The U.S. administration’s appalling crackdown on desperate immigrants reached new lows in early May, when the Department of Justice began forcibly separating children from their parents as they cross into the United States from Mexico. Forced family separation is profoundly harmful to children and to families and violates fundamental human rights. The toxic stress that can result is linked with depression and PTSD in children, and can cause social, emotional, and cognitive impairment right into adulthood. Physicians for Human Rights (PHR) immediately mobilized health professionals from across the country to stand up to this cruel policy, and more than 20,000 health professionals and three professional organizations have signed our letter to Attorney General Jeff Sessions and Secretary of Homeland Security Kirstjen Nielsen demanding an end to forced family separation. We kept up the pressure when President Trump’s Executive Order replaced the practice with family detention. Children do not belong in jails, and, with your support, we are sending a clear message to the U.S. administration that its inhumane immigrant detention policies must end.

"Separating parents and children is absolutely devastating ... and can result in impairment of their social, emotional, and cognitive functioning."

Kathryn Hampton,
PHR Network Program Officer

You Are Standing Up for Immigrant Families

U.S. border patrol agents take Central American immigrants into custody near McAllen, Texas. 
Photo: John Moore/Getty Images
Please Tell the World What They Have Done to Us

On August 27, 2017, terror rained down on Chut Pyin, Myanmar, home to some 1,400 minority Rohingya Muslims. Security forces, joined by Buddhist civilians, rampaged through the village, burning homes, shooting at fleeing villagers, raping girls and women, and slaughtering men and boys. Through cracks in the walls of her home, 12-year-old Laila H.* saw the mob advancing. Moments later, her home was set on fire. She and her family tried to escape by running toward nearby rice fields, but they were shot as they fled. Laila's pregnant mother fell to the ground, mortally wounded. All around her, family members were downed by bullets, including her two younger brothers and her older brother, whose throat was slit by the attackers after he was shot. Laila felt a sharp pain in her left lower leg and fell; she looked down to see a bullet protruding from her flesh. She hid in the fields for hours. Nearby, she could see the bodies of 15 people, including her family members. Finally, after the killers had retreated, locals carried Laila to a nearby village. There, she was reunited with her younger brothers and their grandmother, and, together, they made their way to the refugee camps in Bangladesh. Laila's mother, father, sister, and older brother were all killed.

PHR’s director of programs, Homer Venters, MD, heard Laila’s harrowing story, and many others like it, during PHR’s extensive investigation into the surge of state-sponsored violence that has driven more than 700,000 Rohingya from Myanmar since August 2017. On three trips to the refugee camps near Cox’s Bazar, Bangladesh, teams of PHR doctors conducted forensic medical evaluations of Rohingya men, women, and children like Laila. These examinations corroborate refugees’ reports of the unspeakable horrors they suffered in Myanmar – violence that the UN says bears the “hallmarks of a genocide.” PHR has been investigating and detailing Myanmar’s systematic oppression of the Rohingya since 2012, and your generosity has made this critical work possible. Today, your continued support is putting our medical teams on the ground in Bangladesh and around the world, helping us contribute our unique scientific research to international investigations that will stop human rights abuses and hold the perpetrators accountable.

Policymakers, the media, and justice efforts around the globe benefit from our valuable data. With the evidence we are gathering, we will make sure the world knows the truth about what happened to the Rohingya people. Your commitment to justice is making that possible.

*Name changed and faces blurred for security reasons.

In Thyankhali refugee camp in Bangladesh, Rohingya refugees Laila, 12, and her 5- and 7-year-old brothers show PHR Director of Programs Homer Venters, MD where they were shot by Myanmar attackers who massacred their family and destroyed their village of Chut Pyin.
Photo: Salahuddin Ahmed for Physicians for Human Rights
Exposing Shameful Abuse in U.S. Detention

In the increasingly dire landscape for immigrants and asylum seekers in the United States, medical professionals in PHR’s Asylum Network are shining a spotlight on the suffering of the growing number of people being held in immigration detention facilities across the country’s southern border.

Altaf Saadi, MD, a neurologist and fellow at the National Clinical Scholars Program at UCLA, recently toured the South Texas Detention Center and Laredo Processing Center to assess conditions and access to health services for detainees. There, she heard countless stories of inadequate medical and mental health care:

“I met a woman who did not receive her blood pressure medications until she began experiencing chest pain, four days after she was initially detained and had notified clinicians that she suffered from chronic hypertension. Another person, with a chronic blood clotting condition, similarly did not see a physician for several days, despite complaining of a debilitating headache and leg swelling. A clinician later found a blood clot in the person’s leg. The stories of inadequate care, neglect, and indifference also applied to the more mundane, daily aspects of life—sometimes, there was even outright harassment and hostility. A woman reported developing an eye infection because she was denied glasses or contact lens solution, and was instructed to use tap water as a substitute. Multiple women reported frequent vaginal infections and urinary tract infections from poorly washed underwear. There were live worms reportedly found in food served. The one suicide watch room our group toured at Laredo Processing Center seemed typical of a solitary confinement jail cell: a barred metal door leading the way into a small, dark space without natural lighting, a space where I could only imagine a detainee’s mental state deteriorating in isolation.”

The kinds of practices that Dr. Saadi observed violate U.S. and international law requiring that all detainees receive adequate medical care. PHR’s Asylum Network supports people seeking asylum in the United States by providing them with forensic medical and psychological evaluations to corroborate their stories of abuse and persecution in their countries of origin. Subjecting these survivors to further trauma upon arrival is unconscionable: by supporting PHR’s asylum work, you are helping us ensure that these abuses end, and that the United States upholds its human rights obligations.

“"I met a woman who did not receive her blood pressure medications until she began experiencing chest pain, four days after she was initially detained and had notified clinicians that she suffered from chronic hypertension."
Yazidi activist and physician Nagham Nawzat Hasan, MD brought attendees to their feet at PHR’s fourth annual gala with an impassioned and moving appeal on behalf of Yazidi women and girls subjected to sexual slavery at the hands of ISIS. “These women ... deserve to be heard. They deserve protection, support, and a future,” she told the May 2 gathering at the Mandarin Oriental in New York. “I'm here tonight ... to convince you to join my struggle for justice.” Dr. Hasan, who has dedicated her life to helping survivors freed from captivity and sexual slavery and is a partner in PHR’s work in Iraq, was presented with the 2018 Physicians for Human Rights Award by acclaimed actress and activist Julianna Margulies. “She stared down death and suffering and savagery,” Margulies said of Hasan, “and she doesn’t blink.”

We also honored Mona Hanna-Attisha, MD, a pediatrician and public health advocate whose research revealed that children in Flint, Michigan were being exposed to dangerous levels of lead; Norma Price, MD, a retired physician and humanitarian who provides emergency medical assistance to migrants crossing the Arizona desert; and Alex Wubbels, RN, a registered nurse and clinical nurse educator who was arrested for upholding her hospital’s policy when she prevented police from drawing blood from an unconscious patient. The three were presented with the 2018 Physicians for Human Rights Award by PHR Board Member and ACLU Executive Director Anthony D. Romero, who praised their “uncommon courage and bravery ... at the vanguard of the human rights movement.”

“These four brave and strong women epitomize the sweet victories that can come from relentless human rights activism, free from pessimism and free from defeatism,” PHR Executive Director Donna McKay told the gathering. “I have no doubt that we can build a more just world when doctors, nurses, psychologists – all clinicians – use the cherished principles of their professions to defend human rights.”
Honoring Heroes of Health and Human Rights

continued

PHR honorees Alex Wubbels, RN, Norma Price, MD, and Mona Hanna-Attisha, MD, and PHR Board Member and ACLU Executive Director Anthony D. Romero at the 2018 PHR gala.

PHR Board Chair Kerry J. Sulkowicz, MD speaking at the 2018 PHR gala.

PHR Founders and Board Members Robert S. Lawrence, MD and H. Jack Geiger, MD, left and right, and Cynthia Lawrence, center.

Medical students and PHR Student Advisory Board members Nick Stukel, Kelsey Young, and Kevin Diasti at the 2018 PHR gala.
Why is MediCapt necessary in Kenya?

Nearly 40 percent of Kenyan women and girls have suffered sexual and gender-based violence. Only a fraction of survivors report these crimes, but even those who do face real challenges in seeing their cases get to court.

Often, the doctors, nurses, and other clinicians who examine survivors collect incomplete information that can’t be used as evidence to prosecute the cases. Sometimes there’s no police car — or, if there is a vehicle, there’s not enough fuel in the tank — to collect or deliver evidence. Many facilities lack secure storage to keep their documentation and evidence safe from tampering, loss, or destruction. And, finally, lack of coordination and distrust among the professionals involved — clinicians, police officers, lawyers, and magistrates — means that, often, this vital information does not get transmitted to those who need it.

MediCapt can help overcome many of these challenges. It prompts the examining clinician to fill out all the necessary information related to the incident, so there’s a complete electronic record of the patient’s narrative, report of the incident, injuries, examinations performed, and lab tests conducted. MediCapt also prompts clinicians to take forensic photographs of physical injuries sustained. All this information is uploaded to the cloud and can then be accessed in a secure and efficient way by other professionals working on the case, such as police, lawyers, and judges.
MediCapt: A Game Changer in the Fight Against Sexual Violence

What was your strategy for introducing MediCapt in Kenya?
First, we surveyed the four counties where PHR works and assessed existing mobile technology, electronic systems at health facilities, and the strength of the referral pathways for sexual violence survivors. We chose Naivasha Sub-County Referral Hospital, about two hours northwestern of Nairobi, as the pilot site because of the skills and resources within the institution and also because there was already good coordination between the police, health care workers, and judiciary in the area following our training workshops there over the last few years. The 13 medical professionals we selected to pilot the app have named themselves the “pioneers” of MediCapt and are giving us valuable feedback on how to improve it.

You’ve been a key player in the launch of MediCapt in Kenya. How do you feel about the project and its potential?
MediCapt is a game changer, not only in the documentation of sexual offenses to support investigations and prosecutions, but also because the information that MediCapt collects can be used to improve services in the institutions where it is used. And by analyzing trends and patterns in the data, the Kenyan government can use MediCapt to allocate resources, even for rapid response and emergency preparedness. It can also improve coordination and collaboration across the various sectors. I echo the sentiments of the pioneers who are currently testing MediCapt: I can’t wait for it to go live!

“Nearly 40 percent of Kenyan women and girls have suffered sexual and gender-based violence.”

PHR Kenya Program Associate
Suzanne Obanda Kidenda

MediCapt’s step-by-step interface ensures that clinicians document all critical information when evaluating survivors of sexual violence.

Photo: Adriane Ohanesian for Physicians for Human Rights
For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared in the Nobel Peace Prize for its work to end the scourge of land mines, uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

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