



*Navajo doctor Lance Whitehair and Navajo surgeon Bijjibaa' Kristin Garrison after receiving their COVID-19 vaccines.
Photo: Micah Garen/Getty Images*

You're with Us, Arm in Arm for Vaccine Equity

Even as more and more people in the United States get vaccinated against COVID-19, hundreds of millions of people in countries around the world do not have access to vaccines. More than 65 percent of adults in the United States, compared with less than two percent of adults in Africa, have received at least one vaccine dose, and millions of health care workers around the world continue to work in dangerous conditions while they wait to be vaccinated. In the United States, inequities have persisted in access to vaccines for people in Black and brown communities, and for people in immigration detention and in many other carceral settings. According to the World Health Organization, more than 115,000 health care workers have died of COVID-19, and many more will die without the protection of vaccines. These figures highlight deeply ingrained inequities and misplaced priorities. With your support, PHR has been at the forefront of the movement for vaccine equity, partnering with the global People's Vaccine Alliance to demand that vaccines be made available to everyone, everywhere on the planet, free of charge.

We joined more than 220 U.S. leaders from the fields of public health, medicine, global development, and racial justice to call for President Joe Biden to champion global investment and the removal of obstacles to assure a People's Vaccine. We then teamed up with more than 60 partner civil society organizations demanding a global vaccine manufacturing plan from President Biden. With members of our Advisory Council, we published a research brief on a politics-

free path to a COVID-19 vaccine and advocated with Department of Homeland Security Secretary Alejandro Mayorkas for an effective vaccination plan to protect people in immigration detention.

At the core of PHR's mission is our work to elevate the crucial voices of medical professionals around the biggest human rights issues of our time. This has never been more important than now, as we seek to inform policy and debate surrounding the COVID-19 global health crisis. Through the platform of our highly successful COVID-19 speaker series, now in its second year, experts from PHR's network drew worldwide audiences to PHR-hosted webinar conversations on vaccine hesitancy and vaccine passports. And as the G7 summit convened, we published videos featuring our medical and public health partners from around the world calling on global leaders to ensure that all health care workers receive a COVID-19 vaccine.

In May, we were gratified to see our advocacy for broader access to COVID-19 vaccines advanced when the United States announced that it will support suspending vaccine patents and require pharmaceutical corporations to share vaccine technologies and know-how globally.

You are helping us shine a spotlight on the disproportionate burden borne by communities of color and other marginalized populations in the COVID-19 pandemic and stepping up the campaign for global vaccine distribution that respects human rights, equity, and justice. To join us in our campaign for vaccine equity, visit phr.org/arm-in-arm.

You're Helping Reunite Separated Families

During the Trump administration, more than 5,500 migrant children fleeing extreme violence in their home countries were forcibly separated from their families as they sought safety in the United States. In response to the trauma caused by this brutal anti-immigration policy, PHR mobilized our community of human rights defenders to demand justice for those harmed. We partnered with other human rights experts to review the merits of DNA techniques to reunify separated migrant families and joined a consortium of scientists, human rights advocates, and scholars to advocate for the development of an international protocol for DNA-led approaches to identifying and locating the families of children separated by armed conflicts, disasters, and inhumane immigration policies. Thanks to the commitment of activists like you, we established the PHR Family Separation Justice Fund. This fund will directly support our research and advocacy on behalf of asylum seekers who have suffered separation, psychological and physical trauma – and even torture. It will also support our push to help reunite families and demand that the U.S. government meaningfully right the wrongs that have resulted from its cruel, inhuman, and degrading immigration policy.

To contribute, visit: phr.org/newsletter.

PHR Voices

Dr. Monica E. Peek, MD, MPH, MS, FACP

Calling Out Disparities in the COVID-19 Response



Monica Peek, MD, MPH, MS, FACP is an associate professor at the University of Chicago, associate director of the Chicago Center for Diabetes Translation Research, executive director of Community Health Innovation, and the director of research/associate director at the MacLean Center for Clinical Medical Ethics for the University of Chicago Medicine. Her work focuses on health equity and social justice, and she has authored more than 100 peer-reviewed research papers and publications. Dr. Peek recently joined PHR's Advisory Council.

This pandemic has pulled off the thin veneer that covers up the profound underlying structural inequities that exist every day for people who are struggling to make ends meet.

In Chicago, where I live and work, approximately 30 percent of the residents are African-American, but at the start of the pandemic, they constituted 72 percent of the deaths from COVID-19. Structural inequities put vulnerable people at increased risk of infection because of who they are (e.g., people with higher burdens of chronic disease), and where they work (e.g., essential jobs), live (e.g., residentially segregated neighborhoods with high population density and poor housing ventilation), and play (e.g., communities with fewer resources). For example, we exposed whole swaths of our community, who worked in essential jobs, in order for them to protect the rest of us while we sheltered in place, but we did not adequately protect them with personal protective equipment as a thanks for their service.

Now that we are well underway in the COVID-19 vaccine implementation within the United States, disparities in vaccination persist among racialized minorities and other socially marginalized populations. City and state public health departments generally have not incorporated neighborhood risk into how they have prioritized populations for vaccination. In addition, using policies like “first-come, first-served” and online registration have given priority access to those with financial means, social connections, and technological savvy, rather than those most at risk for COVID-19 infection, hospitalization, and death.

Health disparities result, in part, from policy decisions that prioritize access to goods and services for the wealthy and white over the needs of poor and racialized minorities in housing, education, employment, and health care access. We have made similar policy decisions during the pandemic. As a result, we have experienced profound, deeply disturbing disparities in the COVID-19 burden, and have also created a larger pandemic that has been more difficult to control.

MORNINGSIDE HEIGHTS LEGAL SERVICES, INC.
COLUMBIA UNIVERSITY SCHOOL OF LAW

435 WEST 116TH STREET, BOX C-16
NEW YORK, NY 10027

TEL: 212-854-4291 FAX: 212-854-3554

Dear all,

I wanted to reiterate my enormous thanks to all of you for your incredible support to the survivors of gynecological abuse at the Irwin County Detention Center. As you may have heard, the Biden administration announced late last week that it will shut down the Irwin County Detention Center. This victory would not have been possible without each of you. Thank you so, so very much.

All my best,

Amelia Wilson
Supervising Attorney
Immigrants' Rights Clinic
Columbia Law School



“En muchos casos, las personas detenidas en cárceles criminales del país sí han recibidos las vacunas y las personas en detención migratoria, no.”

Max Hadler,
PHR COVID-19 Senior Policy Expert

Translation: “In many cases, people detained in [U.S.] prisons have received the vaccine and those held in immigration detention have not.”

Advocating for Justice at the U.S. Border

PHR has focused its recent research, investigations, and advocacy on the acute harm suffered at the hands of U.S. immigration authorities by migrant families, adults, and children seeking safety in the United States.

In January, we collaborated with faculty and student researchers at Harvard Medical School to expose how Immigration and Customs Enforcement (ICE) subjected people detained in its facilities during the COVID-19 pandemic to unconscionable health risks that violated their constitutional and human rights. Through interviews with people formerly detained at facilities across the country, we revealed how ICE neglected to practice even the most basic measures necessary for identifying, treating, and mitigating the spread of the coronavirus within its detention centers – and punished those who spoke out about abuses. We next teamed up with University of Southern California’s Keck Human Rights Clinic to overturn the inhumane Trump-era

Migrant Protection Protocols (MPP), also known as the “Remain in Mexico” policy. This policy forced almost 70,000 people seeking asylum in the United States to wait in overcrowded and dangerous conditions in Mexican border towns while their cases wound through the courts – in violation of U.S. and international law. The majority of migrants whose cases we investigated had suffered extreme harms, such as physical violence, sexual violence, kidnapping, threats, and harm to family members after being returned to Mexico – providing more evidence supporting PHR’s long-standing calls for the U.S. government to rescind MPP and provide redress to those hurt by it. We are gratified that the Biden administration has ended this cruel policy, but we are continuing our advocacy on behalf of the tens of thousands of asylum seekers who are still waiting in Mexico. And we are working with partners to reverse a specious Trump-era action – the Title 42 order – that used public health as a pretext to end asylum at the U.S. border. This order has resulted in the expulsion of more than 700,000 people and is still

being used by the Centers for Disease Control and Prevention and the Biden administration, despite no evidence that asylum seekers pose any significant COVID-19 risk.

We are also celebrating an important victory. After years of advocacy by PHR and its partners, immigrant advocates, and detained people who have bravely spoken out about abuses in immigration detention, ICE announced that it is shutting two facilities – Bristol County Detention Center, MA, where PHR documented violations in our report on COVID-19 in ICE detention, and Irwin County Detention Center, GA, a facility exposed by whistleblower nurse Dawn Wooten, who later joined a PHR webinar about COVID-19 risks in detention. This is a step in the right direction – and your support helped it happen. We won’t stop until these harsh, illegal, and rights-violating policies are gone for good, and immigrants are treated with respect and compassion.



“I put in a medical request five times, the fifth time they finally saw me.... They didn’t listen to my lungs or ask me questions, they didn’t even let me sit down.”

41-year-old man from Ghana, held at Stewart Detention Center, GA

Underlying Risk Factors for Severe COVID-19: Asthma, Hypertension, Overweight

Symptoms Reported



Shortness of breath, fatigue

Waiting Time to See a Clinician



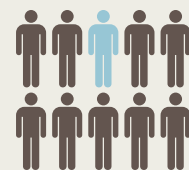
Hours

Tested for COVID-19



No

Location after Reported Symptoms



Kept in the general unit

Source: PHR-Harvard Medical School study of 50 immigrants held in Immigration and Customs Enforcement detention after March 15, 2020.

In Myanmar: Same Perpetrators, New Crimes

theguardian

“The systematic stripping of the health workforce by this junta, in the middle of a pandemic no less, only worsens existing disparities in Myanmar’s fragile health system, and sets it on a path to cripple entire generations in the years to come.”

Sandra Mon, PHR Expert and Senior Researcher, Johns Hopkins Center for Public Health and Human Rights

As the horror of the military coup in Myanmar began unfolding early this year, PHR immediately reached out to our networks both inside and outside the country. Amidst a virtual news blackout, we worked with partners on the ground, at Johns Hopkins’ Center for Public Health and Human Rights, and at Insecurity Insight to publish rare data on the targeted, arbitrary arrests and violent attacks on the country’s health workers and health facilities by the Myanmar military, or the “Tatmadaw.” Our forensic expert’s examination of the deaths in custody of two prominent protestors was picked up by major international media, and our forensic expertise has been solicited to investigate other protest- and detention-related deaths. We organized a letter to U.S. Secretary of State Antony Blinken, along with 20 other organizations, urging the Biden administration to take immediate action to address the public health and human rights crisis in Myanmar. For justice and accountability efforts, we have also mobilized trainings for partners in Myanmar on forensic documentation, forensic photography, and resilience and coping strategies to assist with the documentation of violations related to the coup. And we have taken our advocacy to the international stage by joining with

doctors and other health care workers from Myanmar in statements to inform upcoming debates and dialogues on the situation in Myanmar at the United Nations Human Rights Council.

The perpetrators of the violence against health workers and coup protestors – the Tatmadaw – are the same as those who carried out the violent 2017 attacks against Myanmar’s Rohingya minority, attacks that have been a focus of our research and advocacy for nearly four years. We continue to advocate on behalf of the more than 740,000 Rohingya who were driven into Bangladesh, particularly to ensure that survivors of sexual and gender-based violence continue to receive services amid the COVID-19 pandemic. Our research and evidence are being requested by international justice mechanisms pursuing accountability for the horrific crimes committed against the Rohingya people.

With our partners and activists like you by our side, we are working to end the Tatmadaw’s attacks on protestors and the health sector, to ensure the inclusion of the Rohingya in any future government of Myanmar, and for justice for the Rohingya people for the harms they have suffered.

*Medics help transport an injured anti-coup protestor in Yangon, Myanmar in March 2021.
Photo: Stringer/Getty Images*



You Helped Deliver Long-Delayed Justice in Kenya



A survivor of election-related sexual violence (foreground) hugs Lydia Muthiani, a PHR legal partner, after the High Court in Nairobi ruled that the Kenyan government had failed to protect her and other survivors, or investigate or prosecute the assaults against them. The landmark case was brought by PHR, eight survivors, and three local NGOs.

Photo: Luis Tato for Physicians for Human Rights

After years of legal delays and obstruction, four Kenyan survivors of election-related sexual violence finally obtained justice this past December when the High Court in Nairobi ruled that the government had failed to adequately protect them, investigate or prosecute the assaults committed against them, or provide reparations for the harms they suffered in the aftermath of contested presidential elections in Kenya in 2007. It was a huge vindication for eight survivors of sexual violence who joined with Physicians for Human Rights and three Kenyan NGOs to file the petition in 2013. The landmark judgement, announced on December 10 – International Human Rights Day – marked the first time that the Kenyan government was held responsible in court for election-related sexual violence and that survivors

were awarded compensation for the harms they had endured by the police, as agents of the state. The judgement followed years of tireless work and advocacy by PHR in partnership with a vast community of courageous survivors, advocates, medical and legal professionals, and supporters like you. While we continue to advocate on behalf of other survivors who were not awarded reparations in this case, we are grateful for the efforts of all those who helped bring about this extraordinary victory. We are now working to ensure that the monetary awards are paid and that this judgment serves as a precedent to hold states responsible and accountable for sexual violence – and that it smooths the path to justice for all survivors.



“The case emphasizes the survivors’ fundamental rights and freedoms that were violated, including the right to dignity, security of the person, equality before the law, and effective remedy due to the government’s inaction.... May [it] serve as a beacon of hope for other survivors, in Kenya and around the world, who seek justice and redress for what they’ve endured.”

Naitore Nyamu, PHR Kenya Head of Office

Calling out Crimes against the Syrian People: A Decade of Solidarity

This past March marked the 10th anniversary of the conflict in Syria, which began when peaceful protestors took to the streets, demanding basic human rights and dignity. They were met with a fierce crackdown by the Syrian government of President Bashar al-Assad, which has since spiraled into brutal and protracted fighting that has killed more than 388,000 people and driven more than 13.3 million from their homes. For a decade, PHR has meticulously documented the relentless and unlawful targeting of Syrian health workers and health care facilities across the country, including our recent study of the Syrian government’s obstruction and purposeful neglect of health care in territories it has recaptured. Our evidence, based on research and investigations, and our advocacy – based on our unique medical voice – are sought out by policymakers and the global media as well as by international mechanisms seeking to secure justice and accountability for human rights abuses committed during the conflict.

With you, PHR has been in solidarity with Syrian health workers and innocent civilians since the beginning. The scale of the conflict is vast, but so is our commitment. With your support, we will continue our work to ensure that human rights abuses are exposed, accountability is secured, and the Syrian people obtain justice.

Visit our interactive 10-year timeline of key moments in the Syrian conflict at phr.org/syria.



A Syrian girl injured by a mortar is carried away after receiving medical treatment at a nearby hospital.

Photo: Delil Souleiman/AFP/Getty Images

A Global Watchdog of Attacks on Health

In the five years since the UN Security Council passed the landmark Resolution 2286 to prevent attacks on health care and to hold perpetrators accountable, the world has witnessed a global onslaught of violence against health workers, facilities, and transport. With our partners in the Safeguarding Health in Conflict Coalition, PHR helped publish a report and interactive map documenting almost 4,100 attacks against health care since 2016. We also highlighted a worrying surge in attacks during the COVID-19 pandemic, as patients and community members reacted violently to public health measures and to the frustrations of inadequate responses to the pandemic.



“According to the [PHR] report, after the recapture of Daraa, ‘the pattern of violence has shifted to include reprisals, willful neglect, denial of access for humanitarian services, suppression of information, and arbitrary withholding of aid.’”

A Doctor's Duty to Bear Witness



Houssam al-Nahhas, MD, MPH is PHR's Middle East and North Africa researcher. Born in Syria, Dr. al-Nahhas was in medical school when the conflict in his country erupted. He worked on the front lines of the health care response to the crisis, volunteering to deliver emergency health care, conducting field assessments, establishing a referral network to care for injured patients, and staffing a field hospital in Aleppo. Dr. al-Nahhas offered his unique perspective during PHR's webinar marking the 10th anniversary of the Syrian conflict.

When the Syria revolution started in 2011, I was a medical student who only wanted to graduate and start practicing. But when I witnessed the horrible crimes being committed by the government against protestors and the denial of their access to health care, I knew I had another calling. Health care professionals started forming clandestine teams to help civilians who desperately needed health care. I was part of a group called “Noor al-Hayat,” the Light of Life.

On June 7, 2012, the Assad regime arrested three members of our group.

Their bodies were returned to their families 15 days later. They had been tortured to death, their nails extracted, their teeth extracted, their limbs broken – and then they were burned. Just for them to be a message to us, that this will be the fate of any physician, any doctor, anyone at all, who tries to help protestors or demonstrators.

My turn came soon enough.

For the “crime” of providing health care to injured protestors, I was imprisoned and tortured for 17 days at the Military Intelligence Directorate in Aleppo. I was only asked about my role as a physician, only asked about other physicians who were working with me in the same team, only asked about who I treated, how I treated them, and how I got medical supplies to help people. To me, that was remarkable. I realized that I was being treated as if I were an enemy of the state, an enemy of the government – while what I was doing was helping my people.

When I was freed, I made a pledge: that I would work hard, not only to provide health care without discrimination, but also to be a key witness and to document the war crimes and violations to human rights that I witnessed. This is the role of all physicians who are working in Syria.

We know, unfortunately, that justice is still far from being achieved. But it's our duty – it's an obligation – to document what is happening, so that we can hold perpetrators accountable for what they did. It is an essential step for any future peace in Syria and for the Syrian people.

The New York Times

“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.”

Michele Heisler, MD, MPA, PHR Medical Director



A Virtual Celebration of the Heroes of Health and Human Rights



More than 1,000 people tuned in from 44 countries around the globe to attend our extraordinary 2021 Virtual Celebration of the Heroes of Health and Human Rights. Dr. Anthony Fauci, Meryl Streep, and Yo-Yo Ma were among those who joined us to celebrate and honor the medical, public health, and scientific experts, philanthropists, and advocates working to bring evidence- and rights-based solutions to the global COVID-19 response – and the thousands and thousands of health professionals risking their lives to provide medical care to those in need.

We presented the 2021 Physicians for Human Rights Award to Dr. Richard Horton – editor-in-chief of *The Lancet*, renowned global health expert, and PHR board member – for his extraordinary leadership and advocacy on global health issues and as a leading scientific and human rights voice at the forefront of the COVID-19 pandemic. World Health Organization Director Tedros Adhanom Ghebreyesus introduced a tribute from colleagues around the world to Dr. Horton, whose award was presented by Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and chief U.S. public health officer.

We also presented our award to Dr. Ricardo Cigarroa, a cardiologist in Laredo, TX known as the “Dr. Fauci of the South,” who transformed his practice into a COVID-19 clinic, making house calls and accepting all those who needed care. An outspoken advocate for his patients,

Dr. Cigarroa took to the airwaves to hold local and state officials accountable in combatting COVID-19. In a moving moment, Dr. Cigarroa’s Physicians for Human Rights Award was presented to him by his brother, Dr. Francisco Cigarroa, head of pediatric transplant surgery at the University of Texas Health Center and chair of the Ford Foundation’s Board of Trustees.

We recognized the courage and dedication of Dr. Nichole Quick, former chief health officer for Orange County, CA, whose mission to protect the three million residents of her county was thwarted when she instituted a COVID-19 mask mandate – and was met with death threats and protests at her home. Dr. Quick is now speaking out forcefully, demanding that the United States do more to protect health professionals and galvanizing her colleagues in the health professions to speak out for change. Dr. Quick’s Physicians for Human Rights Award was presented by Anna Werner, award-winning national consumer investigative correspondent at CBS News.

We also honored Dr. Uğur Şahin and Dr. Özlem Türeci, physicians, immunologists, and cancer researchers whose mRNA research led to the first effective COVID-19 vaccine in collaboration with Pfizer – in an unprecedented 11 months. Dr. Ashish Jha, dean of Brown University School of Public Health, PHR board member, and globally recognized expert on pandemic preparedness, presented Drs. Şahin and Türeci with the Physicians for Human Rights Award.



NBC News and MSNBC correspondent Jacob Soboroff, who has worked tirelessly to expose the impact of the U.S. government family separation policy, spoke with PHR Executive Director Donna McKay about PHR’s ground-breaking work on the issue.

The event included beautiful musical performances by Yo-Yo Ma as well as by Dr. Lisa Wong and Enchi Chang, of the Longwood Symphony Orchestra, that were moments to take a peaceful breath in a year which has cost the world so much, including those we remembered In Memoriam. The program showcased the extraordinary work of PHR over the years and can be viewed at phr.org/about/gala/.

Thanks to the outpouring of generosity from PHR’s donors, this amazing evening raised our goal of \$1 million to fund our work around the globe, support that is especially vital at this moment.

PHR is delighted to have added two distinguished new members to PHR's Board of Directors



Susan M. Blaustein, MMA, DMA

Susan M. Blaustein is the founder and executive director of WomenStrong International, a global nonprofit that finds, funds, strengthens, and shares women-driven solutions that work to transform the lives of women and girls worldwide. Prior to this, Blaustein was co-founder and director of the Millennium Cities Initiative at The Earth Institute at Columbia University, and a senior consultant and analyst with the International Crisis Group and the Coalition for International Justice. Blaustein reported on politics, economics, and social injustice from the Balkans, southeast Asia, and Washington, DC for a variety of well-known media outlets. She now teaches at The Earth Institute and is conducting research for her book, *Toward a Just and Sustainable City*. Blaustein brings to PHR her broad expertise in innovative strategies to promote human rights, vital new perspectives, and a passion for global equity.



Ashish K. Jha, MD, MPH

Dr. Ashish K. Jha is a practicing general internist and the dean of Brown University School of Public Health. A member of the National Academy of Medicine and a leading scholar of and advocate for public health, Dr. Jha has been one of the most influential and trusted medical experts during the COVID-19 pandemic. Dr. Jha has published more than 200 original research publications in prestigious journals and is widely cited in the media. In medical school, Dr. Jha was a founding member of the Physicians for Human Rights student chapter at Harvard University. His exceptional expertise in the field of public health and his passion for human rights advocacy will greatly enhance PHR's research, investigations, and advocacy on the COVID-19 pandemic.



Physicians for
Human Rights

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



Shared in the 1997
Nobel Peace Prize

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

