



Safeguarding Human Rights Amid the Pandemic

Physicians for Human Rights
2020 Annual Report



Safeguarding Human Rights Amid the Pandemic

2020 was a profoundly challenging year, one which tested our strength, our resourcefulness, and our humanity.

More than any year in memory, it revealed the deep inequities that permeate our societies, and the unequal ways that communities of color have suffered and lost during the COVID-19 pandemic. It highlighted the vital role health workers play in protecting the well-being of people worldwide and the critical importance of ensuring that the world's health professionals can safely do their jobs without fear of harm.

2020 was also Physicians for Human Rights' (PHR) moment. At the nexus of medicine, science, and human rights, our work put us squarely in the center of the unfolding crisis, and we met the challenges of this extraordinary year with creativity, deep expertise, and our unwavering commitment to health and human rights for all.

As you will read in these pages, we leveraged our networks to mobilize a global community of human rights advocates, magnifying our impact and wielding the power of facts against the greatest public health emergency of our time. We spoke out locally, nationally, and internationally to protect health workers and their patients, and convened the brightest minds to advocate for science- and rights-based approaches to the pandemic.

And despite the constraints of COVID-19, we continued exposing the harms of crowd-control weapons deployed against racial justice protestors, seeking redress for survivors of sexual violence, advocating for the rights of asylum seekers and to end family separation as the U.S.-Mexico border, investigating the Syrian government's cynical blocking of health care in recaptured territories, and speaking out about the horrific toll of sexual violence against Myanmar's Rohingya people.

As the world confronts compounding crises, the work of PHR has never been more vital. The health, human rights, and safety of so many of the communities we work with – immigrants, asylum seekers, Black and Brown communities, frontline health workers, sexual violence survivors and civilians in conflict zones, among so many others – continue to be threatened every day.

With your support, we are doing the critical work of ensuring that their voices are heard, that their rights are protected, and that their persecutors face justice. Thank you for being by our side.

Donna McKay
Executive Director

Alan Jones
Board Chair



Cover: Two Georgetown University School of Medicine students prepare COVID-19 vaccine doses at a high capacity vaccination clinic in southeast Washington, DC, a community particularly hard hit by the pandemic. PHR Senior Medical Advisor Dr. Ranit Mishori, who is also a professor of family medicine at Georgetown University School of Medicine and interim chief public health officer for Georgetown University, helped organize the event as part of an effort to expand vaccine access for underserved populations. Photo: Phil Humnicky/Georgetown University

Health care workers protest over lack of sick pay and personal protective equipment (PPE) outside a hospital in New York. Photo: Giles Clarkel Getty Images

Combatting the COVID-19 Pandemic with Facts and Science



theguardian

“The availability of, and access to, appropriate personal protective equipment has been appallingly bad for many nurses and doctors. Some hospital trusts have planned well. But many have been unable to provide the necessary safe equipment to their frontline teams.”

Dr. Richard Horton, PHR Board Member

COVID-19 suddenly and irrevocably changed the world in 2020. As the disease emerged and exploded across the globe early in the year, PHR pivoted immediately to make the novel coronavirus a central focus of our work.

Calling on our medical partners around the world and our more than 27,000-strong network of health professionals in the United States, we mobilized on an unprecedented scale, calling for national and state leadership to protect frontline health care workers, demanding transparency from governments on their pandemic response, shining a spotlight on the acutely disproportionate ways that COVID-19 has impacted Black, Indigenous, and other communities of color, ensuring that the public had reliable, fact-based information, and daily combatting the politicization of science and the muzzling of public health and medical experts.

We created COVID-19 teams of expertise within PHR, expanded our network of thought leaders to provide crucial insights and analysis on the impacts of the pandemic, boosted our activism, doubled our community of supporters, and brought our more than three decades of presence as a trusted global authority on health and human rights to this rapidly growing public health emergency.

Our highly acclaimed weekly webinar series drew more than 20,000 registrations from across six continents to hear global experts sharing crucial perspectives on how to ensure science- and rights-based responses to the pandemic; some of those voices are featured in the following pages. We convened a coalition of 11 U.S.-based membership organizations – representing tens of thousands of physicians, nurses, and other health professionals – to demand protection for health care workers and their patients.

BMJ

Nurse Yuhana Gidey protests outside a Washington, DC hospital for better personal protective equipment. Photo: Brendan Smialowski/AFP/Getty Images

“Social distancing was impossible in many detention centres, surfaces were left uncleaned, detainees often went without hand soap or sanitiser, and testing was often not available even for those who reported symptoms.... The predictable result of ICE’s approach, said PHR, was an infection rate that between April and August 2020 ranged from 6 to 22 times the US average.”

Combatting the COVID-19 Pandemic with Facts and Science

continued

With the University of California, Berkeley, we published a report revealing the extreme toll on health care workers of chronic equipment shortages, fears about their safety and about retaliation for speaking out, and the stress of making life and death decisions about their patients without clear guidance.

We mobilized more than 130,000 of our supporters in campaigns to demand sufficient protective equipment for health workers treating COVID-19 patients, to rally support for Dr. Anthony Fauci when he was under attack from the Trump administration, to protest the U.S. withdrawal from the World Health Organization, to insist on a U.S. national mask mandate, and to urge governors across the United States to protect all workers in health care settings – a goal that was advanced when President Biden signed an Executive Order on his second day in office safeguarding worker health and safety.

Together with our global partners, PHR sounded the alarm on the critical need to protect at-risk populations in the Democratic Republic of the Congo, Iraq, Kenya, in conflict zones in Syria and Yemen, and in the Rohingya refugee camps in Bangladesh. We used the platform of a United Nations Special Session on COVID-19 to call for health worker protections worldwide, quality health care for all, and safeguards for humanitarian responses in conflict settings. And at the U.S. border and throughout the country, our network of volunteer health professionals wielded their expertise to help free hundreds of asylum seekers from dangerous U.S. detention settings where they risked contracting COVID-19.

As the world's attention turned to the hope offered by vaccination, we zeroed in on the development, supply, and equitable distribution of safe and effective vaccines, urging our membership base to join the global People's Vaccine Campaign in pushing for a COVID-19 vaccine that is a worldwide public good, available to all, everywhere, at no cost.

At a time of continued suffering and profound uncertainty created by COVID-19, PHR stands as a leading voice for science, facts, equity, and justice in the global response to the pandemic.

We're Bringing Global Experts' Perspectives to the COVID-19 Emergency

As the COVID-19 emergency erupted, PHR launched a major education campaign through a weekly webinar series which highlighted the knowledge of PHR partners and global experts and cemented our reputation as a thought leader on science- and rights-based responses to the pandemic. The webinars have elevated the authoritative voices of doctors, nurses, scientists, human rights activists, and others on a wide range of topics, including: the protection of health workers; the mental health impact of pandemic isolation; food insecurity as a result of supply chain disruption; the impact of COVID-19 on gender-based violence; and the acute and disparate risks and losses the pandemic poses to people experiencing homelessness, Black, Indigenous, and other people of color, immigrants and refugees, and people in prison and detention. In the following pages, we feature some of these voices.

Medical assistant
Lakeitha Flournoy puts
on protective equipment
before conducting
COVID-19 tests at UNLV
Medicine in Las Vegas.
Photo: Ethan Miller/
Getty Images



"Nobody will be safe until everybody's vaccinated, and by everybody, I don't mean just citizens or just people with a green card, it means everybody who is currently in the United States, regardless of their legal status. If there are pockets where people are not immunized, that is a public health hazard to everyone."

Dr. Ranit Mishori, PHR Senior Medical Advisor



Expert Spotlight

Ashish Jha, MD, MPH The Lessons COVID-19 Is Teaching Us

"We have had as a country, I would argue, an abysmal response. If you look at who has been disproportionately infected and who has disproportionately died, it is older people, it's older people in institutions, it's racial and ethnic minorities, it's the poor. If we prepare for the next wave, for the next pandemic, for what kind of society we want to live in after this pandemic is over and don't pay close attention to all of the factors that drove those, I think that'll be a massive missed opportunity."

Ashish Jha, MD, MPH is the dean of the Brown University School of Public Health, a practicing general internist, and a PHR board member. Dr. Jha joined PHR for a webinar discussing how to best balance public health and safety imperatives with economic interests and civil liberties.

Above: Dr. Ashish Jha speaking with a patient at the Boston VA Medical Center in 2019.
Photo: Lisa Abitbol/Harvard Global Health Institute



We Used the Power of Medicine against Cruel U.S. Immigration Policies – and Won

“We’re profoundly grateful for PHR’s incredible role in this work. As you can see, your expert declarations have proved to be critical – have often been quoted in court orders – and have led to the release of hundreds of people from detention.”

Eunice Cho, ACLU National Prison Project Senior Staff Attorney



PHR’s decades-long work on behalf of asylum seekers took on special urgency in 2020, when COVID-19 exacerbated the cruelty being inflicted by the U.S. government on migrant families, adults, and children.

When the Trump administration halted border crossings for asylum seekers under the guise of COVID-19 mitigation, PHR produced a storm of public comments, joint letters with other medical and public health experts, Congressional briefings, and public advocacy against the practice. We leveraged strategic partnerships with leading legal, medical, and human rights organizations to publish a range of critical resources on public health and U.S. immigration policies, and we advocated vigorously on Capitol Hill to end deportations of migrants during the pandemic.

COVID-19 has catastrophically impacted the thousands of people trapped in U.S. immigration detention. To protect the most at-risk, we joined national and state American Civil Liberties Union (ACLU) affiliates and other legal partners to launch our powerful medical declarations project. Drawing on our rapidly growing Asylum Network – now comprising nearly 2,200 volunteer clinicians – and assisted by students from among our 20 medical school asylum clinics, we provided hundreds of expert statements to secure court orders releasing medically vulnerable immigrants from detention. Our work has helped free more than 400 people, both in the United States and internationally, since the pandemic began.

In our report “Forced into Danger,” we turned our sights on the human rights violations at the heart of the cruel and illegal Trump administration “Migrant Protection Protocols” (MPP), which forced tens of thousands of asylum seekers to wait in dangerous Mexican border communities while their cases made their way through U.S. courts – and we joined more than 100 organizations and law school clinics in filing an amicus brief with the U.S. Supreme Court to halt the policy.

The U.S. “Migrant Protection Protocols” forced thousands of asylum seekers like this boy, pictured at a shelter in Tijuana, to wait in dangerous conditions in Mexico for their cases to be processed. Photo: Guillermo Arias/AFP/Getty Images



Expert Spotlight

Dawn Wooten, LPN
A Whistleblower Speaks Out:
“We’re dealing with humans, not animals.”

“We began to get more detainees who were positive, and were told not to report it: ‘Do not go around telling people we have COVID in this building.’ Detainees started cutting socks to make masks and then were put in solitary confinement for doing so.... It takes money to run the country, but it also takes morals, ethics, and humanity. We’re dealing with humans, we’re not dealing with animals. Some of the people inside of that facility treated their animals better than they did humans.... What I would tell other health care professionals who see things they don’t think are morally right: ‘If you have to question yourself, it’s not right. If you find yourself in a situation having to justify it, it’s not right.’”

Dawn Wooten, LPN is a nurse at the Irwin County Detention Center, a U.S. Immigration and Customs Enforcement (ICE) facility in Ocilla, Georgia, who was demoted after raising concerns about inadequate medical care of detainees during the COVID-19 pandemic. Wooten spoke about ICE’s negligent and punitive practices and about the imperative of speaking out in PHR’s conversation “COVID-19 in Detention: Conditions, Ethics, and Solutions.”

Above: Dawn Wooten, a nurse at Irwin County Detention Center in Georgia, speaking at a news conference in Atlanta to protest conditions at the ICE facility.

Spero Manson, PhD

Advocating for Those Who Bear the Brunt of COVID-19

“The novel SARS-coronavirus-2 sweeping across our country has reawakened the pain, the fear, the stigma, and loss of past outbreaks of infectious diseases among American Indian and Alaska Native peoples. It exacts a terrible toll by exacerbating the health disparities that place us at added risk of sickness and death. Scholars, health care professionals, advocates, policymakers, and funders have a unique collective opportunity, indeed an obligation, to join Native peoples in bringing to bear the strength of tribal communities, of science, and past and present lessons from public health to battle this pandemic. This is a challenge we are capable of meeting.”

Spero Manson, PhD is a distinguished professor of public health and psychiatry and director of the Centers for American Indian and Alaska Native Health at the Colorado School of Public Health, and the Colorado Trust Chair in American Indian Health at the University of Colorado Anschutz Medical Campus. He spoke to PHR’s audience about the compounding impacts of the COVID-19 pandemic on American Indian and Alaska Native populations.

Below: Spero Manson, who works to improve the health of American Indian communities, at his home in Colorado.

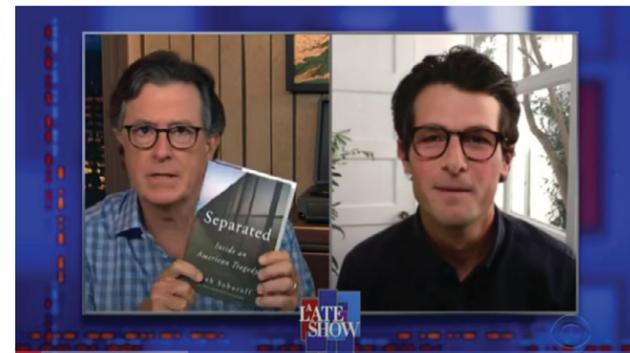


We Used the Power of Medicine against Cruel U.S. Immigration Policies – and Won

continued

When the pandemic impacted a critical PHR activity – providing pro bono in-person medical evaluations of asylum seekers to help strengthen their cases – we quickly pivoted. We trained our partner clinicians to instead conduct remote evaluations, including for people trapped by MPP in Mexican border towns. This ensured that we were able to continue providing an essential service to support asylum seekers’ requests for protection in the United States.

Ending deportations, expulsions, detention, and other measures that threaten immigrant children and families are top PHR advocacy priorities for the Biden administration, and we are heartened by early moves to reverse policies and redress the harms caused by these draconian U.S. practices. But there is much damage to undo. PHR is determined to continue advocating for a U.S. immigration system that is based on human rights norms, is informed by science, and ensures safety, non-discrimination, and dignity for all people.



The Lasting Horror of the U.S. Family Separation Policy

Through our groundbreaking report “You Will Never See Your Child Again,” produced with the University of Michigan, we published the first medical and psychological evidence of the long-term harms caused by the U.S. administration’s disastrous family separation policy. Our findings showed that the practice constitutes cruel, inhuman, and degrading treatment, and, in all cases evaluated by PHR experts, is equal to torture. The authority of our medically based findings and the powerful voices of health professionals have been a defining feature of debate and discussion on this policy ever since. Our research was referenced in the U.S. presidential campaign, repeatedly cited in the media, and further elevated by the focused reporting of NBC News journalist Jacob Soboroff, who has kept our findings squarely in the center of public discourse on this heinous policy.

Above: Journalist and author Jacob Soboroff, during an interview on the Late Show with Stephen Colbert in September 2020. Soboroff cited PHR’s findings on the life-long trauma caused by the U.S. family separation policy in his best-selling book Separated: Inside an American Tragedy.



PHR’s findings on the impact of the U.S. family separation policy were featured in the 2020 U.S. presidential campaign.

“The administration knew the psychological ramifications separation would have; yet they did it anyway. They were deliberate in their cruelty, hoping to deter future immigrants from coming, but put no thought into keeping track of where children and parents were going once separated or how they might be reunited, if ever.”

Dr. Katherine Peeler, PHR Asylum Network Member

“I was so scared they were going to punish me.”

Immigration detainee at Otay Mesa Detention Center, CA

Our investigation of ICE detention centers exposed how ICE subjected detained people to unconscionable health risks and human rights abuses during the COVID-19 pandemic.

“Praying for Hand Soap and Masks,” produced in collaboration with staff and students at Harvard Medical School, showed how ICE neglected to practice even the most basic measures to curb the spread of coronavirus within its detention centers and retaliated against detainees who spoke out about harsh measures.



“The families should be reunited in the United States and provided legal status. But after what the U.S. government subjected these families to – which constituted torture and enforced disappearance under international law – the administration is obligated to provide reparations and mental health services to the affected children and parents.”

Donna McKay, PHR Executive Director



Right: PHR produced a battery of reports on the human rights violations perpetrated on asylum seekers by harsh U.S. immigration policies.

Documenting the Toll of Police Excessive Force

As cries for racial justice proliferated across the United States and the world in 2020, and there were many reported instances of police meeting Black Lives Matter protests with barrages of tear gas, rubber bullets, and excessive force, PHR's deep expertise with crowd-control weapons was in high demand.

In July, when the Trump administration sent federal forces to Portland, Oregon against the wishes of the state government, we deployed a rapid response team at the request of our medical partners to document local and federal forces' brutal violence against largely peaceful protestors, as well as those who came to their aid. Our researchers found that law enforcement's use of crowd-control weapons and obstruction of medical care at the protests caused severe injuries and psychological trauma to both medics and protestors. Within days, we presented the findings of our emergency investigation to the media, Oregon advocates and officials, and at a U.S. Senate Judiciary Committee briefing in Washington.

Our multimedia exposé "Shot in the Head," produced with partners at the University of California, Berkeley, used an innovative and interactive platform to shine a spotlight on 115 cases of injuries to the head and neck from police using kinetic impact projectiles (KIPs) against protestors across the country.

PHR experts were interviewed for more than 90 major media stories on the dangers and implications of crowd-control weapons. PHR Medical Advisor Rohini Haar, an authority on crowd-control weapons and an author of the report, over the past year has been one of the most cited national experts on the devastating harms of these so-called less-lethal weapons.

And after New York City police trapped and attacked demonstrators at a June protest in the Bronx, we produced a much-cited case study showing how police used unlawful and excessive force against peaceful protestors, medics, and others, in violation of New York City's COVID-19 curfew regulations, human rights law, and respect for the ethical duties of health care workers and the rights of the injured to receive medical care.

To protect people exercising their right to freedom of assembly and speech, we published an array of guides and fact sheets on the medical impacts of tear gas and KIPs. And in local, state, and national settings, our advocacy team used our research and expertise to successfully call for restrictions on weapons and excessive force.

Focusing our work through a racial justice lens, we helped spur bans or restrictions on the use of crowd-control weapons, police reform bills, and investigations into police violence in cities across the United States, including Boston, New York City, Philadelphia, San Francisco, and Washington, D.C.

Continued on p. 13



"These are large, dense, high-speed projectiles, and they cause significant and severe injuries. The basic rights, like free speech and free assembly, are being suppressed globally, and the primary way that that's happening is because of crowd-control weapons."

Dr. Rohini Haar, PHR Medical Advisor

Federal agents using tear gas, pepper ball, and rubber bullet weaponry against largely peaceful protestors in Portland, Oregon in July 2020.

Photo: Andrew Stanbridge for Physicians for Human Rights



Expert Spotlight

Teressa Raiford

Fighting the Lethal Impact of Unequal Access to Health

"My nephew was killed in gun violence on September 26, 2010. And because in Portland, black people are deemed to be criminal or at risk or marginalized or disadvantaged, on the record, they don't provide immediate life preservation, or any kind of resource. So they allowed him to die rather than administering first aid or allowing an ambulance to administer first aid.... If he had been a white suspect or a white person that got gunned down, then they would have administered first aid to save his life. But because he was connected to what they said was gang violence because he was black ... he got killed. It just showed that he died unnecessarily because he didn't matter."

Teressa Raiford is the founder of Don't Shoot Portland, a Black-led and community-driven human rights nonprofit in Portland, Oregon that advocates for accountability to create social change. Raiford engaged with PHR in our investigation into excessive use of force by local police and federal agents in Portland during the summer 2020 protests. She brought her perspective on the impact of harmful law enforcement practices to PHR's conversation on policing and public health in the age of COVID-19.

Above: Teressa Raiford at a protest at Portland City Hall in 2016 during collective bargaining between the city and the Portland police association. Photo: Kendall

Health professionals protesting in support of racial justice and against police violence in Portland, Oregon in July 2020. Photo: Andrew Stanbridge for Physicians for Human Rights



Expert Spotlight

Michael Dorritie, PHR Medical Student Leader Embracing Social Medicine and Social Justice

“Something that I’ve seen increasingly among people in our generation is medical residents who have really pushed their residency leaderships to embrace social medicine and social justice initiatives in a way that has accelerated throughout this pandemic. More and more medical students are interested in this work, in creating PHR student chapters or projects in their communities to shed light on some of the inequities that we have in our communities, and that mindset is starting to percolate through residents and through residency leaderships, and hopefully that will continue and will ultimately change hospital administrations. If nothing else, the pandemic has further confirmed the inequities that we already know exist in our health care system and has made me even more excited to go into the field to be able to provide a better level of care.”

Michael Dorritie is a fourth-year student at Touro College of Osteopathic Medicine in New York and is the co-chair of the Student Advisory Board of PHR’s Student Program, an international network of PHR student chapters and asylum evaluation clinics. Dorritie joined PHR’s conversation on how the pandemic has changed the landscape for medical students and altered medical practice, and about his own views on his future in medicine.

Below: Michael Dorritie, a medical student and co-chair of PHR’s Student Advisory Board, examines a patient.



Documenting the Toll of Police Excessive Force

continued

After PHR testified before the Virginia state legislature, submitted written materials for the record, and worked with a Virginia delegate in support of our recommendations, Governor Ralph Northam signed a bill preventing local police from acquiring military equipment, creating stricter standards for the use of tear gas and rubber bullets, and mandating training to prevent their misuse.

Galvanized by these successes and motivated by the continued suffering caused by police violence and systemic racism, PHR will continue to be a leading voice and expert resource to end the harms of excessive force and crowd-control weapons.

PHR Medical Director Dr. Michele Heisler, part of a PHR rapid deployment investigation team, documents injuries sustained by volunteer medic Nate Cohen, who was shot in the chest with a tear gas canister fired by law enforcement agents using excessive force against protestors in Portland, Oregon in the summer of 2020. Photo: Andrew Stanbridge for Physicians for Human Rights



On the ground at the Portland protests, (L to R) PHR Medical Director Dr. Michele Heisler and Executive Director Donna McKay speak with journalist Nicholas Kristof and with Shelby van Leuven and Michelle Ozaki, student coordinators of the volunteer medic group affiliated with Oregon Health & Science University. Photo: Andrew Stanbridge for Physicians for Human Rights



Expert Spotlight

Mary T. Bassett, MD, MPH The Deadly Intersection of Disease and Racial Oppression

“We now know that George Floyd, who was killed by police on May 25, himself had experienced COVID-19. We know that he told the police of his illness. The fact that he was a Black man who both had COVID and died as a result of a knee on his neck for nine minutes by police are not unrelated. They are both rooted in the long-standing racial hierarchy that exists in the United States. That means that people of African descent are sicker and die younger, and that people of African descent are far more likely to die in the hands of police.”

Mary T. Bassett, MD, MPH is the director of the François-Xavier Bagnoud Center for Health and Human Rights at Harvard University, FXB Professor of the Practice of Health and Human Rights at the Harvard School of Public Health, and former commissioner of the New York City Department of Health and Mental Hygiene. She moderated a PHR conversation on how structural racism and police brutality in the United States have led to a public health crisis.

Above: Dr. Mary T. Bassett speaking at a summit on the opioid overdose crisis in October 2019. Photo: Lisa Abitbol/Harvard T.H. Chan School of Public Health

Why Do You Mask Up?

As the United States staggered under ever-growing COVID-19 cases last fall and scientists and public health experts increasingly stressed the importance of mask-wearing, PHR launched our "Because science." campaign.

The goal of the campaign was to highlight the role that medical professionals, health care workers, and people everywhere have in helping to flatten the curve by wearing a mask.

The campaign distributed PHR-branded face masks across all 50 U.S. states and internationally – and we partnered with medical students to donate 10,000 masks to a community facing critical shortages of personal protective equipment. We also took our campaign viral, asking our supporters and celebrity influencers to post a #BecauseScience selfie on social media and tell us why they mask up. Here are some of their responses, including one from Grammy Award-winning musician Mariah Carey, whose post on Instagram alone generated more than 200,000 likes!



*Mariah Carey
Grammy Award-winning musician*



*Dr. Elena Jiménez Gutiérrez
Internist*



*Dr. Barbara Robles-Ramamurthy
Psychiatrist*

"I am a medical researcher and I mask up because the science says that a mask can save lives. My life, your life."

*Elise Cummings Barrow
Medical researcher*



#Because Science



*Christopher Barrow
Product designer*

"Wearing a mask isn't a political statement; it's about saving lives. I mask up to help beat this pandemic. #BecauseScience."

*Christian Quimby Ibanez
Musician*



*Dr. Rupa R. Patel
Infectious diseases*



*Dr. Barbara Eisold
Psychologist*



*Kate Dunphy
Pediatric nurse practitioner*



*Dr. Stuart Gardner
Pediatrician*



*Dr. Leela Raju
Ophthalmologist*



*Lois Whitman
Lawyer and social worker*



*Julianna Margulies
Emmy Award-winning actress*

Health Workers Shine a Spotlight on Rohingya Survivors' Experiences

PHR has spent more than a decade documenting and advocating against human rights abuses targeting Myanmar's Rohingya people and other ethnic minorities. These efforts include three widely cited PHR investigations into the impacts of the brutal campaign of violence unleashed against the Rohingya in 2017.

We were determined to continue exposing these crimes, despite the constraints of the COVID-19 pandemic: we pivoted to using remote qualitative research methodologies to investigate the lasting impact of sexual violence on Rohingya communities from the perspective of health care workers. Through interviews with more than two dozen doctors, nurses, mental health experts, and other health professionals who provided direct medical services to Rohingya refugees in the camps, we showed the complex physical and psychological toll of sexual and gender-based violence on Rohingya women, girls, men, boys, and transgender and gender-fluid people.

This innovative approach allowed us to independently corroborate the patterns of violence that the Rohingya experienced, while avoiding potentially re-traumatizing interviews with survivors. Our critical work on the trauma suffered by the Rohingya has been cited by the media, sought out by policymakers, and is informing international justice mechanisms seeking accountability for the appalling crimes committed against this community.

We are also speaking out against the unacceptable suppression of civil and human rights in the aftermath of the Myanmar military's coup in early 2021, including lethal force against protestors and arbitrary arrests and assaults on medical professionals and facilities. With our partners, we are calling on Myanmar authorities to respect the rule of law, protect the country's marginalized ethnic and religious minorities, and pursue accountability for Myanmar's past mass atrocities. Despite the extreme challenges of COVID-19, PHR will not be deterred in our work to ensure that the world knows the truth about human rights crimes against Myanmar's people.

Dhaka Tribune

"Health workers' testimonies of the behavioural and mental health status of Rohingya survivors tell us that these egregious acts of violence had a deep and long-lasting impact on survivors, significantly traumatizing them even years after the initial event."

Ranit Mishori, PHR Senior Medical Advisor

An emergency room physician treats a young Rohingya patient in a Bangladesh refugee camp.



Expert Spotlight

Yee Htun, JD

An Advocate for Justice and Human Rights in Myanmar

"COVID-19 prevention measures that we take for granted, like social distancing and hand washing, are next to impossible in the makeshift camps where Rohingya are living in the jungles of Myanmar, as well as in the world's largest refugee camp in Bangladesh. Furthermore, health information and access to health care is something that is quite challenging. Since June 2019, an internet shutdown has been placed in Myanmar, essentially blocking off communities in those conflict areas from being able to communicate with the outside world. Now, with COVID, that internet shutdown and block remains in Bangladesh, so vital lifesaving information is not reaching the Rohingya refugees in the camps. For these communities, both the internally displaced people in Myanmar and the refugees, what is really needed is that Myanmar has to transform into a rights-respecting, tolerant democratic society with rule of law, and a crucial element of that is justice as well as citizenship rights for the Rohingya."

Yee Htun, JD is a lecturer on law and clinical instructor at the International Human Rights Clinic at Harvard Law School. Born in Myanmar, she fled in 1988. Htun spoke at PHR's webinar on the risk of mass atrocities during a pandemic, a conversation that coincided with the anniversary of the brutal 2017 attacks by Myanmar security forces on Rohingya communities, which drove hundreds of thousands of Rohingya to live as refugees in neighboring Bangladesh. Htun's comments predated the coup d'état by Myanmar's military forces in early 2021.

Above: Yee Htun speaking with women's rights activists in Myanmar.

A Monumental Victory for Justice in Kenya



"This is a historic day for survivors of the rampant sexual violence perpetrated in the aftermath of the 2007 election, who have waited for accountability for far too long. The court's decision will reverberate widely for the prevention, investigation and prosecution of sexual and gender-based violence in Kenya and around the world."

Naitore Nyamu-Mathenge, PHR Kenya Head of Office

"This has been a great day for us; the court has heard us. The wait has been very long but worth it. We have been recognized as survivors of SGBV [sexual and gender-based violence]. No one can ever say that our experiences were not real. We feel vindicated."

Kenyan sexual violence survivor

2020 marked a watershed moment for our years of work to support survivors of sexual violence in Kenya. On December 10, the High Court in Nairobi ruled in favor of survivors who have fought for seven years to hold the Kenyan government accountable for its failures to prevent and respond to harrowing occurrences of sexual violence in the aftermath of the 2007 presidential election. Four of the eight survivors in the case were each awarded compensation of four million Kenyan shillings (approximately \$35,000) "for the violation of their constitutional rights" to life, the security of the person, and protection from torture.

It was the first time ever that the Kenyan government was held accountable for failing to investigate and prosecute sexual violence, the first time that post-election sexual violence has been legitimately recognized by the government, and the first time that survivors of sexual violence have been offered compensation for harm suffered.

For PHR, which brought the case in 2013 along with three Kenyan non-governmental organizations and eight sexual violence survivors, the judgement was an extraordinary vindication of our decade-long work using medical skills and forensics to improve the documentation, investigation, and prosecution of crimes of sexual violence in Kenya.

Through extraordinary partnerships across multiple sectors, we have trained more than 700 Kenyan medical, law enforcement, and justice professionals to work together so that survivors of sexual violence are able to access justice and get the medical care and forensic documentation they need. To ensure we could continue this important work despite the constraints of the COVID-19 pandemic, we created new remote and modified training programs that allowed us to keep strengthening the capacity of our partners not only in Kenya, but also in the Democratic Republic of the Congo and Iraq, and we have already begun expanding with similar trainings into the Central African Republic.

But there's more work to be done. Unfortunately, the Kenyan High Court did not recognize the harm endured by the other four survivors in its landmark judgment. We are continuing the fight to ensure that adequate, transformative reparations are not only awarded but paid out, and that all the survivors in this case – and in many others still to come – can exercise their right to justice.

Above: Four Kenyan survivors of sexual violence who, with other survivors, PHR, and three Kenyan NGOs, sued the government for its failure to investigate and prosecute a wave of sexual violence crimes following the 2007 elections. In a landmark judgment, Kenya's High Court ruled in favor of four of the survivors.

Photo: Luis Tato for Physicians for Human Rights

"Your continued commitment to advocating for the prevention, investigation, and prosecution of SGBV is truly changing the world, both now and, importantly, for the future generations."

Grand Challenges Canada, funders of PHR's Program on Sexual Violence in Conflict Zones

Groundbreaking Technology for Survivors of Sexual Violence

PHR partner Senior Nursing Officer Emily Kiragu tests MediCapt at Kenya's Naivasha County Referral Hospital. Photo: Adriane Ohanesian for Physicians for Human Rights

2020 was a transformative year for PHR's award-winning MediCapt, an innovative mobile application that allows clinicians to collect, securely store, and safely transfer forensic medical evidence of sexual violence so that it can be used in justice processes. In November, after a highly competitive process involving hundreds of applicants, the Humanitarian Innovation Fund chose PHR as one of the five teams for its Journey to Scale program, with a two-year grant to begin implementing MediCapt's scaling strategy in Kenya, the Democratic Republic of the Congo, and beyond.

Using our highly successful co-design process, we collaborated throughout the year with our partner clinicians and local stakeholders to ensure that MediCapt's functionality meets local needs. Our Technical Advisory Board – made up of experts from the Massachusetts Institute of Technology, Protocol Labs, and Facebook, among others – provided critical input to help shape the product. Our extraordinary network of Kenyan partners have overcome a very challenging year and more than two dozen clinicians are now piloting the app with survivors at Naivasha County Referral Hospital and Rift Valley Provincial General Hospital. With the commitment of our partners and the exceptional opportunities of our scale-up grant, we are using the power of MediCapt to help ensure access to justice for survivors of sexual violence.

Working for Justice, Undeterred by the Pandemic

PHR's Program on Sexual Violence in Conflict Zones has trained more than 2,400 medical, legal, and law enforcement professionals to collect, preserve, and use forensic medical evidence to prosecute crimes of sexual violence.

For our partners in the Democratic Republic of the Congo, when the COVID-19 pandemic hit, we quickly created remote training programs and developed training videos that can be used without internet access, on topics such as securing a crime scene, preserving the chain of custody for evidence, and writing a report of a criminal investigation.

In Iraq – where we are working to strengthen local capacity to investigate international crimes, acts of sexual violence, and other forms of torture – we and our partners quickly developed a webinar series to temporarily replace in-person training. Despite the challenges posed by the pandemic, we are continuing to forge crucial relationships and partnerships that will further support a survivor-centered approach and help secure justice for survivors.

Expert Spotlight

Christopher Beyrer, MD, MPH Advocating for a COVID-19 Vaccine for All People

"In every home and every household on this planet, people are debating and discussing 'when are we going to have access to the vaccine?' 'When will our grandparents be able to be protected from this terrible virus?' And the answer to that is that we are in an enormously challenging moment in every society and as a global community. Until everybody is protected from this virus, we're all vulnerable. We cannot leave out either communities within wealthy countries, or whole parts of low- and middle-income countries from vaccine access and somehow expect that we still will be protected. This won't work unless we have a global strategy, and we can implement it as quickly as is humanly possible."

Christopher Beyrer, MD, MPH is the Desmond M. Tutu Professor of Public Health and Human Rights and professor of epidemiology, international health, health, behavior and society, nursing, and medicine at the Johns Hopkins Bloomberg School of Public Health. He is a member of PHR's Advisory Council. Dr. Beyrer moderated global policy and public health experts in a PHR webinar on the ethical and human rights considerations of vaccine distribution.

Below: Dr. Christopher Beyrer at an event honoring him in Cape Town, South Africa.



Expert Spotlight

Zaher Sahloul, MD, FCCP

The Pandemic's Devastating Impact on Health Care Workers

"COVID is impacting health care workers in these countries in a way that is unimaginable. When you have heads of sections in Yemen or Syria or Iraq dying, it's very difficult to replace them because of the shortage of health care providers, because of the war, because of the displacement, and also because of the disruption in higher education. In Idlib, northwest Syria, you have 1.4 physicians per 10,000 people, compared to 25 physicians per 10,000 people in the United States. Health care workers don't have enough PPE to protect themselves, they do not have medications and oxygen and ventilators to provide care, and they are accused by the families of the patients that they are the reason for the death of their loved one.... It's very important to listen to the voices from these countries and make sure that they affect our policies."

Longtime PHR partner Zaher Sahloul, MD, FCCP is co-founder and president of MedGlobal, a practicing critical care specialist at Advocate Christ Medical Center, and an associate professor in clinical medicine at the University of Illinois in Chicago. Dr. Sahloul joined PHR for a conversation on the disproportionate threats COVID-19 poses to populations in conflict zones in the Middle East.

Below: Dr. Zaher Sahloul treating a Yemeni patient with asthma in Hadramot, Yemen in November 2019.



The Syrian Government's Shameful Obstruction of Health Care

In the Syrian governorate of Daraa, most people have no access to adequate health services. Daraa has lost more hospital beds than anywhere else in Syria compared to pre-conflict levels.

Only one of eight public hospitals is fully functioning. There are no labs to process COVID-19 tests. For every 10,000 people, there are 20 doctors in public hospitals in the Syrian capital, Damascus; for Daraa, there is just one doctor for every 10,000 people.

This is the grim picture that PHR researchers exposed in our 2020 investigation into how the government of President Bashar al-Assad has laid to waste a functioning health system in Daraa, one of many territories that it has recaptured from opposition forces. Our report "Obstruction and Denial: Health System Disparities and COVID-19 in Daraa, Syria" showed how, after a decade of relentless attacks on the country's health system, Assad's government is stymying efforts to rebuild Daraa, obstructing critically needed humanitarian aid, suppressing information and infrastructure necessary to deal with the widening COVID-19 crisis, and exacerbating death and suffering.

The purposeful neglect and critical failure of Daraa's health system is a direct violation of the government's agreement to provide care for people in recaptured territory, and is an egregious violation of Syrian civilians' fundamental human rights to health and information.

During 10 years of conflict in Syria, PHR has documented how the country's health infrastructure was systematically destroyed, with the Syrian government and its Russian allies carrying out the vast majority of nearly 600 attacks on hospitals and other health facilities and the killing of more than 900 medical professionals. Our research and expertise are continually used by the media, policymakers, and global organizations working to end the conflict in Syria and the suffering of its citizens. PHR provided critical research in 2020 following the United Nations Board of Inquiry into deliberate bombing of health facilities in and around the city of Idlib and we were called on once again to brief the UN Security Council in July, when life-saving cross-border humanitarian aid access to more than one million Syrians was cut off due to pressure by Russia and Syria. With our partners and supporters, we will continue to advocate for an end to the fighting and to attacks on Syria's health facilities and medical workers, and for Syrians' rights to live in peace and health. We will also continue to support international efforts to hold the Assad regime and its partners accountable for their war crimes.

Opposite: People carry a wounded Syrian to the hospital in a pick-up truck in June 2018, during the Syrian government's campaign to retake Daraa governorate.

Photo: Malik Abo Obida/Anadolu Agency/Getty Images

Annual Report 2020



Expert Spotlight

Radhya al-Mutawakel In Yemen's War Zone, Afraid to Go to the Hospital

"There were no official statements to tell us what was happening due to Covid-19 but we were surrounded by death from everywhere: our neighbors, social media, everywhere was just covered with news about death and we didn't know what was happening, what the authorities were doing to protect people. People started to feel scared even to go to the hospital. The idea of stigma has spread all over Yemen – and Yemenis, they cannot choose to stay at home. It's whether to die from hunger or to die from coronavirus. You ask what can the international community do? I say: Yemen is a man-made crisis where we can't face even a very preventable disease like cholera. The international community can push to stop the war in Yemen. This is the only solution for all the crises. It's not only Covid-19."

Radhya al-Mutawakel is a Yemeni human rights defender who co-founded the NGO Mwatana for Human Rights, an independent Yemeni organization. She was named one of Time Magazine's 100 most influential people in 2019. Al-Mutawakel brought her perspective on how the conflict in Yemen has exacerbated the health risks posed by COVID-19 to PHR's webinar on the pandemic in Middle East conflict zones.

Above: Radhya al-Mutawakel speaking at the United Nations Security Council in 2017 about the humanitarian and human rights situation in Yemen.

The New York Times

"There is no doubt the Covid-19 infection and mortality rates for Syria are vastly undercounted and underreported.... For years, the Syrian government and its Russian allies have attacked health workers and facilities as a strategy of war, resulting in a battered health system ill equipped to respond to the pandemic."

Dr. Michele Heisler, PHR Medical Director

Physicians for Human Rights

phr.org

21

Exposing a Massacre in Sudan



Health workers during pro-democracy protests in Sudan in 2019, where they were intentionally targeted by state security forces. Photo: Ashraf Shazly/AFP/Getty Images

Building on our decades of work in Sudan, in 2020 PHR issued a key investigation into a series of violent attacks against pro-democracy protestors in June 2019 known as the “Khartoum Massacre,” which killed scores of people and injured hundreds more.

We used a unique interdisciplinary team of investigators – including legal and regional experts, physicians, forensic experts, and researchers at the Human Rights Center Investigations Lab at the University of California, Berkeley – and interviewed and conducted forensic evaluations of 30 survivors of the violence using the Istanbul Protocol, UN-recognized guidelines developed by PHR to investigate and document torture and ill-treatment. Our powerful investigation showed that state security forces planned and perpetrated the attack, which also intentionally targeted health care workers and facilities with harassment, intimidation, and violence, including sexual assault.

We traveled to Geneva to present and discuss our findings and recommendations on the occasion of the UN Human Rights Council session, and our report contributed to an unprecedented independent commission launched by the Sudanese government to investigate the lethal crackdown. Through vital partnerships with Sudanese medical professionals and associations around the world, we are working to support the Sudanese people’s transition from 30 years of dictatorship and trauma to civilian government, an accountable health system, the rule of law, and an accounting for past atrocities.

Remembering Two Giants of Health and Human Rights

In 2020 and 2021, the world lost two visionary advocates for health and human rights, PHR co-founders Carola Eisenberg, MD and H. Jack Geiger, MD, M Sci Hyg.



Over the course of a distinguished medical and public health career spanning seven decades, Dr. H. Jack Geiger focused on the social determinants of health: poverty, racial discrimination, and social inequalities that left people disenfranchised and sick.

He saw his mission as finding a way to fuse his civil rights activism and social justice with being a physician, what he described as “caring for patients, but not being restricted only to caring for patients and sending them back into political, social, and economic environments that guaranteed they would become sick again.”

With colleague Dr. Count Gibson, Dr. Geiger founded the first two community health centers in the United States serving low-income and minority patients, a concept that has grown to encompass 1,300 centers across the country serving more than 28 million people. Following his decades of leadership in the civil rights, anti-apartheid, and anti-nuclear movements, Dr. Geiger helped launch Physicians for Human Rights as a founding board member in 1986 and led or participated in numerous PHR investigations in the following years.

For the thousands of activists and health workers whom Dr. Geiger inspired, he was a towering and brilliant intellect with a prolific pen, a deep voice that spoke with gravitas but also wit and humor, and a deeply human heart. His legacy lives on in the worldwide network of health professionals who work with PHR to bring the tools of medicine and science to the pursuit of justice.

Dr. Geiger was a physician activist who truly embodied what it means to be a physician for human rights.

Above: Dr. H. Jack Geiger at Physicians for Human Rights’ 20th anniversary gala in 2006. Geiger was a co-founder of PHR in 1986 and served for many years as a member of its board and board emeritus.



An avid advocate for ethics in medicine and public health, and a pioneer in a medical field largely dominated by men, Dr. Carola Eisenberg championed human rights for well over five decades, exposing social justice atrocities throughout Latin America and across the globe.

She was a trailblazer in the field of social medicine, psychiatry, and the human rights movement, breaking gender barriers to bring her extraordinary intellect, courage, and compassion to help shape the fields of medicine and human rights.

Emigrating to the United States after completing her medical and psychiatric training in her native Argentina, Dr. Eisenberg became the first female dean of student affairs at the Massachusetts Institute of Technology and the first female dean for student affairs at Harvard Medical School, where she also organized the first human rights course at any U.S. medical school.

Throughout the 1980s, Dr. Eisenberg embarked on several human rights missions to El Salvador, Chile, and Paraguay, documenting appalling war crimes against civilians and doctors. She could not forget what she witnessed, saying “I never believed human beings could do such things to other human beings.” In 1986, along with Dr. Jack Geiger and four other doctors, she founded Physicians for Human Rights, serving for many years on its board and as its vice-president.

Into her 90s, Dr. Eisenberg was still teaching a new generation of students about the vital connection between medicine and human rights. Her exceptional sense of humanity, joy, and her deep empathy and insight into human nature made her a profound force for good and inspired generations of medical students and human rights activists.

Above: Dr. Carola Eisenberg, a co-founder of Physicians for Human Rights, at the 2009 graduation of Harvard Medical School, where she served as the first female dean for student affairs.

We Thank All Our Donors

Our work is made possible through the generosity of individuals, families, foundations, governments, and corporations. We are grateful for your continued support and dedication.

PHR applies strict accountability and transparency standards to its funding relationships.

Every contribution counts. Donations of under \$1,000 are highly valued, but too numerous to list. Thank you for supporting us in our vital work to defend human rights.

Leadership Council

In 2013, PHR established the Leadership Council, which is comprised of individual and corporate donors who have made unrestricted gifts of \$25,000 or more.

\$100,000+

Anonymous (3)
Marion J. Bergman, MD, MPA and Stanley M. Bergman
Canada Department of Foreign Affairs, Trade and Development funds through the Peace and Stabilization Program
Comic Relief & UK Aid Mental Health Programme
Dropbox Charitable Foundation
Elrha's Humanitarian Innovation Fund (HIF), funded solely by the Netherlands Ministry of Foreign Affairs
French Ministry for Europe and Foreign Affairs – Crisis and Support Centre
Ashley Garrett and Alan Jones GIZ, commissioned by the Government of the Federal Republic of Germany
Grand Challenges Canada
Great Lakes Emergency SGBV and Women's Health Project in partnership with Panzi Hospital
Institut für Auslandsbeziehungen
NoVo Foundation
The Oak Foundation
Open Society Foundations
The Sigrid Rausing Trust
Harold Simmons Foundation
Swedish International Development Cooperation Agency (Sida) in partnership with TRIAL International
U.S. Department of State, Bureau of Democracy, Human Rights, and Labor

\$50,000 – \$99,999

Anonymous (2)
Susan Blaustein and Alan Berlow
The Commonwealth Fund
Irv and Helga Cooper Foundation
Carola B. Eisenberg, MD
Four Freedoms Fund/NEO Philanthropy
The Horace W. Goldsmith Foundation
The New York Community Trust Elizabeth and Brian O'Kelley Charitable Fund
Pierre and Pamela Omidyar Fund, an advised fund of Silicon Valley Community Foundation
St. Louis Community Foundation
Dana Stone, LMSW, OT and Andy Stone

\$25,000 – \$49,999

Anonymous (2)
Deborah Ascheim, MD and Tom Ascheim
FJC – A Foundation of Philanthropic Funds
Kathleen M. Foley, MD and Charles T. Foley
The Green Foundation
Harman Family Foundation
Humanity United
Cynthia Lawrence and Robert S. Lawrence, MD
William and Leah Molle Fund
New York State Health Foundation
Polak-Mainz Stichting
Roots & Wings Foundation
Schooner Foundation
Donna Shelley, MD, MPH and Lawrence Shelley
Estate of Emily G. Shenk
The Simmons Foundation
Gerson Smoger, JD, PhD
Lise Strickler and Mark T. Gallogly
Kerry J. Sulkowicz, MD

\$5,000 – \$24,999

Alchemy Foundation
Anonymous (4)
Kristin and Peter Auerbach
Mark Bronson, JD
Canada Fund for Local Initiatives
Patricia Canfield, MD and Tom Canfield
Sharon Connor and Bradley Connor, MD
Sherrye Dantzker and David Dantzker, MD
Pat Davis
Estate of Basil Merle Debuskey
Roberta and Steven Denning
Disney Matching Gifts Program
Grove Creek Fund
Carolyn and Raymond P. Happy
Hartman Family Fund
Serena M. Hatch
Kamlynn Haynes, MD
Stephen D. Hays
Michele Heisler, MD, MPA and Jamie Tappenden, PhD
John Hemmer
Elizabeth Howell, MD, MPP and Darren Thompson
Kelly Huntley Kern
Diane and Albert Kaneb
Stephanie Kayden, MD, MPH and Jerold Kayden
Ben Klemens, PhD
Kathleen Knepper, JD
Sarah and Joel Lamstein
Leonard and Judy Lauder Fund
William P. Lauder Fund of the Jewish Communal Fund
John D. and Catherine T. MacArthur Foundation's Matching Gift Program
Phyllis and William Mack
Cynthia and Jeffrey Manocherian, JD
Jimena P. Martinez and Michael J. Hirschhorn
Donna McKay and Edward Spiro, JD
Microsoft Corporation
Karen Moffat
Maria Nahlik and J. Patrick O'Brien, MD
Mary Page
Pfizer Foundation
Matching Gifts Program
Pro Victimis Foundation
Alison Pruzan, MD
Robin and Richard Pzena
Slobodan Randjelovic and Jon Stryker
Kristin and Austin Ratner, MD
Ropes & Gray LLP
Gail Saltz, MD and Leonard Saltz, MD
Patrick Schnell, MD
Naomi and Jerrold K. Senser
Yvonne Stevens and Paul Schickler

Steven Tananbaum
The United Nations Entity for Gender Equality and the Empowerment of Women
Kate and Philippe Villers
The Whitehead Foundation
Winky Foundation

\$1,000 – \$4,999

Joanne Ahola, MD
Scott A. Allen, MD
Elizabeth Anderson
Anonymous (15)
The B&L Foundation
The Barrington Foundation, Inc.
Margaret W. Bartlett
Shahnaz Batmanghelidj and Radford W. Klotz
Judy E. and Joseph Baumgarten
Diane Becker, DO
Emily Berg, MSW
Deborah Berke and Peter D. McCann, MD
Ann Berwick and Donald M. Berwick, MD
Zoe Blacksin, MD
Jessie Block-Galarza, MD
John Blotzer, MD
Taylor and Willa Bodman
Jill Braufman and Daniel Nir
Katrien Burlinson Fund, an advised fund of Silicon Valley Community Foundation
Susan O. Bush
Annabella Bushra, PhD
Catherine and Paul Buttenwieser, MD
Joanna Chapin, MD
Ajay Chawla, MD, PhD
Sabrina Cherry, MD and Marc Gourevitch, MD, MPH
Mariam Claesen and Ron Waldman, MD, MPH
Ellen and Charles Cogut
Matthew Cohn
Clint Collins, MD
Corner Foundation, Inc.
Lauri Costello, MD
Cathy Cramer and Kenneth Gibbs
Trina Daniels, MD
Martha Darling and Gilbert S. Omenn, MD, PhD
William Davis
Susan and Francois de Menil
Bert Deixler, JD and Leslie Swain, MD
David Demnitz
Linda Dillon, MD
Helen Doppelt
DeDe Dunevant
Darion Dunn
KT Elghanayan Fund
Epic Charitable Fund
Barbara and R. Bradford Evans

Rebecca Falik, MD and Matt Pasternack
Cathery E. Falvo, MD and Jessica A. Falvo
The Feidelson Family
Alicia Fernandez, MD
Anne and David R. Ferry
Nicole Fields
Patricia G. Foschi, PhD
Geller & Company
Patricia Geller, EdD
Carola Gerigk, DDS
Arin Gilbert
Raminder Gill, MD
Karen Gilmore, MD and Mitchell H. Charap, MD
Adriane Glazier Turow, JD and Scott Turow
Laurie and Jeffrey Goldberger
Susan Goldhor, MD
Noleen and Justice Richard J. Goldstone
Madeleine M. Grant, MD
Halley and Steve Green
Laura Green and David Golan, MD
Annekathryn Goodman, MD, MPH
Karen Guetzko
Rajiv Gulati, MD
Ashley T. Haase, MD
Frederic (Rick) J. Happy
Richard Hayes
Ruth Hertzman-Miller, MD
Howard H. Hiatt, MD
Nancy Horie, MD
Jennings Cresswell Charity Fund
The Terry Jodrie Fund of the Jewish Community Foundation
James Johnson, MD
Robert Wood Johnson Foundation
Kenneth Jones
Terry Karl, PhD
Mahsheed Khajavi, MD
Barbara Kirschner, MD
Mary Kostman
Clint Collins, MD
Richard Lacy, MD
Lee and Luis Lainer
Linda Larkin
Elizabeth Lawrence, MD and Andrew Montgomery
Thomas A. Lehrner
Mairi Leining, MD
Lester Lenoff, LCSW
Ronald Levandusky, MD
Carol B. Levin, MD
The David A. Lewis Peace Fund
Kathleen and Jeffrey Lindenbaum, MD
Ellen and Douglas Lowey
Stuart Lorin Lustig, MD, MPH
M. Brinton Lykes, PhD
Claire Svetlik Mann and Christopher L. Mann

Barbara Manocherian
Maya and Jeremy Marcus, MD
Julianna Margulies
Catherine and Christopher Mathews
Pamela McPherson, MD and Scott Cassingham, MD
Donald L. Mellman, MD, MPH, MBA
Francesca Meschi, PhD
Melvin Miller
Eric Mok
Christopher Morriss, MD
The Morrison & Foerster Foundation
Mark Munns, MD
Courtney Nataraj
Kathy J. Neely, MD and David B. Neely, MD
Thomas Newman, MD, MPH
Giang Nguyen
Paul Omelsky, MD
Clara Orban and Elliot Weisenberg, MD
Law Office of Marcela Ordonez, LLC
Orentreich Family Foundation
Rebecca L. Ostrovsky and Paul D. Ostrovsky, MD
Connie Ozer
Pajwell Foundation
Amy Pasternack, MD and Lawrence Guth
Denis Pelli, PhD
Stephanie Perold and Etienne Perold, PhD
Sue Phelps
Stephen Pituck, MD
Norma Price, MD and Stan Windham
Hope and Michael C. Proper, MD
Proskauer Rose LLP
Purple Lady/Barbara J. Meislin Fund
Sir Richard J. Roberts, PhD, FRS
Anthony D. Romero, JD
Patricia Rosenblatt and Michael Rosenblatt, MD
Randi Rubovits-Seitz, MD
Rural Action Fund
Wesley Russell, MD
Drs. Ruth and Steven Ryave
Sandpiper Fund
Page Sargisson and Peter Robbins
Susan and Stephen Scherr
Sylvia Schoenbaum and Stephen Schoenbaum, MD, MPH
Sandra Schpooft, JD and Steven Axelrod, PhD
David Schrier, MD
Sally and Steven A. Schroeder, MD
Henry Schwartz, MD
Chi-Kwan Shea, PhD
Catherine and Rony Shimony, MD
Brian Short, DVM, PhD
Carol Silberstein, JD and Alan Silberstein
Leah Sirkin and Steven Brock

Romaine Solbert
Susan D. Solomon, PhD
Eileen and Matthew Spiro
Charles Steinberg, MD
Richard Steinberg, MD
Laurie Stoff and John Benschoter
Andrea Stolar, MD
Andrew M. Stone, MD
Cynthia and Eric Strid
David Stuckey
Suwyn Family Foundation
Cathy Taub and Lowell Freiberg
Jillian and Jeremy Temkin, JD
Diane Thompson
Kathi Thonet
Cristianna Vallera, MD
My-Charlins Vilsaint and Christopher Dayton
Polly Walker, MD, MPH
Mary Jane West-Eberhard, PhD
Marilyn Wise, LICDC, CMP
Mary Woodall-Jappe, PhD
The Woods & Gill Family Foundation
Marilyn and Stuart Zerner

In-Kind Donations

The following in-kind donors generously provide PHR with services and expertise that are crucial to the success of our work.

Ropes & Gray LLP
For more than 30 years, Ropes & Gray LLP has served as PHR's primary pro bono law firm and general counsel.

Giang Nguyen
Dropbox
Miller Canfield
CCS Fundraising
Beveridge Seay, Inc.
AWS

Advisory Council

PHR benefits from the extraordinary insights and guidance of our Advisory Council, a diverse and distinguished group of medical, legal, and scientific leaders from around the world who bring their deep expertise to our research and advocacy.

Kerry J Sulkowicz, MD, Council Chair

Founder and Managing Principal, Boswell Group LLC

Patrick Ball, PhD

Director of Research, Human Rights Data Analysis Group

Christopher Beyrer, MD, MPH

Desmond M. Tutu Professor in Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health

Şebnem Korur Fincancı, MD

President, Human Rights Foundation of Turkey

Mona Hanna-Attisha, MD, MPH, FAAP

Founder and Director, Pediatric Public Health Initiative, Michigan State University and Hurley Children's Hospital

Alastair Hay, PhD, OBE

Professor Emeritus of Environmental Toxicology, University of Leeds

Howard Hu, MD, MPH, ScD

Professor & Flora L. Thornton Chair Department of Preventive Medicine, Keck School of Medicine, University of Southern California

Vincent Iacopino, MD, PhD

Adjunct Professor of Medicine, University of Minnesota Medical School

Samer Jabbour, MD, MPH

Professor of Public Health Practice, American University of Beirut

Jennifer Leaning, MD, SMH

Senior Research Fellow, FXB Center for Health and Human Rights, Harvard University

Juan E. Méndez

Professor of Human Rights Law, American University-Washington College of Law, former UN Special Rapporteur on torture and other cruel, inhuman and degrading treatment or punishment

Vivienne Nathanson, MD

World Medical Association, Royal College of Obstetricians and Gynaecologists, University of Durham School for Health

Monica Peek, MD, MPH

Associate Professor of Medicine, Director of Research, MacLean Center for Clinical Medical Ethics, University of Chicago Medicine

Nizam Peerwani, MD

Chief Medical Examiner, Tarrant, Denton, Parker, and Johnson counties, TX; Texas Forensic Science Commission

Michael Posner, JD

Director, Center for Business and Human Rights, NYU Stern School of Business

Dainius Pūras, MD

Director, Human Rights Monitoring Institute, Vilnius; Professor of Child Psychiatry and Public Mental Health, Vilnius University

Gerson H. Smoger, JD, PhD

Principal, Smoger and Associates, PC

Patricia Sellers, JD

Special Advisor for Gender for the Office of the Prosecutor of the International Criminal Court

David Wells, MD

Associate Professor of Forensic Medicine, Monash University, Australia

Matthew Wynia, MD, MPH

Director, Center for Bioethics and Humanities, University of Colorado

Brigadier General (Ret.) Stephen N. Xenakis, MD

Executive Board Member, Center for Ethics and Rule of Law, University of Pennsylvania Law School

Technical

Advisory Board

Dietrich Ayala, Protocol Labs
Andrei Barbu, PhD, Massachusetts Institute of Technology
Giang Nguyen, PhD, Facebook
Christiane Ruetten, Data4Life
Laurens Van Houtven, Latacora

Volunteers

Every year, Physicians for Human Rights receives more than \$2.75 million in donated and in-kind services. This list represents only a fraction of the thousands of physicians, scientists, lawyers, other health and legal professionals, activists, and PHR interns who volunteer their time and expertise to help us document and call attention to mass atrocities and severe human rights violations. We thank them all.

Cynthia Abraham, MD
Peter Ackerman, MD
Suzana Adams, PsyD
Melanie Adem, LICSW
Sanjay Adhia, MD
Harrison Adika, LLB
Joanne Ahola, MD
Ahmad Al-Katib, MD
Monica Alzate, PhD, LCSW
Loren Amdursky, MD
Eddy Ameen, PhD
Jean Paul Amisi Mubwala-Boko
Michael Anastario, PhD
Ellen Arfin, LCSW
Edith Arias, LCSW, MSc
Dov Arond, MD
Ali Asghar-Ali, MD
Carl Auerbach, PhD
April Autry, PA, MPH
Joan Avedisian, LCSW
Amelia Averyt, MD
Dietrich Ayala
Gloire Bamporike Ndimubandi
Isaac Barhishindi Kibalama, MD
Stacy Barron, MD
Josaphat Bashomeka Mutayongwa
Jasjit Beausang, MD
Diane Becker, DO
Michelle Benitez, MD
Wendy Berger, PhD
Monica Bergnes, LCSW
Jennifer Berz, PhD
Patrick Bigabwa Bitingingwa, MD
David Bodeli Dombi, LLB
Jenine Boyd, PhD
J. Wesley Boyd, MD, PhD
Rosa Bramble, LCSW-R
Mary Braza, MD
Adam Brenner, MD
Sveva Brown, MD
Anne Buchanan, DO
Lisa Buchberg, DMH
Susan Buniva, LCSW
Douglas Bunnell, PhD
David Butler, MD
Steve Caddle, MD
Fred Campbell, MD
Lesley Carson, MD
Favio Casoy, MD
Yenys Castillo, PhD
Anuradha Chaddah, MD, JD
Wei-li Chang, MD
Joanna Chapin, MD
Mitchell Charap, MD
Avik Chatterjee, MD, MPH
Aaronson Chew, PhD
Divya Chhabra, MD
Esther Chou
Justin Cikuru
Alyssa Clayden, LISW
Patricia Close, MD
Amy Cohen, MD
Tania Coiner, PhD
Melissa Cole, LPC
Janice Colton, PhD
Cynthia Conner, LCSW
Begona Cortina Seguro, LICSW
Trish Dayan, LCSW
Brian D’Cruz, MD
Jodi Dean, LCSW
Arkaprava Deb, MD, MPH
Renee DeBoard-Lucas, PhD
Donna DeLone, LICSW, BCD

Michael Devlin, MD
Chanelle Diaz, MD, MPH
Elizabeth Dohrmann, MD
Doyensec
Mihaela Dranoff, PhD
Michael Drusano, MD
Maria Duenas, MD
Rebecca Dulit, MD
Kathleen Dussan, MD
Silvia Dutchevici, LCSW
Rossanna Echegoyen, LCSW
Jean Paul Amisi Mubwala-Boko
Husam el-Mugamar, FRCPath
Eleanor Emery, MD
Ewune Ewane, LPA, MA
Jacqueline Ndeye Néné Fall, DUPP, DEA
Dahlia Fateen
Jason Grey Faulkenberry, MD
Mary Jo Fink, MD
Miriam Ford, PhD, FNP
Noemi Ford, PsyD
Marie Forgeard-Lacasse, PhD
Julia Frank, MD
Karla Fredricks, MD
Wendy Freed, MD
Lynne Gaby, MD
Martha-Julia García-Sellers, PhD
Frances Geteles-Shapiro, PhD
Julia Geynisman-Tan, MD
Naomi Gikonyo
Minal Giri, MD
Stephen Githinji
Ariel Glick, PsyD
David Glosser, ScD
Anju Goel, MD, MPH
Jeffrey Goldbar, MD
Eric Goldsmith, MD
Rachel Goldstein, PhD
Retha Goodglick, MD
Annekathryn Goodman, MD, MPH
Mollie Gordon, MD
Linda Gordon, LCSW-C, MSW
Elizabeth Goren, PhD
Arthur Grant, MD, PhD
Naomi Granvold, MD
Bruce Grellong, PhD
Cynthia Griggins, PhD
Kim Griswold, MD
Charu Gupta, MD
Elisabeth Guthrie, MD
Erin Hadley, PhD
Abra Havens, PsyD
Tatiana Havryliuk, MD, FAWM
Roshia Hebsur, PsyD
Gretchen Heinrichs, MD
Robert Hiensch, MD
Joshua Hooberman, PhD
Valerie Hoover, PhD
Karen Hopenwasser, MD
Beth Horowitz, MD
Jill Horwitz, LCSW
Marc Igdalsky, PA
Inma Iglesias, LICSW
Ellen Isaacs, MD
Angelina Ithondeka, MD
Lauren Jacobson, NP
Abhishek Jaywant, PhD
Elena Jimenez-Gutierrez, MD
Catherine Jones, MD
Sandrine Kaboya Masango, MD
Thomas Kalman, MD, MSc
Eugenie Kamabu Mukekulu, MD
Stephanie Karmo, MD

Boris Katz, PhD
Kirandeep Kaur, DO
Serem Keitany
Carol Kessler, MD
Utsha Khatri, MD
Eindra Khin Khin, MD
Kickmaker
Michel Tabaro Kifaliko
Catherine Kim, MD, MPH
Leslie Kimball Franck, PhD, LPC
Georgia King, LCSW
Baudouin Kipaka Basilimu, LLB, MA
Emily Kiragu
Rachel Kirumba
Sevy Kishimbi Kabala, MD
Jules Kitumaini Buuma
Mat Kladney, MD
Emily Kline, PhD
Toromo Kochei, MD
Joseph Kopp, MD
Teyana Kostyshyna, PsyD, LCPC
Sharon Kozberg, PhD
Carolyn Kreinsen, MD, MSc
Pamela Krell, PhD
Ian Kronish, MD
Benjamin Kuria
Danielle Kushner, MD
Jean-Philippe La Roche, MA
Angelena Labella, MD
Roy Laird, PhD, LCSW-R
Frances Lang, LICSW
Christopher Lanoue, MD
Carole Lapidus, LCSW
Lisa Larabee, LCSW-C, LICSW, RPT-S
Latacora
Marc Lavietes, MD
Kara Leach, MD
Maria Lechich, PhD
Nancy Lee, MD
Stefanie Lee, LCSW
William Legere, FNP, MSN
Giulia Leggett, MD
Charity Lehn, MD
Joan Leitzer, MD
Carol Leiva, LCPC
Marissa Leslie, MD
Adam Lesser, LCSW
Lauren Levine, PhD
Cathy Lewis, LICSW, MSW
Whitney Lieb, MD
Sharon Lin, DO
Susan Lindau, LCSW
Julie Linker, PhD
Martha Lipovac-Dew, LMSW
Josie Lopez, MD
Tinh Luong, MD, PhD
Ellen Luria, MSW, MPH
Lisa Lyons, PhD
Jannette Mafika, MD
Diana Mahoney, LCSW
Toby Mailman, LCSW
Aida Manduley, LCSW, MSW
Christa Martin, PsyD
Minu Mathew, LCSW
Aimee McAndrew, LCSW
Thomas McCoy, LCSW, Mdiv
Katherine McKenzie, MD
Carmen McLean, PhD
Alex Means, MD
Peter Meiland, PhD
Sylvester Mesa
Jacqueline Meszaros, MHC
Dodi Meyer, MD

Sarah Meyers, MD
Christopher Migliore, MD
Natalie Milligan, LCSW-C, LICSW
Amy Miranda, LCSW
Charles Mitchell, MD
Roselyn Mkabana
Maaik Moller, MD, MPH
David Moltz, MD
Susan Montgomery, PhD
Christine Montross, MD
Mary C. Moore, PhD
Elise Morris, MD
Michal Moskowitz, PhD
Paul Mudibura Barhunvana
Janet Mueller, PsyD
Grace Muhima Rehemma, MD
Kate Muldowney, LCSW
Debora Munczek, PhD
Teophila Murage
Noriyuki Murakami, MD
Seraphine Musambi Kilongozi
Jaqueline Namuye Mutere
Grace Muthima
Julien Mutombo Wa Ilunga
Arash Nafisi, MD
Anandhi Narasimhan, MD
Tatiana Ndagijmana Bugeni
Nadine Neema Rukunghu, MD
Brett Nelson, MD, MPH
Ruth Ngugi
Giang Nguyen, PhD
Justus Nondi, MBChB
Thierry Ntumba Nasibu, MD
Justin Nyakundi Nyatete
Barbara Ogur, MD
Dorothy OKeefe, MD
Rose Olson, MD
Michael Omara, LMHC
Spyros D. Orfanos, PhD
Deborah Ottenheimer, MD, FACOG
Byram Ozer, MD, PhD
Gayle Palmer, MD
Dana Parchy, PsyD
Yung Park, MD
Nikhil “Sunny” Patel, MD
Nishant Patel, PhD
Jennifer Pauk, LCSW-C, MPH
Lilly Pavlinovic, PhD
Matilde Pedrero, LMHC
Katie Peeler, MD
Vivian Pender, MD
Kenneth Pettersen, MD
Susan Pincus, MD
Laura Pinsky, LCSW
Elaine Pitt, MD
Tinh Pius, MD
Joanne Plescia, PhD
Jonathan Posner, MD
Shayne Ragbeer, PhD
Vidya Ramanathan, MD, MPH
Falu Rami, LMFT
Nicki Reno-Welt, PA-C
Jose Ribas-Roca, MD
Carla Lee Rice, LCSW
Adam Richards, MD
Novena Riojas, LCSW
Asya Rivinon, LCSW
Segundo Robert-Ibarra, MD
Marc Robinson, MD
Barbara Robles-Ramamurthy, MD
Mary Westhead, PsyD
Brie Romines, MD
Noah Roost, PhD
Daniel Rosengart, PsyD

Brad Roter, MD
Nora Rowley, MD
Christiane Ruetten
Dalia Ruiz, PsyD, LMFT
Innocent Rutema Baguma
Altaf Saadi, MD
Karen Saal, MD
Gloria Saez, LCSW
Prantik Saha, MD
Ashanda Saint Jean, MD
Josimar Saldana, PhD
William Salton, PhD
Kristin Samuelson, PhD
Fereshtel Sani, MD
Stephen Sellers, PhD
Kimberly Sewnarine, PA-C
Nelly Seya Kazadi
Seema Shah, MD, MPH
Sural Shah, MD
Afroz Shamin, MD
Joseph Shin, MD
Susannah Falk Shopsis, LCSW
Mari Siegel, MD, MPH
Sara Silva, LICSW
Jill Silverman, MD
Daphne Simeon, MD
Danielle Simpson, MD
Rachel Singer, PhD
Shaina Singh, MD
Joyce Slochower, PhD
Orlando Sola, MD
Sheila Sontag, MD, FAPA
Charu Sood, PsyD
Shela Sridhar, MD
Lauren Steffel, PsyD
Zina Steinberg, EdD, MS
Daniel Stewart, PhD
Jennifer Stinson, PhD
Katherine Stolarz, DO
Eric Stone, LCSW
Jeffrey Stovall, MD
Yorgos Strangas, MD
Kara Stripling, NP
Shanna Stryker, MD
Gabrielle Stutman, PhD
Amita Sudhir, MD
Margaret Sullivan, FNP-BC
Maureen Suter, MD
Sheida Tabaie, MD
Breana Taira, MD, MPH
Michael Teitelman, MD, PhD
Debra Teplin, PA
Purity Thirikwa
Jenni Thomas
Patricia Thornton, PhD
Matthew Pius, MD
Patricia Trainor, PhD
Anna Van Meter, PhD
Veronica Velasco
Jen Virgo, LICSW
Muriel Volpellier, MA, MD
Arno Vosk, MD
Benson Wahome
Pascal Wahwere Muhindo, MD
Shannon Walker, MD
Yi Wang, MD
Kayana Ward, MD
Rebecca Warner, MD
Margot Weinschel, LCSW
Mary Westhead, PsyD
Michael Wheaton, PhD
Rachel Wheeler, MD
Mary Helen White, MD

Rebecca Whitmire, MD
Madeline Wilks, MD
Cynthia Willard, MD, MPH
Daniel Winetsky, MD
Amanda Yoder, LCSW
Janine Young, MD
Mark Yurewicz, MD
Erin Zahradnik, MD
Sandra Zakowski, PhD
Maryam Zia, MD
Kate Zona, PhD
Lucia Zuniga, MSN

2019-2020 Interns

Amid Alhyani, MA
Farzana Ali
Manuela Arroyave
Dede Benissan
Isa Berliner
Thomas Blecher
Roxane Byegeka
Esther H. Choo
Liza Chowdhury
Isabel Clements
Elise Durand
Caitlin Flynn
Riley Griffiths
Rebecca Gudzy
Devanshi Gupta
Marissa Gustavson
Emma Scott Hagle
Meredith Happy
Ryan Hironaka
Irene Hwang
Ellen Jacobs
Riyana Lalani
Talia Land
Savannah Larson
Rebecca Lee
Joseph Leone
Jeffrey Lloyd, MA
Tiancheng "Tim" Ly
Julia Kepczynska
Itteca Khan
Caroline Kinsella
Bryan Konaté
Angelika Krusel
Carisa McLaney
Theresa McMackin
Anne Muthoni
Isabella Muti
Olivia O’Leary
Ellena Parry
Chloe Pan
Victoria J. Peterlin
Gabrielle Ramirez
Angelica Rossi-Hawkins
Theyana Ruiz-Pena
Annum Sadana
Camila Santibanez
Abigail Schulte
Mariana Seidner, MA
Abdul Abo Shokur
Brianna da Silva Bhatia, MPH
Sarah Smith
Shaguftha Syeda
Taylor Tee
Maya Tessler
Felicia Widjaya
Yiyi Wu
Elizabeth Yim

Board and Staff

Board of Directors

Alan Jones, MBA, Chair *
 Adrian Arena
 Deborah D. Ascheim, MD,
 Vice-Chair * **
 Kristin Auerbach
 Marion J. Bergman, MD, MPA *
 Susan M. Blaustein, DMA, MMA
 David Dantzker, MD,
 Treasurer *
 Kathleen M. Foley, MD,
 Secretary *
 Justice Richard J. Goldstone
 Raymond P. Happy
 Richard Horton, FRCP, FMedSci
 Ashish K. Jha, MD, MPH
 Ambassador Stephen J. Rapp, JD
 Anthony D. Romero, JD
 Gail Saltz, MD
 Dana C. Stone, LMSW, MS, OT *
 Kerry J. Sulkowicz, MD * **
 Darren Thompson, MBA
 Lois Whitman, JD, MSW

Emeritus Board Members

Frank Davidoff, MD, MACP
 Robert S. Lawrence, MD **
 *Members of PHR's Executive Committee
 **Past Board Chair

Executive Management Team

Donna McKay, MS,
 Executive Director
 Hannah Chotiner-Gardner,
 Chief Development Officer
 DeDe Dunevant,
 Director of Communications
 Karen Naimer, JD, LLM, MA
 Director of Programs
 Susannah Sirkin, MEd,
 Director of Policy
 Raha Wala, JD,
 Director of Advocacy
 Robert Wheeler, MPA,
 Chief Operating Officer

Administration and Finance

Kelsey Anderson, MA,
 Executive Associate
 Maila Gamatero,
 Grants Manager
 Ferny Giraldo, MS,
 Deputy Director,
 Human Resources
 Jonas Hayes,
 Accounting Associate
 Varduhi Kyureghyan,
 Director of Finance
 Giuseppe Mercuri, MA,
 Operations Associate

Advocacy

Michael Payne,
 Senior Advocacy Officer
 Annum Sadana,
 Interim Advocacy Associate

Communications

Erin Dolan,
 Digital Communications
 Coordinator
 Hannah Dunphy, MA,
 Digital Communications Manager
 Lesedi Ntsele,
 Digital Campaign Manager
 Claudia Rader, MS,
 Senior Communications Manager
 Kevin Short,
 Media Strategy, Senior Manager
 Michelle Wilczynski, MA,
 Digital Director

Development

Julia DiLaura,
 Director of Institutional
 Development
 Clemmie Faust,
 Grant Writer
 Amelia Hussein, MS,
 Development Associate
 Masha Katz Baer, MS,
 Director of Individual Giving
 and Board Liaison
 Emily Reers,
 Institutional Development
 Coordinator

Medical Experts

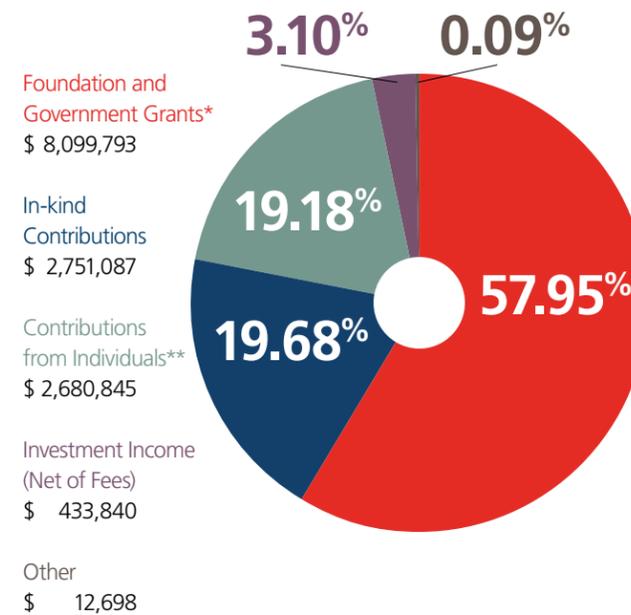
Michele Heisler, MD, MPA,
 Medical Director
 Ranit Mishori, MD, MHS,
 Senior Medical Advisor

Policy and Programs

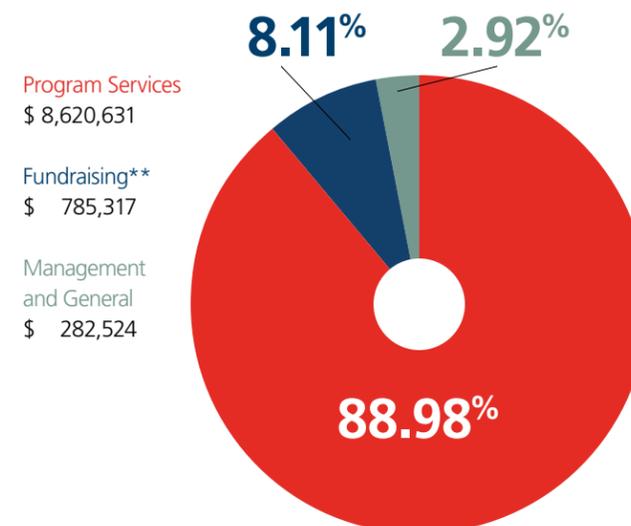
Houssam al-Nahhas, MD, MPH,
 Middle East and North Africa
 Researcher
 Abdulrazzaq Al-Saiedi, MPA,
 Iraq Country Expert, Program on
 Sexual Violence in Conflict Zones
 Isabel Fredricks,
 Program Associate, Program on
 Sexual Violence in Conflict Zones
 Lindsey Green, MA,
 Program Officer, Program on
 Sexual Violence in Conflict Zones
 Maram Haddad, MA,
 Program Officer, Research
 and Investigations
 Kathryn Hampton, MSt,
 Senior Officer, Asylum Program
 Katy Johnson, MA,
 Senior Program Officer,
 Program on Sexual Violence
 in Conflict Zones
 Suzanne Kidenda,
 Program Officer, Program on
 Sexual Violence in Conflict
 Zones, Kenya
 Joseph Leone,
 Research and Investigations Fellow
 Thomas McHale, SM,
 Deputy Director, Program on
 Sexual Violence in Conflict Zones
 John Miller,
 MediCapt Technical
 Project Manager
 Joyeux Mushekuru, JD,
 Coordinator, Program on Sexual
 Violence in Conflict Zones, DRC
 Joanna Naples-Mitchell, JD,
 U.S. Researcher
 Naitore Nyamu Mathenge, LLM, MA,
 Head of Office, Program on
 Sexual Violence in Conflict
 Zones, Kenya
 Michel Nzola,
 Program and Operations
 Associate, DRC
 Elizeba Owange,
 Program and Operations
 Associate, Kenya
 Cynthia Pompa,
 Asylum Program Officer
 Elsa Raker,
 Asylum Program Associate

Financials

Fiscal Year Ending June 30, 2020 Operating Revenue



Fiscal Year Ending June 30, 2020 Operating Expenses



Statement of Activities (for the year ending June 30, 2020)

Revenues	
Foundation and Government Grants*	\$ 8,099,793
In-kind Contributions	\$ 2,751,087
Contributions from Individuals**	\$ 2,680,845
Investment Income (Net of Fees)	\$ 433,840
Other	\$ 12,698

<i>Total Operating Revenue for FY20</i>	<i>\$ 13,978,263</i>
<i>Operating Expenses</i>	<i>\$ 9,688,473</i>

Statement of Financial Position (for the year ending June 30, 2020)

Assets	
Investments	\$ 7,439,847
Cash and Cash Equivalents	\$ 6,359,491
Grant and Contribution Receivables	\$ 2,680,116
Prepaid Expenses and Other	\$ 408,069
Deposits	\$ 296,778
Property and Equipment, Net of Depreciation	\$ 139,009

<i>Total Assets</i>	<i>\$ 17,323,311</i>
---------------------	----------------------

Liabilities and Net Assets

Temporarily Restricted Assets	\$ 11,086,997
Unrestricted Assets	\$ 4,892,184
Loan Payable	\$ 695,645
Accrued Expenses	\$ 333,297
Accounts Payable	\$ 210,268
Deferred Rental Obligation	\$ 104,921

<i>Total Liabilities and Net Assets</i>	<i>\$ 17,323,311</i>
---	----------------------

* Includes Temporary Restricted Contributions for Future Years
 ** Includes Gala Revenue net of direct expenses



PHR received the highest Charity Navigator rating for the sixth consecutive year, a distinction held by less than 15 percent of the 1.5. million charities that are rated annually by the organization.

Editorial: Claudia Rader
 Graphic Design: Beveridge Seay, Inc.



Physicians for
Human Rights

phr.org

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.

Through evidence,
change is possible.



Shared in the 1997
Nobel Peace Prize