



## You Asked for Reliable, Science-based Information – We Delivered

Racial disparities and COVID-19. Mental health effects of the pandemic. Increased intimate partner violence brought on by lockdowns. Disease threats to prison and detention populations. Since the start of the COVID-19 crisis, the expertise and insight of Physicians for Human Rights (PHR) and our vast network of clinicians and others has been in extraordinary demand, more than at any time in our history. We have fielded non-stop requests from legal experts, policymakers, the media, partners, and other stakeholders for expert analysis, collaboration, and consultation on the pandemic's impact, especially on communities and people most at risk. Your support helped PHR pivot our work to focus on the COVID-19 crisis and to emerge as a leader in confronting the unprecedented health and human rights implications of this public health emergency. Thousands of people have signed up for our wide-ranging weekly webinars, which are featuring the critical scientific and medical voices we all need to hear right now. Many medical practitioners are taking the skills they learn in our how-to webinars on conducting remote evaluations and

producing expert medical declarations to highlight the health risks facing asylum seekers and to free them from the danger of infection in immigration detention. Our guidelines on how to safely allow asylum seekers and children entry at the U.S. border and on how to safely release people from immigration detention during the COVID-19 pandemic are being distributed across the country. And we are now sharing our principles for a global rights-based response with governments and inter-governmental organizations, including on how to protect health workers, ensure quality health care for all, and safeguard human rights and humanitarian responses in the COVID-19 era. At a time of enormous uncertainty, you're helping us respond with science-based expertise to the unprecedented hunger for reliable information from a trusted source.

*Doctors working with COVID-19 patients at a hospital in Porto Alegre, Brazil.*

*Photo: Silvio Avila/AFP/Getty Images*



# Threatening Health Care Workers? Not on Our Watch.



Doctors and medical staff of a hospital in Uttar Pradesh, India hold signs to protest against the recent assaults on health workers during the nationwide COVID-19 lockdown.  
Photo: Sanjay Kanojia/AFP/Getty Images

The COVID-19 pandemic has exacerbated an appalling global trend: violent attacks against health care personnel.

Since the start of the pandemic, people fearful of contagion have attacked health care workers on more than 200 separate occasions: nurses and doctors have been physically assaulted in Mexico, a Filipino nurse had bleach thrown in his face, and health care workers in India have been beaten, threatened, and evicted from their homes. PHR has spent more than three decades defending and protecting health care professionals. As the attacks proliferated, we joined forces with the International Council of Nurses and the World Medical Association to demand an immediate end to assaults against health care personnel – and our

recommendations were published in the *Lancet*, one of the world's most respected scientific journals. In the face of so many unknowns, one thing is certain: with you, we will never stop advocating on behalf of the brave health workers who protect our lives and wellbeing.

Health care workers protest over lack of protective equipment outside the British prime minister's residence.  
Photo: Tolga Akmen/AFP/Getty Images





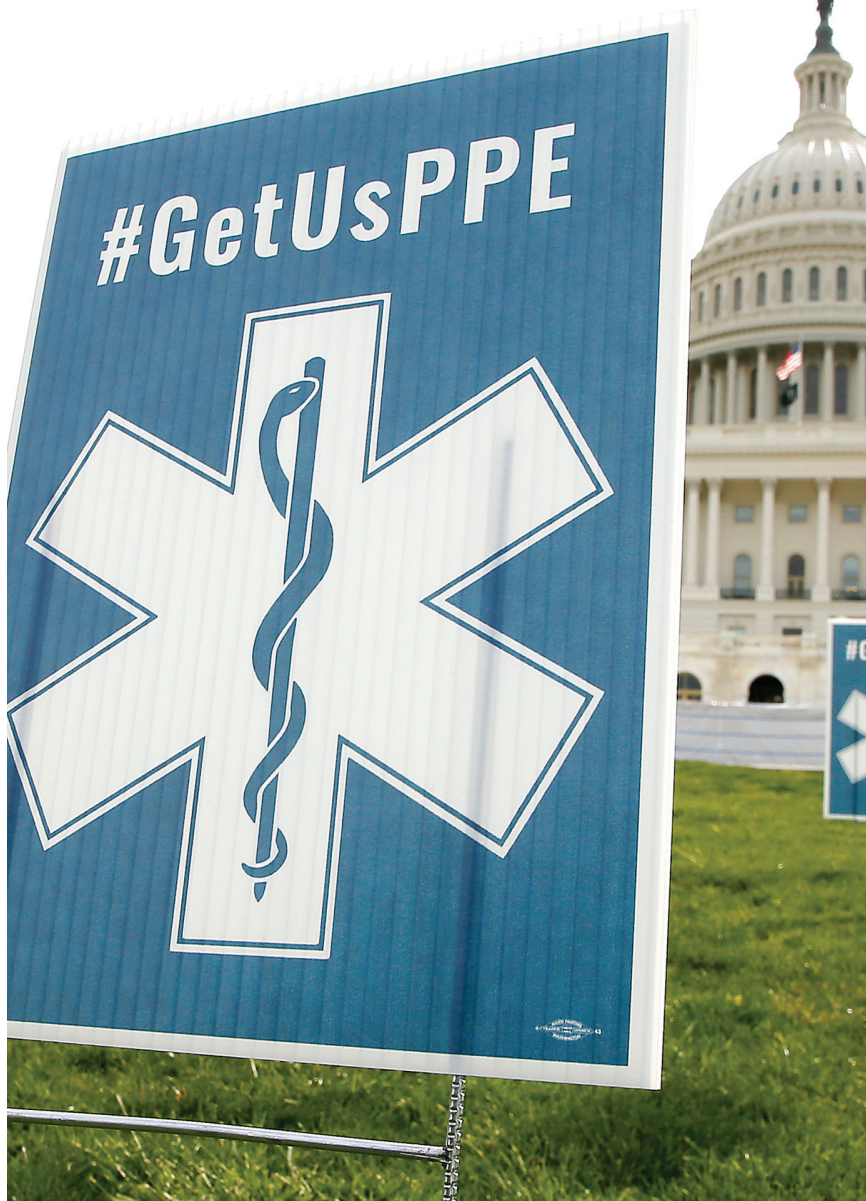
# You're Standing with Frontline Workers Under Attack

**In the United States, even as people express daily gratitude to those on the front lines of the COVID-19 pandemic, health workers are facing another dangerous development: retribution for speaking out about inadequate resources to safely treat their patients.**

To learn more about PHR's COVID-19 work, visit [phr.org/covid](https://phr.org/covid).

As the crisis erupted, we convened 10 of the top U.S. medical professional organizations – among them, the American Nurses Association, the American Public Health Association, Doctors for America, and the National Medical Association – to demand protection for health workers. Thousands of you joined PHR in pressuring the Trump administration to get health care first responders the personal protective equipment that they so urgently need. PHR issued critical guidance

for U.S. health care workers on how to protect themselves against retaliation for demanding protective equipment – guidance that is being used by health professional organizations and clinics all over the United States. And we are collaborating with the University of California at Berkeley in a survey of the ethical dilemmas and safety issues facing health care providers amid the pandemic in order to drive advocacy for better policies that will protect both health care workers and the patients they serve.



## THE LANCET

"Violence against health-care personnel should be met with swift responses from law enforcement and legal systems. Local law enforcement authorities must fully investigate each reported incident, with an objective, evidence-based process. Full accountability for these crimes must be ensured and perpetrators must be held accountable."

*Donna McKay, PHR Executive Director; Dr. Michele Heisler, PHR Medical Director; Dr. Ranit Mishori, PHR Senior Medical Advisor; Howard Catton, CEO, International Council of Nurses; Dr. Otmar Kloiber, Secretary General, World Medical Association*

*A protest pleading for adequate personal protective equipment (PPE) for health care workers on the lawn of the U.S. Capitol. Photo: Paul Morigi/Getty Images for MoveOn*

# PHR Doctors: Going to Court to Stop the Spread of COVID-19



PHR experts were warning about the dangers of coronavirus in detention settings weeks before COVID-19 began ravaging U.S. prisons and immigration detention facilities, where people are unable to protect themselves through social distancing and disinfection measures.

We joined the world's leading human rights and humanitarian organizations to urge the Trump administration to protect asylum seekers during the pandemic and to demand that the Centers for Disease Control and Prevention rescind orders banning asylum seekers from entering the United States. And as we advocate in Washington, DC, requests for PHR's expertise have been pouring in from across the country: doctors in our Asylum Network have filed dozens of medical-legal declarations in precedent-setting court cases to free asylum seekers in vulnerable groups, such as older people and those with medical conditions.

Amplifying this work, our doctors are training others in how to write emergency declarations. In April, we joined leading U.S. medical and constitutional law experts to file a milestone amicus brief aimed at releasing detained immigrants

from Adelanto Detention Center, California's largest Immigration and Customs Enforcement detention facility. Your voice is a critical part of our efforts: you joined PHR actions demanding that the Trump administration immediately authorize the release or parole of migrants being held in immigration detention facilities back into the community. You also demanded that your elected representatives vote in favor of the newly introduced Federal Immigrant Release for Safety and Security Together (FIRST) Act, which would release immigrants and asylum seekers held in detention – a potentially lifesaving move. And you're being heard: amid strong public pressure and strategic litigation efforts by PHR and our legal partners, hundreds of medically vulnerable people have been released from prisons and immigration detention.

## Newsweek

"The administration is brazenly using COVID-19 to enact its immigration agenda, effectively dismantling decades of U.S. asylum policy under the guise of public health."

*Dr. Michele Heisler, PHR Medical Director*

*Doctors protesting outside an Immigration and Customs Enforcement (ICE) center in Pompano Beach, Florida to demand that ICE release immigrants from detention to prevent coronavirus infection.*

*Photo: Joe Raedle/Getty Images*



## Los Angeles Times

“The conditions at Adelanto [Detention Center] place both petitioners at a significantly heightened and medically unacceptable risk not only of contracting COVID-19, but also of suffering severe complications and serious outcomes if they do become infected.”

*Dr. Ranit Mishori,  
PHR Senior Medical Advisor*

*PHR Asylum Network Member Dr. Katherine McKenzie examining an asylum seeker's scars in order to prepare a medical evaluation to support his application for asylum in the United States.*

*Photo: Robert Lisak*

### **Detaining Migrants is a Public Health Threat. It's My Duty to Call it Out.**

One of PHR's experts on the Adelanto Detention Center case, PHR Asylum Network Member Katherine McKenzie, MD, is on the faculty of the Yale School of Medicine and is the director of the Yale Center for Asylum Medicine. She has evaluated hundreds of asylum seekers and detainees, and, since March, has filed nine medical-legal declarations in courts around the country that have helped win the release of detained migrants.

“For the past 15 years, I have volunteered my medical skills to provide forensic medical evaluations of almost 200 U.S. asylum seekers, listening to their stories of trauma, measuring their scars, and describing my findings for attorneys and the immigration judiciary. The affidavits I write often help them win their cases for protection in the United States. But when the COVID-19 pandemic exploded, I knew my skills were needed even more urgently: for the tens of thousands of migrants locked up in U.S. immigration detention facilities. In these institutional settings, migrants can't protect themselves against

infection; for many, COVID-19 looms like a death sentence. From my experience in detention centers, and direct reports from migrant detainees, it is clear that social distancing, adequate sanitization, and even wearing masks are not possible. Since the outbreak of the pandemic, I've worked with PHR, immigration attorneys, and public health experts to file emergency medical-legal declarations in courts across the country that have helped free vulnerable migrants from almost-certain contagion in U.S. detention. In April, we filed a class action lawsuit to demand the immediate release of older people and those with underlying medical conditions at California's Otay Mesa Detention Center, where dozens of detainees and staff are already infected. While our case was being considered, the first death of a migrant in U.S. custody occurred – at Otay Mesa. There is no defense for keeping these already-traumatized people in settings that could further endanger their health and safety. As a physician, I have a duty to call out this threat, to use my skills to advocate for migrants' release, and to insist that U.S. authorities act to protect lives.”



# Sounding the Global Alarm for Those Most at Risk

Since the start of the coronavirus crisis, your advocacy has helped PHR sound the alarm over the grave risks posed by COVID-19 to populations in areas where health systems are underdeveloped, decimated by armed conflict, or virtually nonexistent. We are elevating the voices of local health providers about the extreme dangers of COVID-19 to their communities and supporting our partners around the world in advocating for a concerted, collaborative, science- and rights-based worldwide response to this truly global challenge.

## **COVID's Threat to Northwestern Syria:**

### **"Our health system will collapse."**

In Syria, where nine years of fighting have decimated the country's health care system, we used our extensive on-the-ground networks of health care providers to shine a spotlight on the looming danger of a COVID-19 outbreak. PHR partner Dr. Munther al-Khalil, head of the Health Directorate of the northwestern Syrian governorate of Idlib, described the difficulty of facing the pandemic under constant threat of attack by Syrian government and Russian forces, with exhausted medical workers, and with just 107 ICU beds and 47 ventilators to serve more than four million people.\*

"Since April 2019, what we have seen is not merely a series of attacks on individual health facilities, but a campaign to totally destroy health infrastructure. These attacks severely degraded our capacity to provide care. What's more, 65 percent of the current population of Idlib was displaced from another area and we have nearly one million people living in camps. People tell us, 'We're 10 to a tent.' How do I tell that person to socially distance? Another challenge we face is the hopelessness that permeates the population. They tell us, 'We've died a thousand times over. From chemical attacks, and barrel bombs, and rockets, and hunger, and torture, and freezing

weather. The virus can't do more than that.' People in this area have lost the will to resist. The Syrian regime is fully responsible for that. We're in a state of chaos here. Our medical cadre is completely exposed. I don't know how long the system can hold after we see the first death of a doctor as a result of the virus or a security incident linked to it. I think that within 20 days of identifying the first COVID-19 case, our health system will collapse."

\*Numbers as of April 2020.

## **LE FIGARO**

"Each time a doctor leaves [Syria] or is killed, it creates a catastrophic vacuum; a shortage that is difficult to fill and that will have very significant short-, medium-, and long-term consequences."

*Rayan Koteiche, PHR Middle East and North Africa Researcher*

*A Syrian medic ties a mask on a child as he explains how to prevent coronavirus infection at a camp for displaced people in Syria's northwestern Idlib governorate. Photo Ibrahim Yasouf/AFP/Getty Images*







“Bangladeshi authorities through their official block on Internet access in the Cox’s Bazar camps have obstructed those refugees’ right to information on how to protect themselves from contracting the virus.”

*Phelim Kine, PHR Deputy Director of Programs and Director of Research and Investigations*

### **Protecting Kenya’s Sexual Violence Survivors**

In Kenya, we partnered with UN Women to shape and present a policy to Kenya’s health minister on how to address COVID-19 using a gender perspective. We also joined a World Water Day call for government action to remedy the lack of clean and affordable water in informal urban settlements that leaves people completely unable to defend themselves against the spread of the virus. And we continue to work with partners to ensure that, even in the face of the COVID-19 pandemic, survivors of sexual violence are able to access treatment and justice.

### **Displaced but Not Forgotten in Iraq**

Iraq’s minorities, especially the Yazidi, have suffered extreme trauma in the wake of the Islamic State invasion in 2014, in which thousands were kidnapped into sexual slavery, executed, or disappeared. Today, many live in camps for internally displaced people (IDP) in Iraq’s Kurdistan Region, where they face another level of trauma: the impending arrival of COVID-19. According to PHR partner Dr. Nagham Hasan, a Yazidi gynecologist who works with IDPs, the combination of overcrowding, lack of resources, and limited awareness campaigns make the camps fertile ground for the spread of the virus. “There is no doubt that if one case is found in the camps, thousands could be infected, and it will be difficult to contain the spread of the virus thereafter,” Dr. Hasan warns.

By elevating their voices, you’re ensuring that the Yazidi and the millions of other IDPs around the world are not forgotten in national, regional, and global efforts to combat COVID-19.

### **Standing Up for the Rohingya**

For the nearly one million Rohingya who have fled violence and oppression in Myanmar to live as refugees in Bangladesh, the threat of COVID-19 is profound. PHR has long advocated that the Myanmar government cease its persecution of the Rohingya and provide meaningful accountability for the widespread and systematic violence targeted at them by Myanmar security forces in northern Rakhine state in late 2017. Since the outbreak of the pandemic, we have spoken out about the compounding perils the Rohingya face in the teeming refugee camps of Cox’s Bazar, Bangladesh, including limited access to health services, potable water, or basic sanitation; government-imposed internet access restrictions that block Rohingya refugees from timely, accurate public health information essential to mitigating spread of the novel coronavirus; and the unwillingness of regional states to respect the universal right of asylum and instead deny entry to desperate Rohingya refugees on specious coronavirus contagion grounds. In Myanmar itself, we have appealed directly to civilian leader Aung San Suu Kyi to protect the country’s minorities, including the remaining Rohingya, from the threat of COVID-19.

With your support, we will continue to demand humanitarian access and medical services for refugee and internally displaced Rohingya, unhindered access to accurate information, and science-based public health approaches that respect human rights.

### **A Global Partnership to Protect the Most Vulnerable**

Partnering with global experts and committed human rights advocates like you is what PHR does best. Amidst the coronavirus emergency, PHR has been in the vanguard building partnerships with the world’s leading medical and legal experts to address COVID-19. With the World Organisation Against Torture and experts from France, Israel, Italy, Pakistan, Russia, and Switzerland, we created guidance on the threat of COVID-19 to people held in jails, prisons, and immigration detention around the globe. The COVID-19 pandemic is uncharted territory, but you’re bringing the world’s leading scientific and medical voices together to advocate for fair, fact-based solutions to the crisis.

*Rohingya refugees in the crowded Kutupalong camp, Cox’s Bazar, Bangladesh. Photo: Munir Uz Zaman/AFP/Getty Images*

# Remote Evaluations: An Important New Strategy to Assist Asylum Seekers

COVID-19 has not stopped PHR's vital work providing medical and psychological evaluations to support asylum seekers' applications for protection in the United States.

Since March 2020, when social distancing guidelines came into effect, PHR has ramped up the resources, tools, and materials that our Asylum Network volunteers need to do their work remotely – how-to webinars, expert perspectives, fact sheets, and templates – allowing them to seamlessly continue their crucial services for migrant populations disproportionately impacted by the pandemic.

## **“We Never Expected to Contend with Global Suffering on this Scale.”**

PHR Asylum Network Member Vidya Kumar Ramanathan, MD, MPH is medical director of the University of Michigan Asylum Collaborative and a pediatrician in a community hospital emergency room (ER). She has conducted more than 350 forensic medical examinations of asylum seekers since 2006 and is teaching other health professionals how to conduct remote evaluations during the COVID-19 pandemic.



*PHR Asylum Network Member Dr. Vidya Kumar Ramanathan conducting a remote medical evaluation of an asylum seeker to support their application for protection in the United States.*

“These are troubling times. We, as physicians who do forensic exams for asylum seekers, have been trained extensively to deal with trauma, but we never expected to contend with global suffering at this scale. Our entire practice, work, and attitude have had a seismic shift because of the COVID-19 pandemic. I am now doing all of my asylum evaluations remotely. But how do you offer a tissue over Skype, when someone breaks down in tears, recounting how MS-13 gang members threatened their child before firing gunshots at them? These on-screen interactions certainly have drawbacks, but any way that we can help people gain asylum and avoid the limbo of detention or of being returned to Mexico under draconian U.S. policies is worth

all our efforts. We are also speaking out about the looming public health crisis in U.S. immigration detention, where nearly 1,200 people have tested positive for COVID-19, and for the vulnerable unaccompanied immigrant children in group home settings. And of course, many of us are still on the front lines. My colleagues and I continue to advocate for personal protective equipment (PPE), which remains in too short supply: in the pediatric ER where I work, we have to reuse our PPE. We are really worried about the health of our families, our communities, our fellow health care workers, and the world at large. But standing with PHR is enriching and fulfilling. I feel lucky to be part of such a diverse group of people working for justice.”



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 landmines, 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.



Shared in the 1997  
Nobel Peace Prize

*PHR received the highest Charity Navigator rating for the fifth consecutive year, a distinction held by only 15 percent of the 1.5 million charities that are rated annually.*

