



The Weill Cornell Center for Human Rights

Issue No. 13 | May/June 2016

In this Issue

- WCCHR End-of-Year Reflections
- Faculty Spotlight
- Student Spotlight

Statistics

Total Evaluations as of 6/14:

286 evaluations with **94%** of those who have been to court being granted legal protection.

62 evaluations this academic year:

3 gynecological,

17 physical,

42 psychological

Upcoming Events

Have a wonderful summer break!

Our final newsletter of the year will be a special issue: we have three reflections from anonymous WCCHR students discussing meaningful experiences from our work this year. We would like to thank you all for your support in fulfilling WCCHR’s mission: providing medical, psychological, and gynecological affidavits to asylum seekers and training the next generation of human rights-focused clinicians and researchers.

“She could be told that she was safe for the first time in her life.”

I came to medical school to help people. Cliché I know, but, in a world where millions of women are being raped, children are being forced into gangs, men and women are dying for being in love with the wrong sex and refugees are being turned away from borders, I had to do something. But as months passed, I began to wonder if maybe I had made the wrong choice. Is being a doctor less about "helping people," and more about Step 1 scores? Maybe, I started to worry, the world is just beyond helping and here I am, idealistic, focusing on the wrong thing.

But then I got involved in WCCHR and finally I was surrounded by doctors who gave me hope. Doctors who sacrificed their time and energy to the 17 year old girl who watched her brother be killed, was taken at age 14 to be the wife of the gang leader, escaped and then traveled hundreds of miles with an infant. To be able to help assure she could be told that she was safe for the first time in her life. Doctors who listened, patiently, free of charge, unknown to others, as a 22 year old man cried for 3 hours and told his story for the first time in his life. This is the reason I got into medicine, for these people and for these moments. It is easy as a student to get lost in the world of academia but I thank WCCHR for letting me come into the lives of people seeking asylum, allowing me an avenue to feel impactful and reminding me every time of why I came here in the first place.

**A reflection on one student's experience watching our clients attend hearings in immigration court:
"Was I a good witness?"**

The immigration courtroom was both smaller and larger than I expected. On one hand, I imagined the kind of grand scale drama I had seen on legal dramas, full of mahogany paneling, gavels pounding, and grand witnesses appearing to give testimony at the last second. Instead, I entered a small courtroom, probably only 100 square feet, with two other medical students. The proceedings looked like they would be treated as rote, nothing more exciting than an appointment at the local DMV. I was disappointed by how small and mundane everything looked, and ashamed of my grand expectations. Then, a boy entered the room with his interpreter and lawyer. He swore to tell the truth and told his story. He was quiet, sat with hunched shoulders, refused to make eye contact with anyone but the translator—he was terrified.

It hit me that this hearing extended past the unremarkable courtroom walls. This boy had escaped a country he didn't feel safe in, and taken more risks to get here than I had taken my entire life. He had told his story to countless strangers, reliving the past with fresh eyes. He had waited years for this moment, sitting on hopes and fears. His future rested on the next hour. How terrified he must be—that so much depended on the judge's verdict, the strength of his evidence, his demeanor when questioned, the court's caprice. None of this was rote to him—it wasn't just another day at work, as it was for so many other people in that room. I thought frantically back to medical evaluations I had assisted with for WCCHR, and back to the medical affidavits I had helped write. Were my notes adequate? Did I write with enough detail—and did I document everything faithfully? Did I do the cases justice? Was I a good witness?

When the hearing drew to a close, the attorneys stayed to talk with us about the legal process, what they thought went well, and why they chose to pursue immigration law. They answered all our questions, glad to have a rapt audience. The boy left the courtroom to join his family. His eyes were glued to the ground, even though he had just been granted asylum. And I thought, it's true what they say—that one of the most important things is to be present. To be a witness. To take others' stories seriously and respond with sincerity, honesty, and grace.

"This is someone's future in our hands."

WCCHR this year has been one of my most exciting extracurricular endeavors. In no other setting do I feel I am able to make lasting change in a client's life than through this program. Though we have preceptorships and other times that put us in contact with real patients, during these encounters we are never truly responsible for that patient's outcome. Moreover, we are never given full control of the encounter and our notes and physical assessments carry no real weight. In my work with WCCHR, the buck stops with me. My assignments have real merit and they translate into how many patients our clinic will see and how effective we will be able to help the many clients that come through our door requesting our help to acquire them asylum.

When realizing the depth of this commitment, it can be intimidating because this is someone's future in our hands; many of these clients will not be able to achieve asylum without our intervention. However, there is an emotional price we all must pay for being involved. Hearing these powerful stories and coming back without even a mild emotional scar is simply not possible when considering your own humanity. Being face-to-face with true tragedy and the face of a tortured individual can be hard. I remember coming away from my first evaluation feeling hollow as if no problem in my life could amount to the difficulties I just heard. Eventually, you recover, but I think it is always important to still feel that emotion because in it I feel my ability to empathize with future patients can truly evolve.

Spotlight on...

Rachel Rosenthal, MS3

Rachel Rosenthal is a member of the Weill Cornell Medical College class of 2017 and our WCCHR Executive Director. Prior to entering medical school, Rachel worked in education reform with D.C. Public Schools and The SEED Foundation, a network of publicly funded, college preparatory boarding schools that partner with underserved communities.

While at DCPS, Rachel worked on the family and community engagement and human capital teams under former Chancellor Michelle Rhee. At The SEED Foundation, she focused on college access and success programming for SEED School graduates as well as performance management and knowledge management support for the SEED network.

Rachel is an Americorps alumni with the HeadsUp-DC program, which provides literacy and service learning programming for DC youth. Rachel's interests include women's health and sexual health, specifically within the context of under-resourced communities.



Chiti Parikh, M.D.

Chiti Parikh, M.D. is a board certified internist and Assistant Professor in the Department of Hospital Medicine at the Weill Cornell Medical College. She is an AOA graduate of the Robertwood Johnson Medical School and completed her residency at New York Presbyterian Hospital – Cornell campus. Currently she is involved in teaching medical students and residents. She has worked on projects involving sexual education, HIV awareness and sexual violence among adolescents and sex workers in India. Additionally, she is interested in combining cutting edge medical technology with integrative medicine, using psychological, social, spiritual and environmental influences on health and disease to find the optimal treatment for each of her patients.