



We Won't Tolerate Cruel and Inhumane Immigration Policies

Demonstrators in New York's Grand Central Station protest against U.S. immigration policies.

Photo: Karla Ann Cote/Nur Photo/Getty Images

The young Honduran woman had already endured gang threats, extortion, and kidnapping when she and her baby daughter tried to cross the Rio Grande river into the United States last April to be reunited with the rest of her family. They never made it.

Mother Jones

"US policy is ensnaring people in a deadly dilemma, where they are unsafe in their home country, unsafe in Mexico, and yet unable to seek safety at the U.S. border. From a public health perspective, the Title 42 order was junk science from the moment it began."

Dr. Michele Heisler, PHR Medical Director

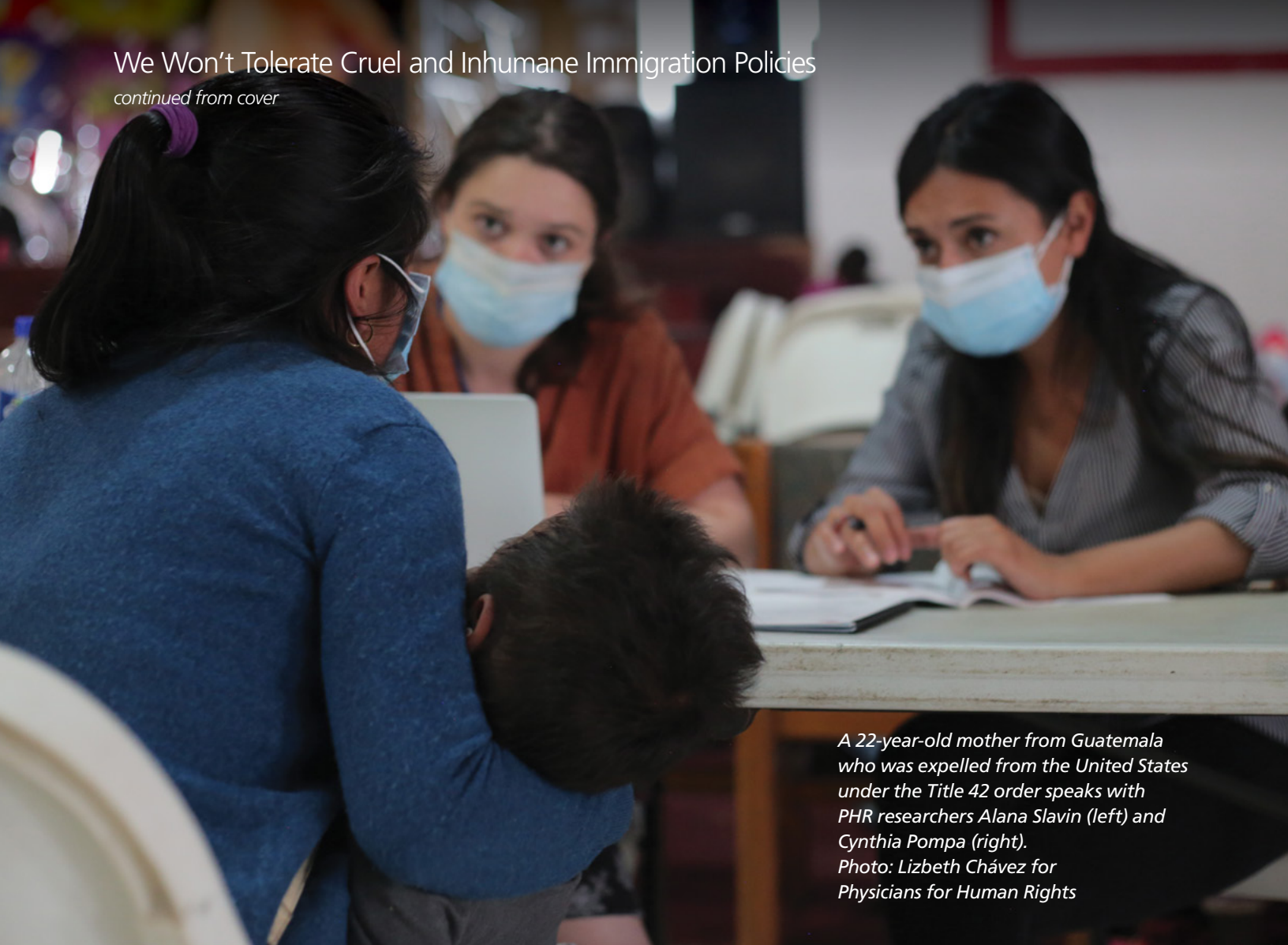
"I was on a raft which was encountered by U.S. Border Patrol agents. The agents flipped the inflatable raft and all of us fell into the water, including many children. All the mothers were terrified that our children would be swept away by the current.... The agents began to stab the inflatable raft. It was so inhumane the way we were treated.... They saw how desperate we became thinking our children were going to drown. They then threatened us, mocked us, and used obscene words."

This horrifying scene was one of dozens recounted to Physicians for Human Rights (PHR) researchers who were on the ground in Mexican border towns this summer to conduct research on the impact of the U.S. government's punishing Title 42 expulsion order. This specious Trump-era rule has used the pretense of public health and COVID-19 mitigation to expel children and adults seeking refuge at the U.S. border nearly one million times since March 2020. Our research – part of our ongoing work to end unjust U.S. immigration policies – revealed how the order has resulted in family separation, gratuitous abuse and cruelty on the part of U.S. and Mexican officials, and acute medical and psychological harm to asylum-seeking children and adults. We mobilized nearly 14,000 people to demand that President Biden rescind this spurious rule and provided expert declarations to support lawsuits against the order. We were gratified when a federal judge in September ruled in favor of a PHR-supported lawsuit by blocking the Biden administration from expelling migrant families at the border using the Title 42 order. However, the government has appealed, and, at the time of publication, the order remains in effect and is still being used to expel all asylum seekers. PHR is keeping up the pressure on the U.S. government to stop weaponizing COVID-19 and violating asylum seekers' rights.

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*A 22-year-old mother from Guatemala who was expelled from the United States under the Title 42 order speaks with PHR researchers Alana Slavin (left) and Cynthia Pompa (right).
Photo: Lizbeth Chávez for Physicians for Human Rights*

We also teamed up with partners on two other hard-hitting investigations into conditions facing asylum seekers in the United States. With the American Civil Liberties Union (ACLU), we produced the first in-depth, nationwide examination of Immigration and Customs Enforcement's (ICE) abuse and retaliation against people who initiate hunger strikes in U.S. immigration detention to protest their conditions of confinement. We used the report – for which the ACLU obtained 10,000 pages of previously unpublished documents – to advocate at the White House, Congress, and the Department of Homeland Security for new guidelines for the treatment of hunger strikers and for an end to immigration detention.

And with former and current medical and public health faculty and students at the University of California, Los Angeles, we published a report that analyzed 132 cases of asylum seekers fleeing domestic and gang violence in Mexico and Central America. Our findings of the widespread brutality they experienced and an endemic absence of protection from their governments is helping us advocate for the United States to urgently restore and expand legal protections for these asylum seekers.

Equipped with this exceptional trove of medically backed evidence and with your crucial support, PHR is helping to ensure that the United States' immigration policies are fact-based, rights-respecting, and humane.

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“The claim that migrants entering from the southern border brought delta to the U.S. is baseless rhetoric. Rates are increasing everywhere, in every state in the country. It’s not a border issue or a migrant issue, it’s a national issue.”

Max Hadler, PHR COVID-19 Senior Policy Expert

PHR Voices

Cynthia Pompa

A View from the U.S. Border

Cynthia Pompa, a program officer with PHR's asylum program, was born in El Paso, Texas, and grew up in Ciudad Juárez, Mexico. The only U.S. citizen in her Mexican family, Pompa has lived, worked, and navigated the complexities of living in the U.S.-Mexico border region for most of her life. An author of PHR's recent report "Neither Safety, Nor Health," an investigation into Title 42 border expulsions, Pompa brings her unique perspective to advocating for people caught in the U.S. immigration system.



I've documented human rights abuses at the U.S.- Mexico border for years. I usually focused on the treatment that border residents, immigrants, and asylum seekers received from U.S. government officials – during a border inspection, in detention, being separated from their children, or expelled, deported, or turned back – but rarely on how they felt during and afterwards and the impact on their physical and mental health. The interviews we conducted for the Title 42 expulsions report were very in-depth and personal. I have never seen people so desperate to share their stories, to be heard without judgment.

I don't think I'll ever forget the young dad holding his two-year-old in his arms. After being targeted by organized crime, he fled with his wife and two children. At the U.S.- Mexico border, U.S. agents split the family. He was told they would be reunited in California, but instead, he and his toddler were flown to El Paso, Texas and expelled across the border to Ciudad Juárez, Mexico. There, they were kidnapped and not released until they paid a ransom. The dad crossed again and begged U.S. agents to at least let the toddler stay so he could be with his mother, since he was still breastfeeding. The agents ignored his plea and expelled him again to Mexico.

His child had lost weight, and his behavior had changed. This dad was so worried about the health of his son. He had tried so hard to find safety for him.

I've lived how being born on one side of the political line immediately grants one person a long list of privileges, which are not the same for my sisters, friends, and especially not for the people I interviewed for this report. This investigation really highlights the vulnerability that these people migrating face when being stuck in Mexican border towns. When no one knows where you are, when the government and society have excluded you and marginalized you, you become an easy target for organized crime and for police abuse.

The work PHR does to advance the protection of human rights for those migrating or seeking asylum is very valuable and unique. The impact on health of U.S. border and immigration policies is real and long-lasting and should be centered when developing policies. The medical community has a unique role to play to ensure that these policies respect peoples' health and human rights. With the work we did in this investigation, PHR is keeping the pressure on the U.S. government to put an end to inhumane immigration policies and practices.

Success!

Protecting ICE Detainees from COVID-19

After months of working closely with our partners, mobilizing our Asylum Network, and advocating with members of California's legislature, we are delighted to share that Governor Gavin Newsom of California has signed a law requiring private detention facility operators to respect all local and state public health orders and occupational safety and health regulations. This is a huge step forward in controlling the spread of COVID-19 in detention centers and protecting the health of all those who are being held or who work in ICE facilities.

Success!

ICE Detention Facility Closed

Immigrant advocates chalked up a significant victory in August, when ICE closed its facility at the York County Prison in Pennsylvania. PHR had documented a disgraceful lack of adequate COVID-19 protocols at York County Prison and other detention centers in our January 2021 report on COVID-19 in ICE detention and we have tirelessly advocated for these facilities' closure.

PHR Voices

Dr. Michele Heisler and Medical Student Alana Slavin

Inspiring the Next Generation of Health and Human Rights Advocates

Crucial to the mission of safeguarding human rights is ensuring that there is always a new generation of advocates. Here, PHR's medical director, Michele Heisler, MD, MPA (left) and University of Michigan medical student Alana Slavin (right), co-authors of PHR's recent report on Title 42 border expulsions, talk about the experience of mentoring and being mentored as human rights activists.



What was your vision for this PHR mentorship?

Heisler: It's often when people are medical students that their interests begin to form. As a physician, I have a commitment to trying to foster a new generation of physicians and to showing them that they can also use their skills for advocacy. For me, there's also an aspect of paying it forward: when I was a medical student, [former PHR medical director] Dr. Vince Iacopino played a similar role with me. I saw that I could apply my skills as a medical researcher to the kind of rigorous research that PHR does. This also fits into PHR's larger strategy of building the next generation of human rights advocates. We have our overall internship program, but we also partner with individual medical schools – right now, we have Alana, who is a budding psychiatrist, and we also have a pediatric resident and an internist. In Alana's case, the University of Michigan Medical School pays her stipend, and PHR provides her with experience.

Slavin: As an aspiring psychiatrist, I have witnessed the ways in which mental health outcomes are due to underlying events, and a key question is: how do we address health disparities before they cause problems down the line?

The Hippocratic Oath calls me not only to treat patients but also to advocate for political systems that are more just. During my first year in medical school, I had been active with the PHR student branch, and seeing physicians like Dr. Heisler, who advocate both for their patients on an individual level and also on a societal level, was very influential. She's a fantastic mentor!

What have you learned from working with PHR?

Slavin: The medical world functions very differently than the human rights world. Medicine can be very fast-paced, we have fixed ideas. Learning how to partner with organizations – with changing needs on the ground – was incredibly important. This experience taught me to be a more flexible and accommodating team member, and to collaborate with team members outside the medical field. Dr. Heisler also taught me how to work with PHR and Michigan Medicine colleagues to draft a semi-structured interview protocol, to review it with our partners, and also to secure Internal Review Board approval in both Michigan and Mexico to allow us to conduct the research with human subjects. I also helped conduct the interviews, analyze the data, and draft the report of our findings for publication.

What would you tell your medical colleagues and your fellow medical students about this experience?

Heisler: Teaching and mentoring is very energizing and inspiring. It makes me think of things in a new way: Alana raises questions and perspectives that I wouldn't have thought of. The other thing that is important is the special niche that PHR occupies. It's a lesson for a medical student not just in advocacy and how you think about impact but also how the same research skills that you'll be using in your medical research can be used to promote health and human rights.

Slavin: It was the most impactful experience in my medical career. It allowed me to use my skills to advocate for a marginalized population. This project was incredibly powerful not only in the one month that I was actively working on the research, but also in showing me how we can use our research to inform advocacy efforts, and in turn being able to witness how incredibly impactful this work can be. Being Dr. Heisler's mentee was a great learning experience as a medical student who hopes to be a physician advocate.

We're Taking Urgent Action for Universal Vaccine Access



As Delta and other variants fuel a new wave of the COVID-19 pandemic, PHR's vast network of health professionals and partners is spurring action to reduce profound inequities in global access to vaccines. PHR joined more than 175 public health experts, scientists, and activists to pressure President Biden to launch an ambitious global vaccine manufacturing program and urgently distribute millions of stockpiled vaccine doses. We are advocating for Congress to pass the NOVID Act (S. 1976/H.R. 3778), which would help combat the global spread of COVID-19 by funding the scale-up of global vaccine manufacturing capacity, delivery, and disease surveillance.

And as world leaders gathered for the United Nations General Assembly and the U.S.-convened Global COVID-19 Summit in September, we rallied our

supporters and joined in the collective call of the global People's Vaccine Alliance to insist that the world's wealthiest countries, which have hoarded most of the global supply of vaccines, commit to immediately increasing global vaccine manufacturing and equitable distribution to ensure that all health care workers and other high-risk populations can receive this life-saving intervention. Our press conference convening top public health, epidemiology, and human rights experts helped shape the media narratives around the global summit.

In the United States, we have consistently urged an approach that promotes vaccination, equity, and respect for rights and public health institutions. Ahead of the widespread proliferation of vaccine mandates, we published a primer on how best to construct such requirements. And when the Tennessee Department of

Health undermined efforts supporting vaccination of children and young adults and banned actions promoting any vaccination drives, we joined Doctors for America and a broad range of health care partners to strongly condemn these reckless and life-risking moves.

Finally, we have forcefully denounced the silencing and persecution of public health officials like Dr. Nichole Quick, chief health officer for Orange County, CA, who resigned after death threats following her institution of a county-wide mask mandate. These continued attacks on the public health workforce undermine our COVID-19 response and threaten everyone's health. Your support is helping to safeguard the institutions and professionals whose expertise can lead us out of the pandemic and to ensure that global vaccine distribution is equitable and available to all.

The New York Times

PBS NEWSHOUR

"A country by country approach, a nationalistic approach, is not going to get us out of this pandemic. And that's where we are today."

*Dr. Soumya Swaminathan,
Chief Scientist, World Health Organization,
speaking at a PHR media briefing*

"For every one person being vaccinated in a low-income country, about 117 people get vaccinated in a high-income country. And this is the type of inequity that is hurting all of us."

*Dr. Ranit Mishori,
PHR Senior Medical Advisor*

*Above: Health care workers joined PHR and the global People's Vaccine Alliance during the United Nations General Assembly to press President Biden to do more to ensure global vaccine equity.
Photo: Hannah Dunphy/
Physicians for Human Rights*

Health Care under Siege in Myanmar

Myanmar's eight-month military coup and crackdown have taken a catastrophic toll on the country's health system. PHR's unique medical lens and long history of research on human rights abuses and atrocities in Myanmar have made us an important resource for the media, policymakers, international justice mechanisms, and local health workers. Working with Insecurity Insight and the Johns Hopkins University Center for Public Health and Human Rights, we published a report documenting at least 252 attacks and threats against health workers, facilities, and transports since the coup in February, the vast majority attributed to the Myanmar armed forces and police. PHR's forensic expertise also continues to be sought out for analysis of deaths in custody and torture of protestors and activists at the hands of Myanmar security forces.

Below: Medical students in Yangon attend the funeral of first-year medical student Khant Nyar Hein, who was shot by Myanmar security forces during a protest against the military coup in March 2021. Photo: Stringer/Anadolu Agency/Getty Images

THE WALL STREET JOURNAL.

"It's an incredibly dangerous time for doctors right now, they're facing multiple threats while they're in the middle of a very dangerous epidemic that's ravaging the country. The fact that they continue to serve their community is a testament to their commitment to their calling."

Jennifer Leigh, PHR Myanmar Expert



"It is my opinion that Zin Ko Tun's cause of death is more likely than not due to homicidal violence.... If we were able to actually see the body, clean the body and look for injuries, we would most likely have significant evidence [of torture]."

Dr. Karen Kelly, PHR Forensic Pathology Expert who analyzed records in a Myanmar activist's death in custody



No Safe Place for Health Care in Syria



Al-Atareb hospital, in Syria's Aleppo governorate, after it was targeted by three artillery strikes in March 2021 which killed seven patients and injured 15 people, including five medical staff. Photo: Syrian American Medical Society

As the Syrian conflict entered its 11th year this past March, three artillery strikes slammed into al-Atareb hospital in the western countryside of Aleppo governorate – one of the latest in a relentless, decade-long campaign of violence against health facilities and health workers by the Syrian government and its allies. PHR has documented these attacks since the start of the conflict. This summer, we partnered with the Syrian American Medical Society (SAMS) to produce a report on the al-Atareb strike – which killed seven people, injured 15 others, and put the hospital out of commission for two weeks. We continue to pressure the international community

to demand a halt to these appalling and illegal attacks. In advance of the United Nations Security Council's (UNSC) vote to renew and reopen international border crossings that allow humanitarian aid into Syria, we appealed directly to the ambassadors of all UNSC member states, disseminated a commentary by the UN Special Rapporteur on the right to health, and led a multimedia campaign featuring videos from Syrian health care workers on the critical importance of the border crossings. We are dismayed that only one of three life-saving crossings was approved and will continue to urge the international community to protect the health and rights of millions of Syrians.



"Throughout my detention period, all the torture was focusing on my role as a physician, who I was treating and how I got medical supplies. They wanted to know names of the other health-care providers that were working with me."

*Dr. Houssam al-Nahhas,
PHR MENA Researcher*

Success! Reining in Crowd-control Weapons

PHR's deep expertise on crowd-control weapons (CCW) and our investigations of excessive force during Black Lives Matter protests in 2020 were instrumental in helping to gain passage of a new California law which sets statewide standards for police use of rubber bullets and tear gas in protest settings. Assembly Bill 48, for which PHR worked extremely closely with the International Center for Not-for-Profit Law and the original co-sponsors of the bill, prohibits California law enforcement agencies from using kinetic projectiles, chemical agents, and tear gas to disperse any peaceful assembly, protest, or demonstration.

It also requires officers to be trained on the safe use of these weapons in life-threatening situations, and it prohibits aiming them at the head, neck, or other vital organs. We have also supported similar legislation at the municipal level in San Francisco. PHR's research has shown that these so-called "less lethal" weapons can cause serious injuries and even death, and we have advocated nation-wide for their use to be sharply curtailed, with PHR advocating for new regulations and restrictions on CCW use implemented in Virginia, Massachusetts, and Washington, D.C. Your support is helping us ensure the right to protest and to peacefully assemble, without fear of harm.



U.S. federal agents using tear gas, pepper ball, and rubber bullet weaponry against protestors in Portland, Oregon in July 2020. Photo: Andrew Stanbridge for Physicians for Human Rights

PHR Voices

Dr. Vincent Iacopino

Reflections on the Legacy of U.S. Torture after 9/11



Vincent Iacopino, MD, PhD has documented human rights violations, including the torture of U.S. national security detainees during the “war on terror,” for more than 30 years. The longtime former PHR medical director and current member of PHR’s Advisory Council, Dr. Iacopino in August 2021 joined with PHR and medical, psychological, and legal experts to file an amici brief to the U.S. Supreme Court in the case of Guantánamo detainee Abu Zubaydah, who has been tortured and held without charges by the U.S. government for 19 years.

Dr. Iacopino is the principal author of the Istanbul Protocol, the international standard for the investigation and documentation of torture and ill-treatment. He is an adjunct professor of medicine at the University of Minnesota Medical School and a senior research fellow at the Human Rights Center, University of California, Berkeley. He shared his thoughts on the legacy of 9/11 and PHR’s work to end the United States’ use of torture.

As we reflect on the 20th anniversary of September 11 – the devastating loss of life and the actions of first responders and Flight 93 passengers – we must strive to understand the full scope of that day’s horror. This includes the tragic mistakes that the U.S. government made in its “war on terror,” resulting in the needless deaths of thousands of U.S. troops and hundreds of thousands of Iraqi and Afghan civilians, and the incalculable suffering from the systematic torture of thousands of people.

The pursuit of justice should never undermine the rule of law. To honor the victims and heroes of 9/11, we must recognize the full scope of inhumanity that 9/11 represents. Now, more than ever, we need to work together across the lines that divide us, nationally and internationally, to ensure peace, justice, and respect for the dignity of all people.

To this end, PHR has worked tirelessly to document human rights violations committed by the U.S. government – including the systematic torture of national security detainees – and to hold perpetrators accountable. This includes health professionals, such as James Mitchell and Bruce Jessen, who were instrumental in the design, implementation, and concealment of the U.S. torture regime. PHR’s efforts have been critical in righting the wrongs of the past and preventing such abuses in the future.

Support PHR’s Efforts to Take the Politics out of Public Health

The COVID-19 pandemic will not end with fiery town hall debates nor by only vaccinating people in the world’s wealthiest nations. To truly mitigate the dangers of COVID-19, we must put public health before politics.

Over the last two years, PHR has convened the world’s leading public health and human rights experts to advocate for a science- and rights-based path out of the pandemic. To end the COVID-19 pandemic, we must:

- Protect public health professionals and respect public health leaders and systems.
- Push for public health best practices worldwide and lead with science.

- Protect and prioritize the health of at-risk populations.
- Combat medical misinformation and falsehoods about COVID-19.

Please consider supporting this work by making a tax-deductible donation today at phr.org/donate.



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.

