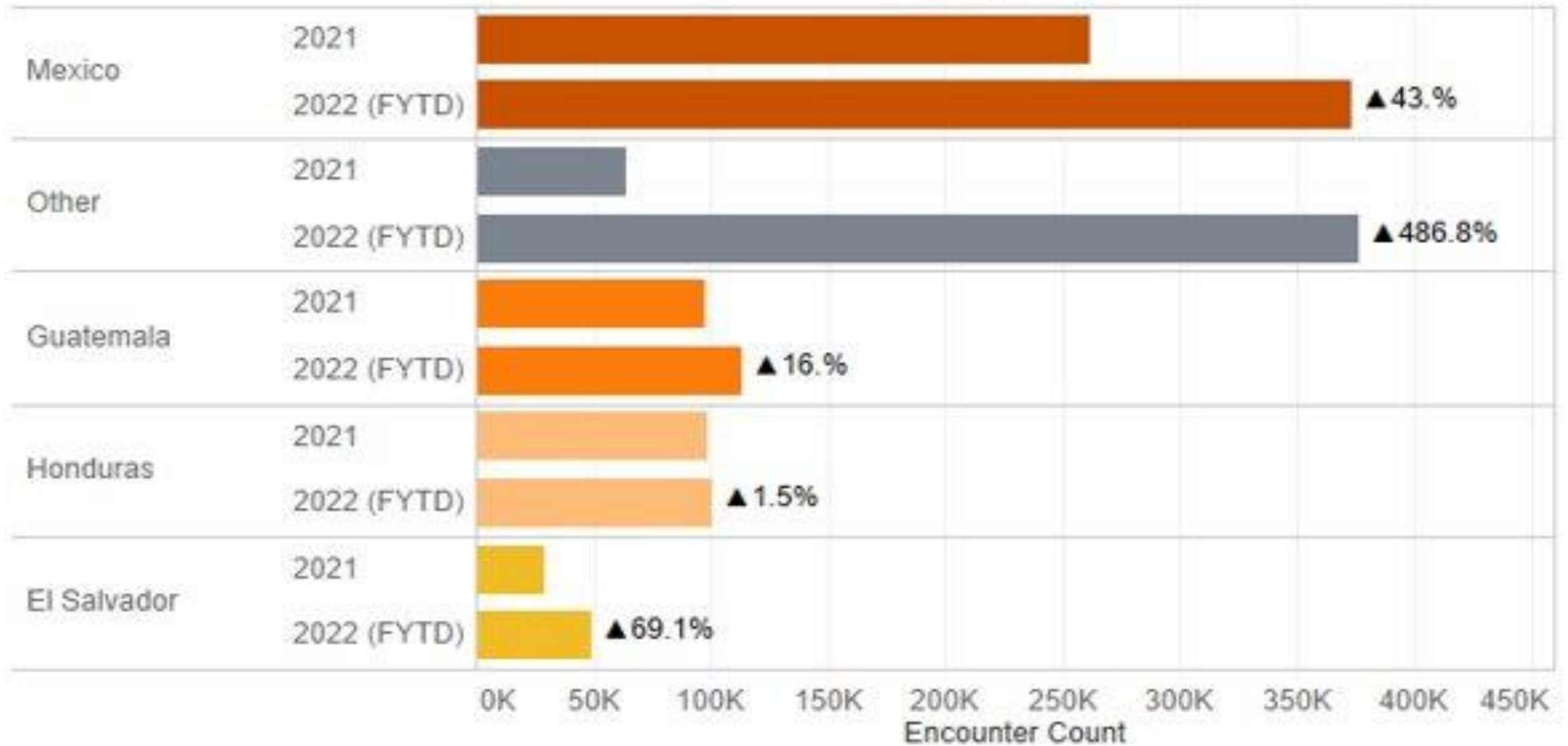
## Who

TGNB PERSONS MAKE UP AN ESTIMATED 2% OF THE POPULATION IN LATIN AMERICA

NGO IMMIGRATION EQUALITY INDICATED THAT GUATEMALA, HONDURAS, AND EL SALVADOR ARE AMONG THE 10 COUNTRIES WITH THE HIGHEST NUMBERS OF REQUESTS FOR ASYLUM

The transgender activist Lorena Borjas with friends in Jackson Heights, Queens, in 2011. Credit: Brian Harkin for The New York Times

## U.S. Customs and Border Protection (CBP) Encounters



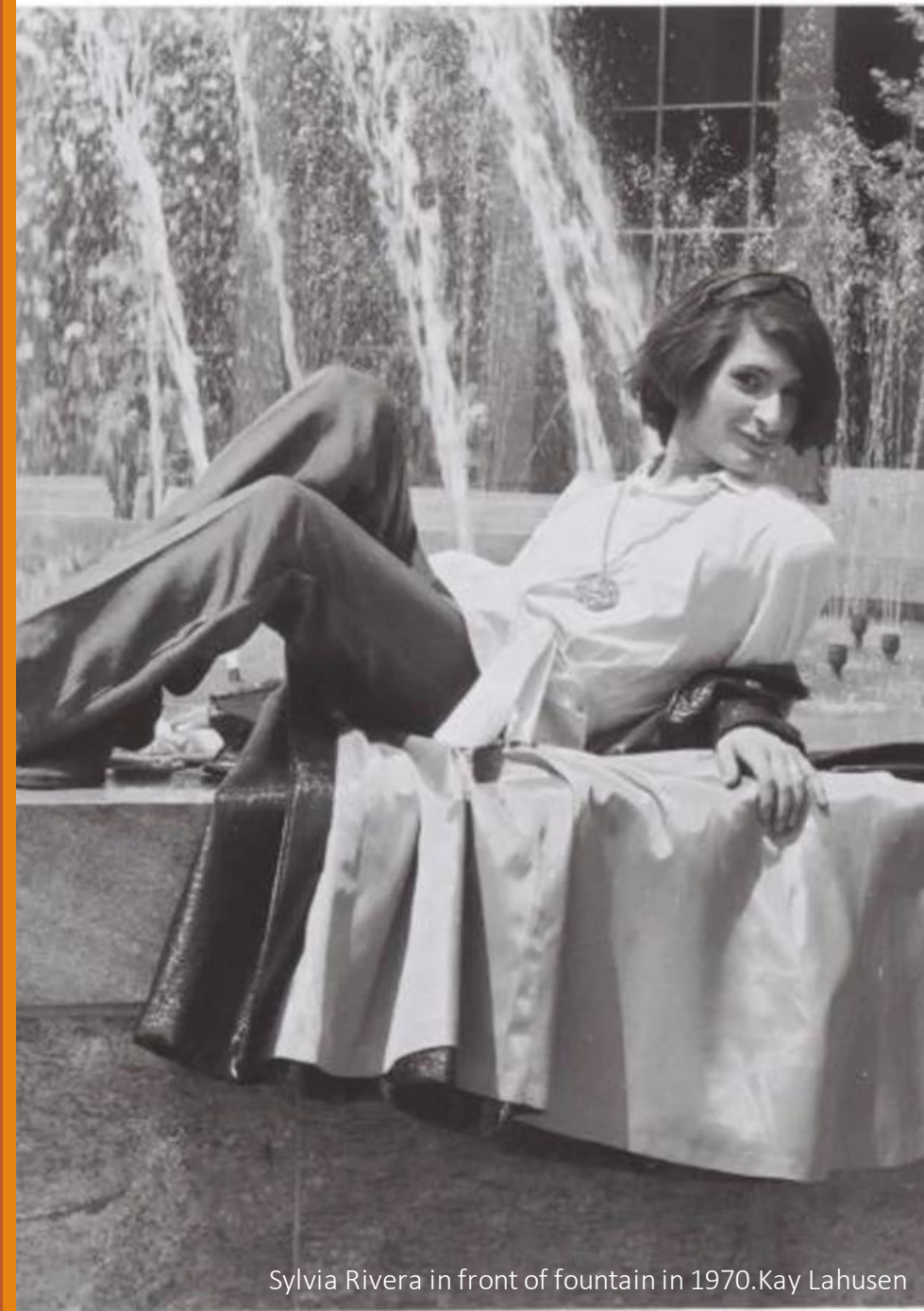
Source: USBP and OFO official year end reporting for FY21; USBP and OFO month end reporting for FY22TD. Data is current as of 04/06/2022.

Where



# Case

- Mayra fled El Salvador after being assaulted by a group of men who had been following her outside of an LGBTQIA empowerment organization.
- She was severely beaten by these men while shouting transphobic insults at her and saying they would kill her.
- Fearing further discrimination and due to financial limitations, Mayra did not seek medical care after this attack. She has a poorly healed leg fracture resulting from this assault and consequent difficulty walking.
- Because of this physical limitation, she was unable to find work in her country of origin.



Sylvia Rivera in front of fountain in 1970. Kay Lahusen



# Why Leave

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- **Poverty**

- Workplace discrimination, etc.

- **Violence<sup>1</sup>**

- El Salvador, Honduras, and Guatemala among most violent globally
- Murder rates are above WHO epidemic levels (10:100k)
- El Salvador 81.2, Honduras 58.9, Guatemala 27.3
- Worldwide, the highest rate of violence against SGM is found in the LAC region<sup>2</sup>
  - 88% of SGM asylum seekers & refugees from Central America reporting sexual and gender-based violence

# Why leave

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- **No access to justice**

- 66.8% of 413 police officers interviewed believed that LGBTQIA people did not have the same rights as others<sup>1</sup>

- **Impunity**

- In Honduras, only 13 of 225 violent deaths of LGBTQIA people from 2008 to 2015 resulted in a conviction<sup>2</sup>

- **Invisibility**

- TGNB people not systematically identified
- Attacks on LGBTQIA people are rarely reported
- When reported, not classified as such
- Many destination countries don't compile statistical information

*"I never tried to make a complaint because of what happened previously to some friends. My friend (...) went to report a crime and he hadn't even finished making the complaint when they were already at his front door, which is why he went to Mexico; another friend went to make a complaint and was killed on the way home, after doing so"*

Carlos (Honduran)  
interviewed in 2017.

1. ESMULES and CIPAC. Actitudes hacia las personas LGBTI por parte de las fuerzas policiales. (Police Attitudes Towards LGBTI People). El Salvador, September 2014. Available at: [www.cipacdh.org/pdf/Informe\\_El\\_Salvador\\_FINAL.pdf](http://www.cipacdh.org/pdf/Informe_El_Salvador_FINAL.pdf) [in Spanish only]

2. Catrachas Lesbian Network, Informe sobre muertes violentas de la comunidad LGBTI. Énfasis en impunidad (Report into violent deaths in the LGBTI Community. Emphasis on Impunity), 2016. [www.catrachas.org/gestionciu.php](http://www.catrachas.org/gestionciu.php) [in Spanish only]

# Case

- After fleeing El Salvador, Mayra traveled through Guatemala and Mexico for several months until she arrived to Piedras Negras. Her journey to the border was dangerous and physically exhausting because of her leg injury.
- She could not afford a plane ticket, so she took buses and walked for days. Mayra stopped in different towns to work to pay for her trip. She was constantly worried that someone would realize that she is transgender and attack her or not hire her. When she finally made it to the US border, she lived outside for several months until she was able to present herself at the border to claim asylum.
- Unfortunately, ICE's protocol dictated a transfer of all asylum seekers to detention facilities in Texas. Mayra spent 12 weeks in a men's detention facility because of her legal gender. During her detention, she was verbally and physically abused, so ICE placed her in solitary confinement to prevent any future attacks. During her 6 weeks there, her mental health deteriorated significantly.



Translatina activist and 2017 *Fueling the Frontlines* honoree Jennicet Gutiérrez.





# How immigrants enter the US

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- **With a visa**
  - Tourist visa, work visa, student visa, etc.
- **Presenting at a point of entry**
  - At land borders or the airport
- **Entering without inspection**
  - Most often on foot
  - Very often results in apprehension by Custom and Border Patrol (CBP)
  - Can still apply for an immigration benefit after arrest--excluding asylum



# After Entry

- Based on the above circumstances, immigrants are
  - Transferred from ICE/CBP office at the border to ICE detention facility
  - Released from ICE's temporary custody at the border to the US with a humanitarian parole or other form of temporary status
- If entered without apprehension, can apply for immigration benefit from the US

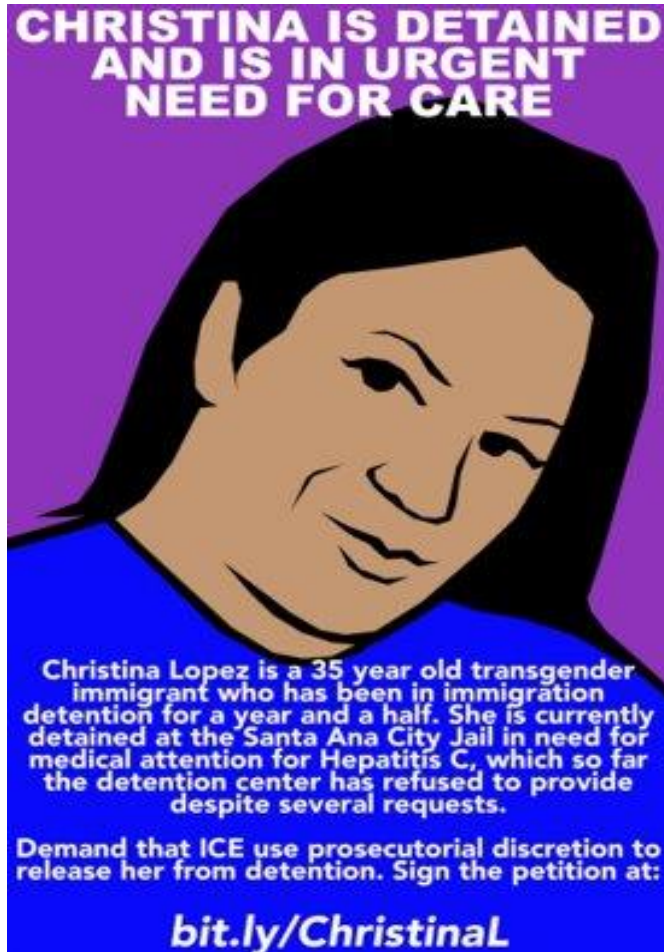




# Dangers of ICE detention for LGBTQIA immigrants

- Medical neglect
  - Especially dangerous for people living with HIV and trans people
- Solitary confinement
  - Used mostly on transwomen as a "preventive" measure to keep them "safe" from sexual harassment and violence
- Poor nutrition
  - Food served in ICE facilities contaminated and/or expired
  - Especially dangerous for PLWHIV or other health conditions
  - Lack of commissary funds

**CHRISTINA IS DETAINED AND IS IN URGENT NEED FOR CARE**



Christina Lopez is a 35 year old transgender immigrant who has been in immigration detention for a year and a half. She is currently detained at the Santa Ana City Jail in need for medical attention for Hepatitis C, which so far the detention center has refused to provide despite several requests.

Demand that ICE use prosecutorial discretion to release her from detention. Sign the petition at:

[bit.ly/ChristinaL](https://bit.ly/ChristinaL)



# EVERYONE NEEDS ACCESS TO SAFE, RELIABLE HEALTHCARE

MEDICAID PROVIDES CRUCIALLY NEEDED CARE TO LOW-INCOME PEOPLE ACROSS THE COUNTRY, INCLUDING NEW YORKERS.

## WHEN TRANS PEOPLE GET THE CARE THEY NEED



OVERALL MENTAL  
HEALTH IMPROVES

78% OF TRANS PEOPLE HAD  
IMPROVED PSYCHOLOGICAL  
FUNCTIONING AFTER RECEIVING  
GENDER-CONFIRMING TREATMENT.

+



SUICIDE RATES  
DROP DRASTICALLY

FROM A RANGE OF 29% TO 19%  
BEFORE GENDER-CONFIRMING  
TREATMENT, TO A RANGE OF  
6% TO .8% AFTER TREATMENT.

+



MEDICAID MONEY  
IS SAVED

TRANS PEOPLE WHO RECEIVE  
GENDER-CONFIRMING TREATMENT  
HAVE FEWER MENTAL HEALTH AND  
SUBSTANCE ABUSE COSTS, WITH  
HIGHER RATES OF EMPLOYMENT.

HELP REPEAL MEDICAID EXCLUSIONS FOR TRANSGENDER  
PEOPLE IN NEW YORK. VISIT [SRLP.ORG](http://SRLP.ORG)



# Barriers to Care

## Interpersonal barriers

- Unconscious bias
- Trauma

## Structural barriers

- Poverty
- Lack of provider education and training
- Stigma and oppression
- Insufficient research
- Discriminatory or gaps in policies and regulations

# Unconscious bias

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- We are all biased
- Some biases are outside our conscious awareness
- Think about tools and diagnoses critically
- Question what is "normal", "universal"
- Take an [Implicit Project quiz](#) implicit biases you might have towards several populations

# What is trauma?

Any disturbing experience that results in

- significant fear
- Helplessness
- Dissociation
- Confusion
- Other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning.

Traumatic events include those caused by

- human behavior (rape, war, industrial accidents)
- nature (earthquakes)

Experience challenges an individual's view of the world as a just, safe, and predictable place

Personal trauma	System-induced trauma
<ul style="list-style-type: none"><li>• Child abuse, childhood trauma</li><li>• Sexual abuse, sexual harassment</li><li>• IPV and domestic violence</li><li>• Existing in a society where your intersection of identities are systemically oppressed</li></ul>	<ul style="list-style-type: none"><li>• Racial trauma</li><li>• Discrimination based on gender identity sexuality</li><li>• Human trafficking</li><li>• Medical trauma</li><li>• Community violence</li><li>• Police violence</li><li>• Immigration detention</li><li>• Poverty, homelessness</li></ul>

# Trauma-informed Care

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- Respect patients' body autonomy, agency and dignity
- Communicate proactively and transparently. This is where the informed consent takes all its importance (for example with plain language, language justice)
- Educate the patient and their family (handouts, posters)
- Consider power dynamics
- Consider technical and physical accessibility
- Work collaboratively with patients, family, with other providers
- Follow up on referrals, asking feedback on referrals, sending reminders
- Provide preventive care
- Consider speaking to patients in a less formal setting than the hospital exam room (e.g. in shelter)
- Keep in mind that working with a trauma survivor takes time- establish a relationship before expecting any disclosure of important information, improvement, or change from the patient.

# Multidisciplinary Model

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# Multidisciplinary Model

## Medical Care

- Accessible, affordable, comprehensive primary care
- LGBTQIA affirming
- Immigrant focused
- In 3 languages

## Mental Health Care

- Integrated behavioral health services
- Telehealth increased access to MH services
- Trauma informed interventions
- In 3 languages

## Social Services

- Education, housing, food, employment, benefits, metrocards
- In 4 languages

## Legal Representation

- Pro bono immigration lawyers, pro se free legal clinics

## Enrichment/Acculturation

- Language classes, social networks, peer support groups, employment support, pen pal sessions



## \*Communities Not Cages Press Statement\*

# WE ARE QDEP

A project of the Center for Transformative Action



The **Queer Detainee Empowerment Project** (QDEP) assists folks coming out of immigration detention in securing structural, health/wellness, educational, legal, and emotional support and services. We work to organize around the structural barriers and state violence that LGBTQIA TS & GNC detainee/undocumented folks face related to their immigration status, race, sexuality, and gender expression/ identity.

## Queer Detainee Empowerment Project



# Benefits to QDEP Members

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- Faster access to vetted medical and mental health support
- Holistic approach to health and general wellbeing
- More financially sustainable model for QDEP





# Medicolegal Nexus

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## Healthcare improves legal outcomes

- Improved asylum grant rate with medical evaluations
  - 89% with vs. 38% without
- Medical or forensic evaluations
- Uncover histories not revealed to lawyers

## Legal representation improves legal outcomes

- Immigrants have a right to an attorney, but no legal right to an appointed attorney at the government's expense
  - In FY 2017, 90% of cases without an attorney denied asylum
  - 54% of cases with legal representation denied asylum
  - In FY 2017, 20.6 percent of asylum-seekers had an attorney

# What is a medical or mental health affidavit

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Expert medical evidence can

1. Substantiate claims of ill-treatment
2. Correlation between physical or psychological injuries and the ill-treatment
3. Explain a claimant's difficulties in giving evidence or recounting events by
  1. Providing possible explanations for reluctance to divulge a full account of events
4. Address the possible effect of removal and return to the country of origin upon a person's physical or mental well-being or that of a family member
5. Assess treatment needs
6. Reduce the need for the claimant to give testimony about traumatic events



U.S. Citizenship  
and Immigration  
Service



# What can you do?

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# Types of letters

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- Medical affidavit for immigration asylum
  - licensed healthcare provider
- Psychological affidavit for immigration asylum
  - licensed mental health provider
- "Gender verification" letter a.k.a. letter in support of changing gender marker on official documents
  - licensed healthcare provider OR licensed mental health provider
- Letter in support of gender affirming surgery
  - licensed healthcare provider AND 2 licensed mental health providers

# Back to Mayra

- Mayra found a pro bono lawyer through QDEP. The lawyer is requesting a medical affidavit for Mayra focusing on her medical limitations and the benefits of her staying in the US
- Mayra is requesting a letter in support of gender affirming surgery and changing her gender marker on USCIS documents.



Bamby Salcedo is one of the most prominent trans activists and founder/president of TransLatin@ Coalition in Los Angeles.

# Breakout groups

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Letter in support of gender affirming  
surgery

Left side of room

Brief medical affidavit

Right side of room





# Brief medical affidavit

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VIOLENT CONTENT



# Sample Medical Affidavit

**Part B. Information About Your Application**

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part I. Filing Instructions, Section II. Basis of Eligibility, Parts A. - D., Section V., Completing the Form, Part B. and Section VII. Additional Evidence That You Should Submit, for more information on completing this section of the form.

I. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Political opinion
<input type="checkbox"/> Religion	<input type="checkbox"/> Membership in a particular social group
<input type="checkbox"/> Nationality	<input type="checkbox"/> Torture Convention

A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

No  Yes

If "Yes," explain in detail:

1. What happened.
2. When the harm or mistreatment or threats occurred.
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

B. Do you fear harm or mistreatment if you return to your home country?

No  Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear.
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

Form I-589 (Rev. 08/25/20) Page 5



ANNEX IV  
Guidelines for the medical evaluation of torture and ill-treatment

The following guidelines are based on the Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. These guidelines are not intended to be a fixed prescription, but should be applied taking into account the purpose of the evaluation and after an assessment of available resources. Evaluation of physical and psychological evidence of torture and ill-treatment may be conducted by one or more clinicians, depending on their qualifications.

I. Case information

Date of exam: ..... Exam requested by (name/position): .....  
Case or report No.: ..... Duration of evaluation: ..... hours, ..... minutes  
Subject's given name: ..... Birth date: ..... Birth place: .....  
Subject's family name: ..... Gender: male/female: .....  
Reason for exam: ..... Subject's ID No.: .....  
Clinician's name: ..... Interpreter (yes/no), name: .....  
Informed consent: yes/no. If no informed consent, why? .....  
Subject accompanied by (name/position): .....  
Persons present during exam (name/position): .....  
Subject restrained during exam: yes/no. If "yes", how/why? .....  
Medical report transferred to (name/position/ID No.): .....  
Transfer date: ..... Transfer time: .....  
Medical evaluation/investigation conducted without restriction (for subjects in custody): yes/no  
Provide details of any restrictions: .....

II. Clinician's qualifications (for judicial testimony)

Medical education and clinical training  
Psychological/psychiatric training  
Experience in documenting evidence of torture and ill-treatment  
Regional human rights expertise relevant to the investigation  
Relevant publications, presentations and training courses  
Curriculum vitae

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III. Statement regarding veracity of testimony (for judicial testimony)

For example: "I personally know the facts stated below, except those stated on information and belief, which I believe to be true. I would be prepared to testify to the above statements based on my personal knowledge and belief."

IV. Background information

General information (age, occupation, education, family composition, etc.)  
Past medical history  
Review of prior medical evaluations of torture and ill-treatment  
Psychosocial history pre-arrest.

V. Allegations of torture and ill-treatment

1. Summary of detention and abuse
2. Circumstances of arrest and detention
3. Initial and subsequent places of detention (chronology, transportation and detention conditions)
4. Narrative account of ill-treatment or torture (in each place of detention)
5. Review of torture methods.

VI. Physical symptoms and disabilities

Describe the development of acute and chronic symptoms and disabilities and the subsequent healing processes.

1. Acute symptoms and disabilities
2. Chronic symptoms and disabilities.

VII. Physical examination

1. General appearance
2. Skin
3. Face and head
4. Eyes, ears, nose and throat
5. Oral cavity and teeth
6. Chest and abdomen (including vital signs)
7. Genito-urinary system
8. Musculoskeletal system
9. Central and peripheral nervous system.

VIII. Psychological history/examination

1. Methods of assessment
2. Current psychological complaints
3. Post-torture history
4. Pre-torture history
5. Past psychological/psychiatric history
6. Substance use and abuse history
7. Mental status examination
8. Assessment of social functioning
9. Psychological testing: (see chapter VI, sect. C.1, for indications and limitations)
10. Neuropsychological testing (see chapter VI, sect. C.4, for indications and limitations).

# Case Background

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- Mayra is a 29 yo transwoman from El Salvador who recently arrived to New York City. She entered the US seeking asylum and was previously living in Texas, where she was held in immigration detention for 12 weeks. Upon her release, she moved to New York in search of medical, social, and legal services. Today she is seeking information about a medical affidavit for her immigration asylum case and a letter in support of gender affirming surgery.
- Mayra fled El Salvador after being assaulted by a group of men who had been following her outside of an LGBTQIA empowerment organization. She was severely beaten by these men while they shouted transphobic insults at her. Fearing further discrimination and due to financial limitations, Mayra did not seek medical care after this attack. She has a poorly healed leg fracture resulting from this assault and consequent difficulty walking or standing for prolonged periods.
- Because of her difficulty walking, it was difficult for her to find work in El Salvador. Since being in New York City, she has engaged in primary care, started physical therapy, and is planned for surgery to address her poorly healed fracture.
- Mayra's lawyer requests a medical affidavit for Mayra focusing on her medical limitations and the medical benefits of her staying in the US.

# Write a Brief Affidavit ~5 mins

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Skip preamble/background section



## Review Brief Affidavit

# Letters in support of gender affirming care

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# Letter in support of gender affirming surgery

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Below are the criteria you will likely have to meet for surgery to be covered by the patient's health insurance:

**Gender reassignment surgery may be covered for an individual who is 18 years of age or older, or 21 years of age or older if the surgery will result in sterilization, and has letters from two qualified New York State licensed health professionals who have independently assessed the individual and are referring the individual for the surgery.**

**One of these letters must be from a psychiatrist or psychologist** with whom the individual has an established and ongoing relationship.

**The other letter may be from a licensed psychiatrist, psychologist, physician or licensed clinical social worker** acting within the scope of his or her practice, who has only had an evaluative role with the individual. Together, **the letters must establish that the individual:**

- (i) **has a persistent and well-documented case of gender dysphoria;**
- (ii) **has received hormone therapy** appropriate to the individual's gender goals, which shall be for **a minimum of 12 months** in the case of an individual seeking genital surgery, unless such therapy is medically contraindicated or the individual is otherwise unable to take hormones;
- (iii) **has lived for 12 months in a gender role congruent with the individual's gender identity,** and has received mental health counseling, as deemed medically necessary, during that time;

# Case background

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- Mayra has been engaged in weekly psychotherapy since 5/2/2021. She has been undergoing medically supervised gender affirming hormone treatments with Dr. Miranda at Bronx Health Collective since 9/5/2020.
- Mayra reported to you that she has known she is a woman since she was 9-year-old. All her friends and coworkers know her as such. She legally changing her name last year.
- In therapy, Mayra has often complained about the fact that her body does not match her gender identity. This makes her feel anxious when meeting new people but has never made her doubt her sense of gender identity. Mayra also disclosed several depression symptoms associated with gender dysphoria, including anhedonia, low self-esteem, shame that prevents her from socializing with peers.
- Mayra has read a lot about benefits and risks of this surgery and knows several transwomen who have undergone this surgery as well.



# Questions

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Lina Barbenès Santiago, LMSW

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Carolina Miranda, MD

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Ian Zdanowicz

[ian@qdep.org](mailto:ian@qdep.org) [www.qdep.org](http://www.qdep.org)

Please take 5  
question post survey!



# A few last words

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- Don't assume anything, be curious and stay critical of your institution, training, and workflows
- This work is inherently political, it is impossible to practice medicine or mental health outside of systems of oppression. Advocacy is part of the job

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12. World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7<sup>th</sup> Version]. <https://www.wpath.org/publications/soc>
13. <https://transequality.org/sites/default/files/docs/usts/USTSLatinReport-Nov17.pdf>

# Resources

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# LGBTQIA Resources

[Transgender-Affirming Primary Care by Dr. Kyan Lynch](#)

[Creating an LGBTQ Affirming Practice by Dr. Noelle Marie Javier](#)

[CEI online courses on LGBTQ Health](#)

[The World Professional Association for Transgender Health \(WPATH\) Standards of care](#)

[Guidelines for the primary and gender affirming care of transgender and gender non binary people](#)

[Surgery referral assessment requirements](#)



# Immigration Resources for Clients

- New Americans Hotline at 800-566-7636
  - Mon-Fri 9 am – 8 pm
  - Referrals to low-cost and free immigration legal providers
- Immigrant Defense Project at 212-725-6422
  - Arrested or convicted
- Case Status Information Line at 1-800-898-7180
  - Check order of removal
- Online ICE Locator [www.locator.ice.gov](http://www.locator.ice.gov)
  - Find family/friends
  - A# and country of birth OR exact name, country of birth, and date of birth
- United We Dream Hotline 844-363-1423
  - Step-by-step support during a live raid
- National Immigration Legal Services Directory
  - <https://www.immigrationadvocates.org/legaldirectory/>
  - Finding a pro bono immigration attorney and other free services
- Physicians for Human Rights
  - <https://phr.org/issues/asylum-and-persecution/asylum-network-trainings/>

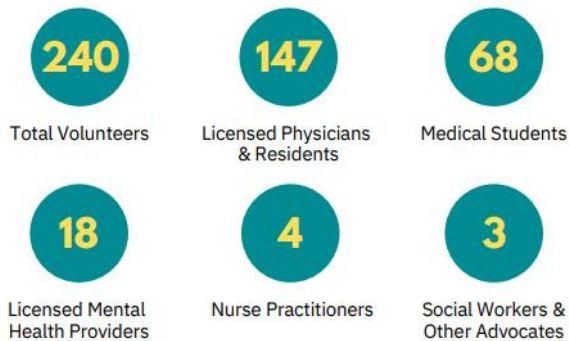


## THE MEDICAL PROVIDERS NETWORK

### About the Network

NYLPI's Medical Providers Network (MPN) has a growing number of volunteer healthcare professionals who are dedicated to raising awareness of the health crisis in immigration detention. As of December 1st, our network has 240 volunteers, including licensed doctors, medical students, nurse practitioners, licensed social workers and mental health providers. Our volunteers review medical records, develop advocacy letters, visit individuals in immigration detention facilities, conduct in-person consultations or medical interviews and provide testimony supporting individuals in immigration proceedings. The power of our volunteers' expertise can be a force of change and is used to advocate for better care for people who are detained, supports requests for their release and contributes to strategic, systemic change.

### A Breakdown of the Network



# Immigration Resources for Clinicians

- New York Lawyers for the Public Interest
  - Network of medical providers who provide medical evaluations and affidavits. If you are interested in joining the network, please email Mia Soto, Health Justice Community Organizer at [msoto@nylpi.org](mailto:msoto@nylpi.org).
- Physicians for Human Rights
  - <https://phr.org/issues/asylum-and-persecution/asylum-network-trainings/>
- Expert Witnesses in US Asylum Cases: a handbook
  - <https://law.unc.edu/wp-content/uploads/2019/10/expertwitnesshandbook.pdf>
- International Association of Refugee Law Judges' Guidelines on the Judicial Approach to Expert Medical Evidence
  - [https://www.iamj.org/images/stories/working\\_parties/guidelines/medicalevidenceguidelinesfinaljun2010rw.pdf](https://www.iamj.org/images/stories/working_parties/guidelines/medicalevidenceguidelinesfinaljun2010rw.pdf)
- UN Office of the High Commissioner for Human Rights (OHCHR), *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ("Istanbul Protocol")*, 2004, HR/P/PT/8/Rev.1, available at: <https://www.refworld.org/docid/4638aca62.html> [accessed 11 May 2022]
  - <https://www.ohchr.org/sites/default/files/Documents/Publications/training8Rev1en.pdf>