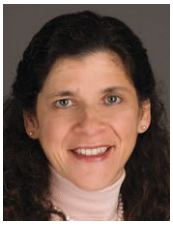
DERMATOLOGY WORLD

VOL. 27 NO. 06 | JUNE 2017

One in four Americans has skin disease.



I repeat, in the U.S., one in four has skin disease. The Burden of Skin Disease report, based on 2013 data, is what gives us a clear picture of the state of cutaneous affairs. We care for the organ that troubles a large percentage of Americans. We don't do it alone, others in medicine, be they primary care physicians or surgeons or pediatricians, handle some too. However, the key message is that Americans care about their skin, suffer when it is diseased, and are looking for guidance on how to manage it. With this understanding, I think, should come assurance that we in dermatology are doing important work. For too long, derms have suffered from an inferiority complex that suggested that we weren't "real doctors" caring for those with "real diseases." Pay attention, house of medicine, the U.S. population cares about skin disease and is spending a lot of money on it! It is important, and it is growing. An aging population will only increase this growth. Read our story this month and realize your importance.

We also write this month about dermatology's nascent role in the area of asylum seekers. Our colleagues at Cornell understand that our visual acumen can offer assistance to those seeking asylum by affirming their tragic stories. We learn that, while unfortunately torture leaves its marks in many ways, we as dermatologists can identify the signs it leaves in its wake on the skin. How wonderful to be able to contribute in this way to those who've already been through so much. This brainchild is spreading from medical school to medical school as word gets out. I know that reading about these efforts makes me glad to be a dermatologist...trust that you will feel the same.

Handling no-shows, coding precisely, trying to use apps to best advantage in your practice...all of these are important, and part of the daily work life. I think you'll agree that we have some great pieces for you in each of these areas this month. Each is chock full of ideas that you might want to implement. We've been having a no-show problem in my department, and I have started taking some of these steps already! I'll keep you posted on my success at driving this number down in a couple of months.

Derms doing good work for their patients and the world around them. A pretty sweet motto if you ask me.

Enjoy your reading.

ABBY S. VAN VOORHEES, MD, PHYSICIAN EDITOR

MISSION STATEMENT: ***Dermatology World*** is published monthly by the American Academy of Dermatology Association. Through insightful analysis of the trends that affect them, it provides members with a trusted, inside source for balanced news and information about managing their practice, understanding legislative and regulatory issues, and incorporating clinical and research developments into patient care.

Dermatology World® (ISSN 10602445) is published monthly by the American Academy of Dermatology and AAD Association, 930 E. Woodfield Rd., Schaumburg, IL 60173-4729. Subscription price $48.00 per year included in AAD membership dues. Non-member annual subscription price $108.00 US or $120.00 international. Periodicals Postage Paid at Schaumburg, IL and additional mailing offices.

POSTMASTER: Send address changes to ***Dermatology World***®, American Academy of Dermatology Association, P.O. Box 4014, Schaumburg, IL 60168-4014.

DISPLAY ADVERTISING: Contact Bridget Blaney at (773) 259-2825 or bblaney@ascendintegratedmedia.com.

ARTICLE REPRINTS: Contact Carrie Parratt at (847) 240-1770 or cparratt@aad.org

Assessing and assisting asylum seekers

BY KHATIYA CHELIDZE, ANDREW R MILEWSKI, AND ESTHER E. FREEMAN, MD, PHD

In this new column Dermatology World *offers members the opportunity to share their stories about how dermatology is practiced. This month Esther E. Freeman, MD, PhD, director of Global Health Dermatology at Massachusetts General Hospital, and Andrew R. Milewski, Weill Cornell medical student and co-executive director of the Weill Cornell Center for Human Rights, describe how dermatologists can lend their expertise in helping asylum seekers access justice. Khatiya Chelidze, Weill Cornell medical student and research fellow in the MGH dermatology department, discusses her experience assessing a refugee seeking asylum.*

Got a story to tell?

Dermatology World's new First Person column is the place to tell it. Share your personal reflections about how dermatology is changing and how you've adapted — we'd like to know what's on your mind.

Email your story idea to **dweditor@aad.org** and we'll work with you to get your story told. Wondering what an ideal submission looks like? Read this month's edition.

Our client took a moment of silence before starting. She looked down at the floor, then up at the ceiling, then closely at the tips of her fingers gripping the side of the table. She was here for a forensic evaluation through the Weill Cornell Center for Human Rights (WCCHR) to support her asylum application as a torture survivor. She sat on the exam table and recounted her story — the story of her scars, the scars that we would examine and meticulously document in our statement. She described her childhood to us in slow and tense speech. She grew up in a small village in West Africa. Her parents did not have enough money to send her to school. Instead, she was sent to live with an old man who was highly regarded in the village. The man was wealthy; he had multiple wives and many children. He took care of her while she worked to earn her keep in his home. Although he was kind to her, she never loved him because he represented everything that kept her from obtaining an education.

The old man wanted to marry her. Once married, she would likely be forced to have many children, making the pursuit of her dreams impossible. She tried to run away, but her family caught and brutally beat her. For her disobedience, she was locked in a room alone for a month and was beaten constantly. She was given little food and told that she would not be set free unless she agreed to the marriage. But consenting to marriage would never give her freedom. So she ran away once again, this time to the United States. Her journey was not easy. Vulnerable and with no one to turn to, she trusted people who took advantage of her. Several times, she was raped. She had an abortion. She worked long hours at difficult jobs. Now she sat before us, the forensic evaluators, hoping that our assessment of her pain would give her a chance at a home in America.

The most impactful injuries she experienced are the ones that did not leave scars. But many of her injuries did. She was covered in scars. Across her leg ran a large, Y-shaped, hyperpigmented, hypoesthetic and depressed scar from where her mother beat her with a sickle. Beatings with wooden sticks left dark, linear scars along her forearms, which she held up to protect her face and body from the blows. Our team documented, photographed, and attested to every scar and blemish on her body. The affidavit we wrote stated that her physical exam findings were consistent with the story of abuse she recounted to us. Our affidavit was a crucial piece of evidence in her asylum case, and one of the sole pieces of evidence to directly corroborate her testimony about the beatings.

There are an estimated 1.3 million foreign-born survivors of torture living in the United States (Center for Victims of Torture; 2015). The backlog of asylum applications is rapidly increasing and reached 620,000 in 2016. To address this need, the Weill Cornell Center for Human Rights (WCCHR) partnered with Physicians for Hu-

"Despite the need for their expertise in evaluating survivors of torture, dermatologists have not had a strong presence in asylum clinics to date. "

man Rights (PHR) in 2010 to establish a medical student-run asylum clinic, the first of its kind. This organization provides evaluations to survivors of torture seeking asylum in the United States. Since its inception, the clinic has performed 340 evaluations for 293 asylum seekers hailing from 59 countries. Asylum or another form of legal protection has been granted to over 90 percent of the clients whose cases have been adjudicated.

In addition to providing this much-needed service, the WCCHR is committed to educating clinicians of all specialties about refugee and asylee health. Over 500 students and 160 health care professionals have been trained by the clinic to perform forensic evaluations. This cohort of trainees includes representatives from numerous organizations and medical schools across the nation, allowing the WCCHR's model to be replicated at a number of institutions including Columbia University, University of Pennsylvania, and Brown University.

The forensic medical evaluation is largely based on a physical examination of the skin, where many of the stigmata of torture and abuse are found. For example, linear scars are suspicious for beating or whipping; scars on the forearms often occur if the victim is trying to block their attacker; scars at the wrist may indicate suspension or handcuffing; ligatures result in circumferential linear alopecia on the extremities (*J Am Acad Dermatol.* 2011;64:811-24). In clients with electrical injury, skin punch biopsy may be diagnostic. Forensic dermatology is an underserved field (*J Am Acad Dermatol.* 2011;64:801-8). Despite the need for their expertise in evaluating survivors of torture, dermatologists have not had a strong presence in asylum clinics to date. Outside of forensics, survivors of torture are prevalent among foreign-born patients in ambulatory care settings as well (*J Gen Intern Med.* 2006;21:764-8). Knowledge of these topics is imperative in providing comprehensive care to patients.

Dermatologists can learn more about forensic evaluations at PHR's website, **physiciansforhumanrights.org**. Those who wish to get involved may join the PHR Asylum Network, which comprises a community of health care professionals who perform pro bono forensic evaluations for asylum seekers. Dermatologists may also reach out to their local medical student-run clinic, if one exists. Asylum evaluation trainings are held regularly by clinics and human rights organizations and are typically open to all clinicians. Those who wish to start a clinic at a medical school will find an extensive list of resources on the WCCHR's website, **www.wcchr.com**, and are encouraged to contact the clinic's leadership.

Our client works hard in New York as a nursing assistant. She dreams of going further in her studies to become a nurse practitioner. With our affidavit, she stands in court defending this dream, and she wins. ***dw***

Get involved

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www.wcchr.com

for an extensive list of resources from the Weill Cornell Center of human rights (WCCHR).