



A Holistic Vision for the Asylum Clinic



Matthew Gartland, MD, Director of the Asylum Clinic

“AS PHYSICIANS OUR JOB is to think holistically about health,” says Altaf Saadi, MD, MSc, Co-Director of the MGH Asylum Clinic. This comprehensive view orients the future of the Asylum Clinic—which conducts forensic medical examinations for individuals seeking asylum.

Since launching in October 2017, the Asylum Clinic has undergone tremendous growth; increasing its capacity to perform examinations for asylum-seekers, responding to COVID-19, and bringing together a wide network of providers within MGH and the greater Boston community.

“We’ve seen about 325 asylum-seekers in the last three and a half years,” Matthew Gartland, MD, Director of the Asylum Clinic says. “We have 140 volunteers who are active with us at MGH. We have a network of about 65 volunteers in the wider Boston region.”

Noting this success and the Clinic’s expanding capacity to provide forensic medical examinations, the Asylum Clinic’s leadership asked *what else can we be doing?*

To complement the work and serve clients beyond the examination, the Asylum Clinic is focused on the expansion of several projects: connecting asylum-seekers to support after their forensic medical examinations, finding ways to conduct community responsive research, and expanding the clinic’s capacity for advocacy in the asylum and immigration spaces.

Manami Uechi, MD, MMSc, joined the Asylum Clinic this past February as a Program Coordinator. Uechi was born in Japan and moved to the United States when she was 15.

She faced isolation after moving that cemented a desire to serve and support those who immigrate to other countries. This experience also helped her understand the fear and language barriers many asylum-seekers encounter.

In her role as Program Coordinator, she helps connect clients with local services. Her role focuses on the social determinants of health needs of the Asylum Clinic’s clients.

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Ending the COVID-19 Pandemic Together

ON DECEMBER 8, 2020, Margaret Keenan, a 91-year-old woman, received the first approved Pfizer-BioNTech COVID-19 vaccine dose in the world. Pfizer and BioNTech collaborated to produce the vaccine in less than a year. Moving through clinical trials and producing an effective vaccine in such a short period of time is one of this generation’s greatest biotechnological achievements.

However, the Pfizer-BioNTech vaccine was just the first vaccine to be approved by the European Union, the Food and Drug Agency in the United States, and the World Health Organization (WHO). Both Moderna and Johnson & Johnson have since received approval for their vaccines; AstraZeneca’s vaccine has been approved in many countries; Novavax entered their vaccine in Phase 3 clinical trials; and China, Russia, and India have also produced their own vaccines.

The WHO supplemented the approval of vaccines by making recommendations on how to prioritize vaccinating the most vulnerable. Vaccine priority guidelines generally listed healthcare workers and elderly populations first, then adults at higher risk of COVID-19 infection,

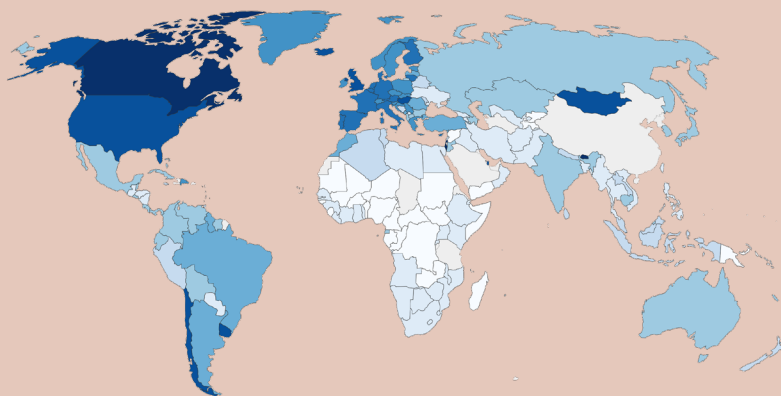
and finally the rest of the population. The WHO also collaborated with Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness (CEPI) to create COVAX, an initiative designed to acquire and equitably distribute vaccines, focused on delivering them to low- and middle-income countries.

Despite these efforts, five months after the first vaccines were approved, only 0.2% of administered doses were in [low-income countries](#), while high-income countries had administered 87% of global vaccine doses.

These wide disparities in global vaccination rates contributed to the COVID-19 surges in India, Brazil, and other Southeast Asian countries in April. On May 6, at the peak of their surge, India reported 414,188 cases of COVID-19. The following week, India saw over

4,000 people dying of COVID-19 every day. Less than 10% of India’s adult population had received even a single vaccine dose at the beginning of the surge. In contrast, 40% of United States adults had received at least one vaccine dose by the beginning of May.

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Share of People Who Received at least one dose of a COVID-19 Vaccine June 7, 2021
Source: Our World in Data

Building a Global Oncology Community

OVER THE PAST several decades, cancer technology has grown immensely. Oncology research has led to new treatments and therapies. Patient outcomes have improved for a variety of cancers. All of this growth saves lives.

“There is tremendous growth and scientific progress happening,” echoes MGH oncologist Aparna Parikh, MD, MPH. “Yet, where the preponderance of cancer cases is happening, people don’t have access to these developments.”

In 2018, 59% of new cancer cases were in low- and middle-income countries and a disproportionate 70% of cancer deaths occurred in them. However, the majority of the aforementioned growth in cancer technology is developed in resource-rich settings and rarely applied to the places where the need is greatest.

Dr. Parikh, a specialist in gastrointestinal malignancies at the MGH Cancer Center, has spent much of her career working to improve cancer care in resource-limited settings, attempting to bridge the gap between new oncology technologies and the people that most need them. On May 18, she was appointed as the inaugural Director of the MGH Global Cancer Care Program, a collaboration between the MGH Center for Global Health (CGH) and MGH Division of Hematology and Oncology.

Parikh’s drive to service came from her parents, two Indian-born physicians who raised her in the state of Indiana. Parikh describes her parents as having, “a profound sense of service.” This sense of service and the experiences Parikh had during childhood summers spent in India led her to global health.

When Parikh engaged in global health work as a medical student, she strongly considered a career in infectious diseases. However, her time spent outside the United States showed her how overlooked cancer was in global health.

“In college, as well as medical school, I took some time off to do global health work,” she says. “I saw so much cancer and disparities in diagnosis, prevention, treatment, and palliation. At the time, I didn’t feel like we were having a conversation about inequities in cancer care. I felt very compelled to start thinking about oncology specifically.”

Since making the decision to work in global health oncology, Parikh has collaborated on a series of projects: she helped develop a cancer registry to close epidemiological gaps in cancer reporting in several African countries; she developed palliative care protocols in India to address the delivery of palliative care in resource-limited settings; she is an executive committee member of MGH group [BOTSOGO](#), which is working to improve access to quality cancer care in Botswana; and she co-created the [Program for Enhanced Training in Cancer \(POETIC\)](#), a fellowship program that aims to build global cancer care capacity through the training of African oncologists.

The new MGH Global Cancer Care Program seeks to create a community between MGH faculty and staff that currently work or have interest in improving global oncology. To Parikh, the development of the program could not come at a better time.



Aparna Parikh, MD, MPH, Director of the MGH Global Cancer Care Program

“We’re seeing an epidemiologic shift happening as the global population grows and ages,” Parikh explains. “Some parts of sub-Saharan Africa are projected to have an 80% or more increase in cancer incidence in the next 15 years.”

Cancer is already the second leading cause of death worldwide, with 10 million deaths in 2020. It is one of a number of chronic non-communicable diseases threatening to have an unbalanced negative impact in lower-middle income countries.

“As a global cancer community, we need to come [together] around this,” Parikh urges. “We used to say that we couldn’t deliver infectious disease care, but we did. Now, we need to figure out how to do this for cancer.”

In her role, Parikh hopes to stitch together a community to find these answers. She recognizes the great work being done by MGH affiliates across the cancer continuum—from prevention to treatment to palliation—and is looking forward to bringing these voices together.

“All the individual work that has gone on is wonderful,” she says. “I think if we can get everyone in the same room and thinking, that collective voice will be better and more powerful.”

Louise Ivers, MD, MPH, DTM&H, Executive Director of CGH shared this feeling. “We are delighted to bring our resources together to work with Dr. Parikh, her colleagues in the cancer center, and our global partners to advance access and outcomes for cancer care,” she says.

The MGH Center for Global Health strives to bring together individuals across the institution and accelerate global health impact through equitable partnerships. In collaboration with the Division of Hematology and Oncology, the Global Cancer Care Program aims to develop the MGH Cancer Center’s strategic priorities, emphasizing the importance and value of global oncology.

“Let’s start bringing together a community of people that care about [global] cancer care,” Parikh says. “And there’s people that already do.”

Global Disaster Response Returns to Matamoros, Mexico and Supports India’s COVID-19 Response

MATAMOROS, MEXICO is a city located on the Mexico-United States border and the receiving site for many individuals seeking asylum who have been sent back from the United States while they await their immigration hearings. Although the Biden administration altered Trump-era immigration and asylum policies to allow more asylum seekers into the United States, the camp is still populated with many individuals.

The Matamoros camp was originally established with no access to food, water, sanitation, or basic medical care or hygiene. Global Resource Management (GRM), an international medical nonprofit organization, has operated a medical clinic in Matamoros to help meet these needs. In the fall of 2020, Global Disaster Response (GDR) dispatched a team to support GRM’s work in Matamoros.

On May 3, 2021, many of the same individuals re-deployed to continue this work. The team consisted of MGH Global Nursing Director Mary Sebert, RN, MPH, Global Disaster Response and Humanitarian Action (GDRHA) Director Lindsey Martin, NP, GDRHA Deputy Director Kristen Giambusso, MPH, Annekathryn Goodman, MD, MS, MA, MPH, and Lynn Black, MD, MPH. The team helped treat over 100 patients a day in the camp, expanding the manpower at GRM’s field clinic. This second deployment alongside GRM continues the Global Disaster Response and Humanitarian Action’s commitment to supporting immigrant communities at our borders and within our communities.

GDRHA has also supported India amidst the subcontinent’s COVID-19 surge which began in mid-March. GDRHA worked closely with MGH Global Medicine Resident [Pooja Yerramilli, MD, MPH](#), to devise a response, collaborated with Direct Relief and Mission Oxygen to provide a support, and is partnering with Sir Ganga Ram Hospital in New Delhi to provide clinical volunteers to provide virtual case counseling. Read more and find out how you can support these efforts [here](#).

CGH-Sponsored Master of Nursing Students Graduate from Mbarara University of Science and Technology

ON APRIL 24, 2021, Mbarara University of Science and Technology held a virtual graduation ceremony in which eight, MGH Center for Global Health sponsored, Master of Nursing Critical Care students graduated. CGH sponsored these students through the First Mile Program.

The graduates were Jennifer Alobo, Brenda Ninsima, Joseph Atukwase, Johnan Turyasingura, Nagaba Ritah, Were Phiona, Jalia Nakandi Seruwadda, and Komugabe Peninah. The newly minted graduates are moving onto a variety of careers: Turyasingura is currently doing clinical work at Uganda Heart Institute, Ninsima serves as Assistant Lecturer at Kabale University in South Western Uganda, Alobo plans to work with the National Health Service in the United States, and Atukwase works with the Aga Khan University as a Research Assistant while applying for PhD admission.

Congratulations to the graduates!



From left to right: Joseph Atukwase, Johnan Turyasingura, Phione Were, Jennifer Alobo, Jalia N. Seruwadda, and Peninah Komugabe

CGH Launches Grant to Support Researchers in Low- and Middle-Income Countries

CGH RECENTLY LAUNCHED the MGH Global Health Finish Line Grant (GHFLG). The grant aims to provide junior investigators and trainees from MGH global health faculty partner sites with the funds, support, and mentorship they need to bring their research projects to completion.

With the creation of the GHFLG, CGH acknowledges the financial and time challenges many researchers from low- and middle-income countries face while conducting research. By providing financial support and promoting mentorship between partner sites, CGH hopes to alleviate some of these barriers.

GHFLG grants range from \$500-\$2,500 per award each year. They can be used for protected time, childcare support, publication costs, administrative support to facilitate submissions, or other specified tasks.

Pre-tenured junior investigators or trainees from low- and middle-income countries with CGH faculty mentors are encouraged to apply [here](#).

AWARDS & HONORS



MGH Center for Global Health Executive Director **Louise Ivers, MD, MPH, DTM&H**, was awarded the Marshall Wolf Award in Social Medicine and Health Equity from Brigham and Women's Hospital Division of Global Health Equity. The award recognizes her teaching and mentoring of residents and commitment to social justice.



Director of Continuing Medical Education for the Division of Palliative Care and Geriatrics **Bethany Rose-Daubman, MD**, was named a Sojourns Scholar through the Cambia Health Foundation for her work with American Indian Tribal lands in South Dakota. Sojourns Scholars receive funding to promote the field of palliative care through an innovative and impactful project.



Mbarara University of Science and Technology (MUST) lecturer **Fortunate Atwiine, RN, ICN, BNSc, MNsc., PhD**, was honored as the new Head of the Nursing Department at MUST on February 2, 2021. Dr. Atwiine was also promoted to Senior Lecturer within the Department of Nursing in 2020 and spearheaded the COVID-19 response at Mbarara Regional Referral Hospital.



CGH Director of Global Health Research, **Jessica Haber, MD, MS**, was named the Chair of the Women in Medicine Working Group for the MGH Department of Medicine's Diversity and Inclusion Board. In the role, she will be responsible for advancing policies and programs that support the success of women faculty in the Department of Medicine.



Post-doctoral research fellow at Makerere University and MGH collaborator **Rita Nassanga, MBChB, MMed**, was awarded a 2021 Fogarty Research Fellowship. Nassanga will work with Mark Siedner, MD, MPH, and team to study HIV and cardiomyopathy in Uganda as part of this award.



—The Asylum Clinic

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“Social determinants of health are factors and conditions in environments where individuals live, work, and learn that affect all aspects of their health, well-being, and quality of life,” Uechi says. “Social

determinants of health often contribute to a wide range of health inequities and disparities.”

“In the past many of our volunteers have gone the extra mile to do this connecting,” Gartland explains. “But we’re now building a formal system to do it on a broader scale to provide holistic care.”

In addition to connecting people to local resources, the Asylum Clinic has begun to serve a role in research and advocacy. In her



Manami Uechi, MD, MMS,
Program Coordinator MGH
Asylum Clinic

role, Saadi helps craft this new future for the Asylum Clinic.

Before volunteering with the Asylum Clinic, Saadi, a neurologist, worked with asylum-seekers in Los Angeles, California and with the Physicians for Human Rights Network. In her work she’s advocated for improved research on asylum-seekers, to better understand their needs and experiences.

“There are many unanswered questions about how to best care for this population,” Saadi says. “Especially thinking about cognitive issues and trauma that affects the legal process. The hope of the Asylum Clinic is to gather community input and really to start at ground zero and ask what are the questions that we should be asking.”

“We’re also partnering with The Center for Immigrant Health at MGH to build a community advisory board,” Gartland continues. “In that group will be people with lived experience of seeking asylum, immigrants,

and people leading community organizations serving the immigrant

community. This group will help us direct the future and determine what the needs of our potential clients are.”

This focus on community engagement will ensure the Asylum Clinic is actively aligned with the needs of its clients. However, the clinic recognizes there are still many needed changes to make communities in the United States more responsive to individuals seeking asylum. This drives the Asylum Clinic’s expansion of its advocacy



Altaf Saadi, MD, MSc, Co-Director,
MGH Asylum Clinic

projects.

“Because of the work we do and because of the climate for immigrants in this country right now, we feel there’s a role we need to play as advocates,” Gartland says. “Especially because of our medical expertise.”

Similar to the social determinants of health work being formalized by Uechi, many Asylum Clinic volunteers previously engaged in advocacy work independently—Gartland and Saadi both have provided testimony on behalf of immigrants or incarcerated populations. However, the clinic hopes to coalesce these individual efforts into a unified and targeted advocacy approach.

“How can we leverage the unique experience of our clinicians?” asks Saadi. “How do we speak and talk to policy-makers around policies that negatively impact [asylum-seekers]?”

The clients, volunteers, and community partners involved with the Asylum Clinic shape the program’s future and help answer these questions. Now, as the Asylum Clinic moves beyond forensic medical examinations into a more holistic model, Uechi, Gartland, Saadi, and the full network of Asylum Clinic volunteers have an opportunity to support asylum-seekers in ways beyond medical examinations.

—Vaccine Equity

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“Without equitable vaccine distribution, entire populations in high-income countries will be vaccinated well before frontline workers in low- and middle-income countries,” cautioned Global Medicine Resident Pooja Yerramilli, MD.

“In a pandemic, we as a global society remain vulnerable when we refuse to protect our most marginalized communities—*healthcare heroes*, and their patients deserve to and must be vaccinated for all of us to recover together.”

Even before the first vaccines were approved, the MGH Center for Global Health (CGH) supported [two papers](#) warning against the possibility of vaccine inequity. Then, from the moment providers started administering vaccines, CGH began working to raise the alarm on the fruition of this inequity.

In January, CGH hosted an [event](#) discussing vaccine inequity featuring CGH Executive Director Louise Ivers, MD, MPH, DTM&H; John Nkengasong, MSc, PhD, Director of the Africa Centres for Disease Control and Prevention; Vanessa Kerry, MD, MSc, co-founder and CEO of Seed Global Health; and Wanda McClain, MPA, Vice President of Community Health and Health Equity at Brigham Health. Then, on March 3, Ivers, along with colleagues Akash Gupta, MD; Jana Jarolimova, MD; and Jacob

Rosenberg, MD, PhD, penned an [open letter](#) to President Biden and the pharmaceutical industry advocating for increased vaccine production, support for global vaccine delivery efforts, and transparent and affordable global pricing.

“There is a myth that the world is fighting over a set supply of vaccines,” Rosenberg says. “The truth is that if we work together, we can increase vaccine production to supply the world and deliver those vaccines in a way that maximizes health for everyone.”

Operating with this perspective, the open letter called on the Biden administration’s support for intellectual property waivers, implored pharmaceutical companies to share technology to increase vaccine production, and stressed the importance of increasing funding for the COVAX initiative.

On May 5, while India contended with the peak of its COVID-19 surge, United States Ambassador Katherine Tai issued a statement signaling the Biden administration’s support for waiving intellectual property protections on COVID-19 vaccines. The statement reversed the administration’s previous position on intellectual property waivers and was seen as a small victory in the many steps needed to end the pandemic.

“Transmission anywhere is a risk for transmission everywhere,” Ivers says. “You can’t contain a pandemic in just one place and think that you’re going to be successful in the long term.”

Share Your Work with the MGH Global Health Community

If you have an idea for a future newsletter or would like your global health related work featured please email globalhealth@partners.org