[redacted], M.D.
[redacted]
NEW YORK, NY 10006
TELEPHONE [redacted]
FACSIMILE [redacted]

UNITED STATES DEPARTMENT OF HOMELAND SECURITY
UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES

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In the matter of :

[redacted] :

[redacted] :

Applicant :

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DECLARATION OF [redacted], M.D.
IN SUPPORT OF APPLICATION FOR ASYLUM, WITHHOLDING OF REMOVAL AND RELIEF UNDER THE CONVENTION AGAINST TORTURE OF

[redacted], M.D., pursuant to 28 U.S.C. § 1746, declares:

1. I am an American physician licensed in the State of New York, currently working as an Assistant Professor in the Department of Medicine at Mount Sinai School of Medicine. I am fully trained and board-certified in the specialty of Internal Medicine/Allergy and Immunology and hold an appointment in the Departments of Medicine at Mount Sinai Medical Center and Downtown Hospital.

2. I am a graduate of Albert Einstein College of Medicine. I received my clinical training at the Residency Program in Internal Medicine St. Luke's Hospital Center where I served in my final year as Chief Resident.

3. Since completing my residency I have served as attending physician for one year in a full time capacity at the St. Luke's Hospital Emergency Department, designated as a Level I Trauma Center in the Emergency Medical Service system. I am now in private practice in internal medicine, allergy and immunology in New York City.

4. I have received specialized training at [redacted] in the use of medical skills for the documentation and treatment of torture victims. I have previously conducted over one hundred examinations prior to meeting with Ms. [redacted].

5. On [redacted] I conducted a 2 hour interview of Ms. [redacted] at my office at [redacted], New York, NY with the assistance of a French interpreter. The following is my understanding of the events based on my interview and examination. I have just included facts relevant to my physical findings.

6. Ms. [redacted] recalls she was in school when the [redacted] (a student group that supports the government) attacked, carrying "tools to hurt people." At one point, Ms. [redacted]'s

cell phone rang and one of the [redacted] swung a machete and struck Ms. [redacted] 's right hand across the fingers, cutting across the 3rd, 4th and 5th fingers resulting in permanent deformity. After the blow she was also struck in the chest with a mace. She bled from both wounds. They remained in the school for a couple more days. The military arrived. They did not bother to separate the [redacted] from the students. They starting shooting at everyone and all ran away from the school.

7. Ms. [redacted] and others were trying to get home but there was smoke, fires and the sound of gunshots. It took some time for them to make it to Ms. [redacted] 's hometown of [redacted]. Her injuries were very painful and, as Ms. [redacted] had lost her shoes, her feet hurt. Before getting to [redacted], Ms. [redacted] received various injuries to her legs and feet, from being barefoot for most of the journey, and from fire, metal objects, and thorny grass/bush. There are scars as a result of these injuries.

8. When Ms. [redacted] eventually got to her house and saw her mother. Her mother told her about her father's death and her younger brother's disappearance. Their house burned down and a friend of her mother came and took them in for a while. They then left for [redacted]

9. For her wounds her mother at first used some African medicines but the chest and hand wounds were infected and drained pus. In [redacted] her mother obtained medication for her, both oral and topical, which cleared the infection. The chest wound still causes Ms. [redacted] pain.

10. Physical Examination of Ms. [redacted] showed:

    a. Right hand:
        i. A thin 2 cm linear scar across the thumb side and top of the middle finger (images 1 and 2)
        ii. Stellate 1 cm darkened scar across upper joint of 4th finger (images 1, 2)
        iii. 1 cm subtle scar across upper joint of 5th finger (image 3, faintly visible)
        iv. Gross deformity of the 4th and 5th fingers with absent extension of terminal aspect of 4th finger and both proximal and distal joints of 5th finger. (image 4)

    b. Right Leg:
        i. Two small adjacent scars over right ankle covering a 1.5 cm x 1.5 cm area, attributed to striking a metal bar (image 5)
        ii. Small dark scar over right heel 1.5 x 0.5 cm attributed to striking a metal bar (image 6)
        iii. Inner calf – 5 x 4 cm area with a stippled scar attributed to burn from hot metal rod (image 7).
        iv. Scattered scars over knee and lower leg attributed to thorns or brush, measuring a 1-3 cm in length and generally narrower in width (images 8,9)

    c. Upper Chest:
        i. 1/2 cm deep depressed scar slightly right of center and at clavicle height, measuring 3 cm x 5 cm (images 10,11)
        ii. Thickened scar measuring 5 cm x 2.5 cm a few cm directly below other scar (images 10,11)

11. Interpretation of physical findings:
    a. The right hand scars correspond to a single blow with a sharp object. The scars align in the images. The visible deformities are related to tendon damage. The extensor finger tendons (extensor digitorum) run very superficial to the skin and may be easily injured.
    b. The right calf scar appears to be a burn scar. It is oval suggesting it could have been a construction object such as a steel rod. The variable pigmentation of the scar is an indication that heat conductance was more efficient through some parts of the metal or that the end of the object was irregular.
    c. The right heel and ankle scars are nonspecific but may be consistent with her account
    d. The linear leg scars are consistent with a superficial glancing injury as may occur when passing thick brush or thorns.
    e. The chest scars tell a unique story. The upper scar was clearly a penetrating wound with a sizable object consistent with one of the spikes of a mace. It is likely that the lower scar was due to a glancing blow from an adjacent spike, which is to be expected when struck with a curved object. The thickened scar suggests damage to but not complete destruction of the underlying skin as opposed to the deeper penetrating injury.

12. My assessment is that Ms. [redacted]'s scars bear witness to the multiple traumas and are entirely consistent with her account. The chest scars are exactly what one might expect as a result of a blow with a mace. The right hand scars' alignment and tendon damage is typical of a single blow from a sharp object such as a machete. The right calf scar does appear to be highly consistent with a burn as well. In my ten years of examining asylum seekers I cannot recall a more compelling forensic case.

13. I would be willing to answer questions or further explain my findings.

I, [redacted], M.D, declare, under penalty of perjury, that the foregoing is true and correct.

Signature [redacted]
[redacted], M.D.

Date [redacted]