



# 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*

Donna McKay  
Executive Director

*Alan Jones*

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 Clarke/Getty Images



# Combating 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.”



Combating 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.



“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

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



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.*



Expert Spotlight

**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.*



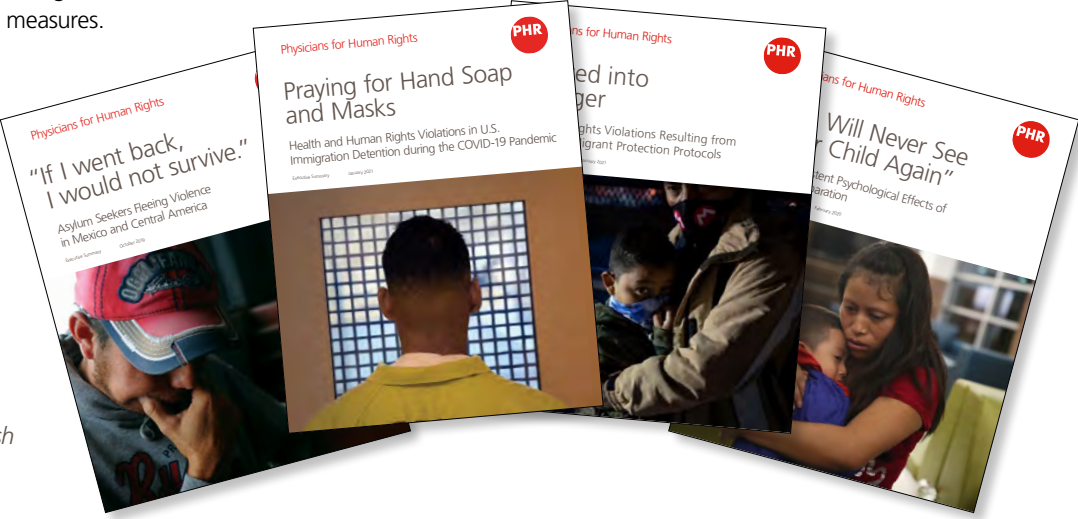
“I was so scared they were going to punish me.”

*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.

*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?

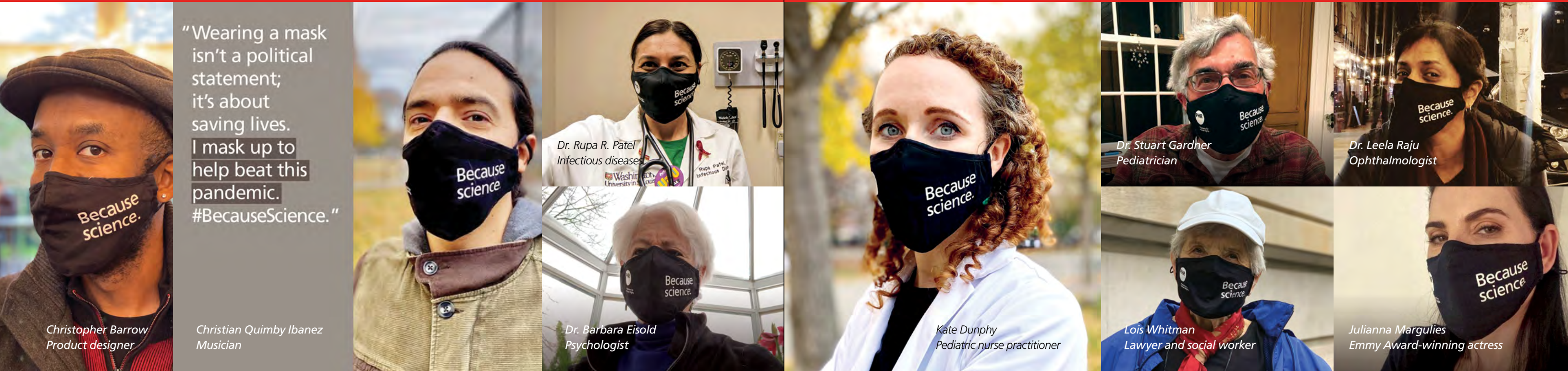
As the United States staggered under ever-growing COVID-19 cases last fall and scientists and public health experts increasingly stressed the importance of mask-wearing, PHR launched our "Because science." campaign.

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!



# #Because Science





# 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

BBC  
NEWS

"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.*





**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*



**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*



# Exposing a Massacre in Sudan



**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.

*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*

# 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.*



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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.

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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.

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Marissa Gustavson  
Emma Scott Hagle  
Meredith Happy  
Ryan Hironaka  
Irene Hwang  
Ellen Jacobs  
Riyana Lalani  
Talia Land  
Savannah Larson  
Rebecca Lee  
Joseph Leone  
Keri Lloyd, MA  
Tiancheng "Tim" Ly  
Julia Kepczynska  
Itteca Khan  
Caroline Kinsella  
Bryan Konaté  
Angelika Kruzel  
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  
Shagufta Syeda  
Taylor Tee  
Maya Tessler  
Felicia Widjaya  
Yiyi Wu  
Elizabeth Yim



Board and Staff

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Raymond P. Happy  
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Gail Saltz, MD  
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Darren Thompson, MBA  
Lois Whitman, JD, MSW

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Robert S. Lawrence, MD \*\*

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\*\*Past Board Chair

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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  
Ferney 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

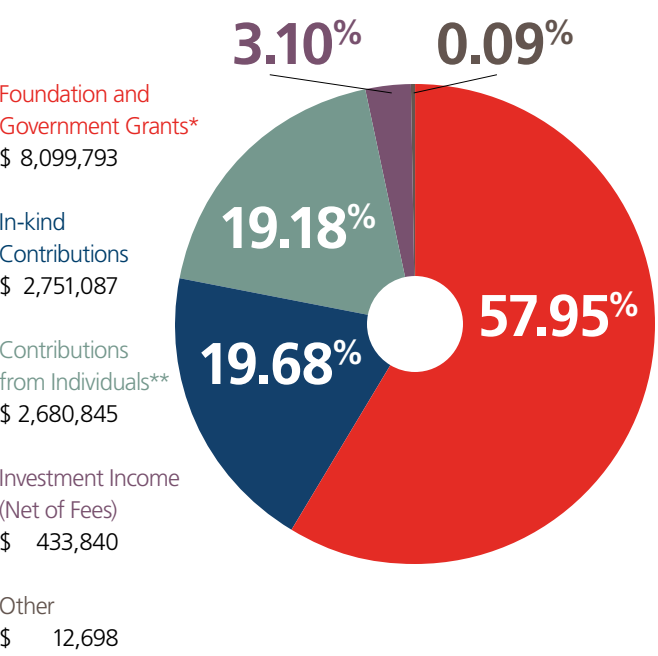
Michele Heisler, MD, MPA,  
Medical Director  
Ranit Mishori, MD, MHS,  
Senior Medical Advisor

Policy and Programs

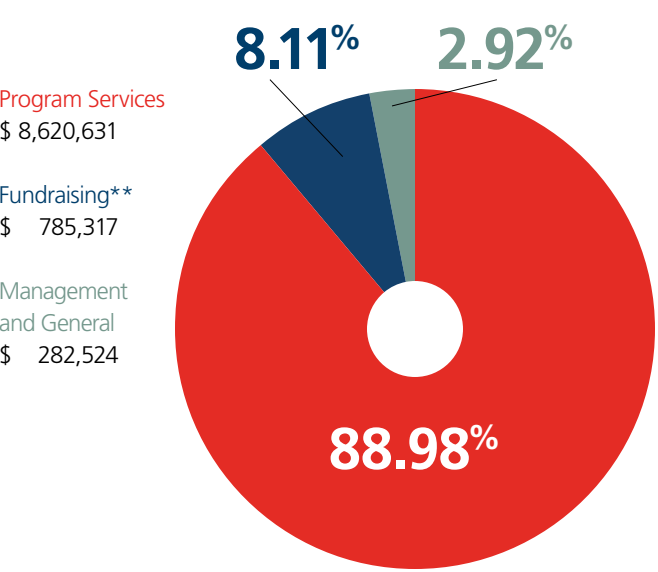
Houssam al-Nahhas, MD, MPH,  
Middle East and North Africa  
Researcher  
Abdulrazzaq Al-Saiedi, MPA,  
Iraq Country Expert, Program on  
Sexual Violence in Conflict Zones  
Isabel Fredricks,  
Program Associate, Program on  
Sexual Violence in Conflict Zones  
Lindsey Green, MA,  
Program Officer, Program 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)

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

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

<b>Assets</b>	
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
<hr/>	
Total Assets	\$ 17,323,311
<b>Liabilities and Net Assets</b>	
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
<hr/>	
Total Liabilities and Net Assets	\$ 17,323,311

\* 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](http://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