



Physicians for  
Human Rights

# Wielding Facts, Fighting Impunity

2025 PHR ANNUAL REPORT





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Cover: A doctor during a moment of silence for Renee Good at an ICE protest in Houston, Texas in January 2026. (Photo by Reginald Mathalone/NurPhoto via Getty Images)

# Introduction

## The Power of Health Professionals: Fighting Impunity with Facts

The world is facing a polycrisis. More than 130 armed conflicts are being fought around the globe. More than 230 million people need humanitarian assistance, yet aid budgets are being slashed. Malnutrition and infectious diseases are rising. Attacks on health care, sexual violence, and torture are increasingly used as weapons of war. Meanwhile, authoritarianism continues to gain ground worldwide, with the United States on a dangerous trajectory.

In the United States, the Trump administration has deployed immigration enforcement operations that have terrorized immigrants and killed people. It has attacked the independence of courts, scientific agencies, media, and civil society organizations. The administration has gutted U.S. foreign aid and crucial global health programs. And it has undermined the United Nations, World Health Organization, International Criminal Court, and other multilateral institutions that exist to protect and promote the rights of people.

The polycrisis poses a profound challenge. But it is not insurmountable. We have overcome dark times before.

Nearly 40 years ago, Physicians for Human Rights (PHR) was founded precisely to confront crises like we face today. We know from experience that wielding the expertise and influence of the medical community to document violations, empower health professionals and their allies to defend communities, and advocate for justice delivers results, even in grim times.

Powerful actors have long violated human rights with impunity, but PHR’s evidence has helped ensure that perpetrators at the highest levels do not escape justice. Our evidence led to convictions for chemical weapons use in Iraq in the 1980s, genocide in the Balkans in the 1990s, crimes against humanity and war crimes in Darfur in the 2000s, and sexual violence in the Democratic Republic of the Congo (DRC) in the 2010s. Today, PHR’s documentation is playing a key role in The Gambia’s ongoing case against Myanmar for genocide against the Rohingya.



## The Power of Health Professionals: Fighting Impunity with Facts

continued



*A worker at the Gandhi Hospital in Tehran, Iran, which was damaged after U.S.-Israeli strikes nearby in March 2026. (Photo by Morteza Nikoubazl/NurPhoto via Getty Images)*

When clinicians, scientists, lawyers, and advocates in our global network come together around a shared commitment to use expertise in service of justice, the truth cannot be silenced.

I was reminded of this during a recent trip to Iraq. While Iraq remains in a state of fragile stability and is just beginning to emerge from years of conflict, I saw the progress that is possible when there is coordinated action and political will to prioritize human rights and justice.

In 2017, PHR launched an initiative to ensure that ISIS militants were held to account for using sexual violence and torture to terrorize and, in some cases, eradicate the Yazidi people and other minorities. At that time, survivors had little faith in the Iraqi judicial system, which (unsurprisingly) did not have the legal, medical, or practical capacity to effectively respond to crimes of such severity and extent.

As I gathered with our local staff and partners, including Iraqi government officials, forensic doctors, and judges in February, I was struck by the

transformation catalyzed by PHR's interventions and the dedicated efforts of our local partners to champion human rights. Together, we have strengthened a justice system that can begin to document, investigate, and prosecute sexual violence and torture, putting justice within reach for many more survivors.

Whether driving progress or holding the line, PHR secured hard-fought victories this year. Among them, our evidence helped win protections for 112 migrants expelled from the United States to Panama without due process, curb the dangerous misuse of crowd-control weapons during protests over U.S. immigration raids, and deliver Peru's first-ever conviction of state agents for torture due to prejudice against an LGBTQI+ person.

PHR also launched a new area of work exposing the devastating impacts of U.S. global health funding cuts, using findings from our groundbreaking investigations across Africa to demand that this key funding stream be restored. Meanwhile, PHR expanded our work investigating attacks on health care in conflict and their far-reaching health consequences to Gaza,

where frontline clinicians provide a rare window into grave human rights abuses based on direct clinical experience.

PHR's staff and partners in challenging environments like Ukraine, the Occupied Palestinian Territories, the DRC, and the United States are not giving up. I am continually inspired by their indefatigable commitment to defending the vulnerable populations we serve and ability to find new ways to wield facts, evidence, and truth-telling to counter human rights violators and harmful, regressive policies.

Looking ahead, PHR will double down on our proven strategies – document, empower, and advocate – to confront the world's most urgent human rights and humanitarian crises. We cannot do it without your support.

In times like these, there is strength in numbers, and we invite you to join our movement.

**Sam Zarifi, JD, LLM**  
PHR executive director

## About Us

Physicians for Human Rights (PHR) uses the power of medicine, public health, science, and law to document grave human rights violations, seek justice, and advocate interventions to end violations and promote healing. Through partnerships with affected communities, mobilization of the moral authority of medical and public health professionals, and collaboration with local and international organizations and associations, we empower our networks of health professionals to serve as human rights advocates. In parallel, we strengthen the methods by which clinicians, alongside their law enforcement and legal sector counterparts, gather and present evidence of human rights violations and war crimes, crimes against humanity, and genocide.



*A PHR medical expert conducts a forensic medical evaluation for a Rohingya refugee living in Bangladesh.*

## How We Work: Document, Empower, Advocate

PHR was founded in 1986 on the conviction that health professionals are uniquely positioned to defend health and human rights. Clinicians are not only able to assess and document human rights abuses, but they are also often among the first to recognize emerging crises as frontline responders providing critical medical care to those affected. When health professionals embrace the role of human rights advocates, they are some of the strongest voices in the fight against injustice.

That founding conviction remains at the heart of PHR's work, which rests on three mutually reinforcing approaches:



### Document:

In human rights crises, information is scarce and contested. All too often, affected populations are silenced, evidence is erased, and official narratives are manipulated by those who seek to escape accountability. Using the power of science and medicine, PHR documents evidence to establish a fact-based record of human rights abuses.



### Empower:

Those closest to the problems are often closest to the solutions, so PHR enables frontline human rights defenders – including doctors, nurses, psychologists, social workers, police officers, lawyers, and judges – to document, investigate, and prosecute grave violations. Our trainings foster networks of professionals who work together to strengthen health care delivery and justice processes, prevent abuses, and protect communities.



### Advocate:

PHR wields evidence and the authoritative influence of the medical community to advocate at local, national, and international levels to protect human rights and end impunity for perpetrators.



“The government is in a battle to control the narrative. It knows how the truth emerges in the halls of hospitals.”

—Sam Zarifi, JD, PHR executive director

THE  
NEW YORKER

## PHR's Core Areas of Work

**Defending the Right to Seek Asylum:** PHR protects the rights of people seeking asylum and other forms of immigration protection in the United States. PHR has built a nationwide Asylum Network of more than 2,200 volunteer clinicians and 35 partner medical school asylum clinics who we mobilize to conduct pro bono forensic medical evaluations – objective assessments providing essential evidence that can corroborate a person's account of ill-treatment or torture. These evaluations frequently make the determinative difference in asylum case outcomes, protecting people from deportation back to danger or even death. In parallel, PHR documents ill-treatment that asylum seekers and other migrants face on both sides of the U.S.-Mexico border and in third countries receiving deportees to advocate policy changes and advance strategic litigation to create a more humane, rights-based immigration system.



A protester holds a sign calling for freedom for children during a demonstration outside the South Texas Family Residential Center in Dilley, Texas. (Photo by Moisés ÁVILA / AFP via Getty Images)



A memorial for Alex Pretti, a VA Hospital nurse who was fatally shot by federal immigration agents in Minnesota. (Photo by Renee Jones Schneider / The Minnesota Star Tribune via Getty Images)

**Countering Police Use of Excessive Force:** PHR documents the health harms of police use of excessive force. Drawing on nearly four decades of PHR research on crowd-control weapons around the world, we are mobilizing our expertise and evidence to strengthen lawsuits challenging U.S. federal law enforcement's repeated misuse of rubber bullets, tear gas, and other weapons against peaceful protestors, journalists, and medics during demonstrations over U.S. immigration raids, while helping protestors protect themselves from exposure to these dangerous weapons.

**Combating Sexual Violence and Torture:** PHR conducts forensic investigations, research, capacity development, and advocacy to strengthen support for survivors of sexual violence and other forms of torture. Working in partnership with health, legal, and law enforcement professionals; civil society organizations; and survivor-led groups, PHR has a long track record of improving health care for survivors and achieving justice, including for child sexual violence survivors in the Democratic Republic of the Congo, election-related sexual violence survivors in Kenya, and torture survivors in Iraq.



The PHR team visits the museum within the Medical-Legal Directorate in Baghdad, Iraq, 2026.

### Demanding Accountability for Attacks on Health Care in Conflict:

PHR documents attacks on health care and the persecution of health professionals, calling international attention to these violations to push for accountability, protect health professionals, and ensure the right to health. PHR's work exposes the nature, scale, and type of attacks committed, as well as their catastrophic effects on public health, health professionals, and patients.



*Destruction of the emergency room at Al-Shifa Hospital in Gaza City, in February 2025.*



*A PHR staff member at a Washington, D.C. rally for reproductive health and justice in December 2025.*

**Confronting Dual Loyalty of Health Care Workers:** PHR addresses the issue of "dual loyalty," where clinicians are put in situations where their professional ethical obligations to patients conflict with their obligations to a third party, such as the state, a health system, or an employer. These situations force health care workers to choose between upholding their patients' rights or obeying the law. We currently focus on bringing to light the dual loyalty challenges for health care providers in the United States due to state-level abortion bans and exposing how these bans have harmed the health of pregnant patients.

**Documenting the Harms Caused by U.S. Global Health Cuts:** This year, PHR launched a new area of work in response to the Trump administration slashing billions in U.S. global health aid. We are leading research and advocacy to expose these cuts for what they are: a massive regression in human rights. In collaboration with affected communities, PHR is documenting the immediate and severe impacts of these cuts – filling critical information gaps and empowering frontline health workers and community advocates to speak out. In parallel, we are undertaking advocacy to pressure the U.S. government to restore health services for the world's most at-risk communities.




*Workers unload medical supplies to fight the Ebola epidemic from a USAID cargo flight in 2014 in Harbel, Liberia. (Photo by John Moore/Getty Images)*

## PHR Impact Snapshot

 **870** Forensic Medical Evaluations Conducted to Support Immigrants

Clinicians in our **2,200-member strong PHR Asylum Network**, many of whom are affiliated with our **35 partner medical school asylum clinics** across the United States, conducted **828 pro bono forensic medical evaluations** for people seeking asylum and other forms of protection in 2025, as well as **42 evaluations** for immigrants detained in Panama, El Salvador, and Costa Rica after being expelled from the United States.

 **3,000+** Cases of Sexual Violence Documented in the Democratic Republic of the Congo (DRC)

MediCapt, PHR's award-winning app for documenting and securely storing forensic medical evidence of sexual violence, enabled the documentation of **more than 3,000 cases of sexual violence** in eastern DRC in 2025.

Revealed **10,500+**  People Placed in ICE Solitary Confinement

In 2025, PHR and partners from Harvard University documented how U.S. Immigration and Customs Enforcement (**ICE**) placed at least **10,588 people in solitary confinement from April 2024 to May 2025**. The data shows a six-fold increase in the monthly use of solitary confinement under the Trump administration.

**10** Human Rights Investigations Exposed Facts 


PHR conducted **10 rigorous human rights investigations** around the world in 2025. For example, we exposed how the Trump administration's immigration policies and rhetoric have blocked immigrant patients' access to health care and how U.S. state abortion bans are disrupting health care across many fields of medicine. PHR also investigated conflict-related reproductive violence in Ethiopia; the devastating impacts of U.S. foreign aid cuts in Ethiopia, Kenya, the Democratic Republic of the Congo, Tanzania, and Uganda; and how the Israeli government has restricted medical supplies and systematically undermined the health of women and children in Gaza.

 **2,127** Medical Students in Kenya Completed Forensic Training

In 2024, PHR integrated our specialized forensic documentation and pediatric training curriculums into Kenya Medical Training College's general curriculum so that **all medical students at the college gain skills for documenting medical evidence of sexual violence** in cases involving adults and children before entering the workforce. This year, the first cohort of **2,127 medical students graduated** after completing the integrated curriculum.

 **19** Lawsuits Strengthened

PHR's forensic medical expertise and evidence played an essential role in **19 legal cases** around the world this year. We supported litigation challenging inhumane **immigration policies**, the misuse of **crowd-control weapons**, and the abrupt **foreign aid funding rollbacks** in the United States. We fought to **release migrants** detained in Panama while supporting litigation to hold Syria's former president Bashar al-Assad accountable for using **chemical weapons** against civilians and the government of Myanmar accountable for the **genocide** of the Rohingya people. Across the globe, **our expertise and evidence proved indispensable in court**.

 **4,500+** Cases of Torture and Sexual Violence Documented in Iraq

**The forensic medical form** – a powerful tool that PHR and medical and legal partners in Iraq developed that empowers clinicians to document medical and psychological findings during evaluations of sexual violence and torture survivors and to capture standardized forensic evidence – **was adopted by the Iraqi government and implemented nationwide**. The form has already been used to document **more than 2,000 cases of torture and 2,500 cases of sexual violence** across the country.

## “What’s Left for You Is Death”: Responding to the Trump Administration’s Decimation of U.S. Global Health Funding

In a health clinic in Uganda, a doctor recounted to PHR that five babies were born HIV positive among the 20 deliveries at the facility between mid-January and mid-April 2025 – a devastating setback after years of virtually eliminating mother-to-child transmission of HIV. The head of another Ugandan health facility described his feeling of helplessness at seeing babies who required HIV treatment for a condition that was preventable: “it’s like a mother seeing the children dying of hunger and yet you don’t have anything to feed them,” he said. “You see someone who [is] declining slowly-by-slowly, really. Something should be done.”

This new reality for families in Uganda is among the many alarming consequences resulting from the Trump administration’s actions to freeze U.S. foreign aid and eliminate crucial global health programs.

This year, PHR emerged as a leading organization exposing the profound harm caused by the Trump administration’s decimation of U.S. foreign aid on global health and human rights and advocating for this key funding stream to be salvaged. PHR launched investigations in Ethiopia, Kenya, the Democratic Republic of the Congo (DRC), Tanzania, and Uganda, tapping into our extensive networks of partner health professionals in these regions to gather testimonies and data that show the catastrophic harms experienced by marginalized communities, and the legal, political, and ethical responsibility for the severe repercussions of the aid cuts.

PHR’s investigations revealed that these sudden aid cuts reversed decades of progress in areas including HIV/AIDS, maternal health, infectious disease response, and conflict recovery. Health clinics have been closed. Newborn care has been disrupted. Trauma care and services for sexual violence survivors in conflict zones have been dismantled. HIV outreach services have been cancelled. Infectious disease is rapidly spreading. And preventable deaths are mounting. These are not abstract losses – they are measurable harms affecting millions of people around the world.



*A woman sits outside the tent she shares with her one-year-old daughter in Mekele, Ethiopia in March 2025. The family can no longer afford essential medicine, previously covered by USAID. (Photo by Ximena Borrazas / Middle East Images via AFP)*



A member of the pharmacology department takes inventory of the last boxes of drugs delivered by the now-dismantled USAID amid medical supply shortages at a hospital in Lodwar, Kenya in April 2025. (Photo by LUIS TATO/AFP via Getty Images)

By centering the testimonies of local health care workers and people living with HIV, among others, in our research briefs, PHR has empowered those most affected by the cuts to safely tell their stories and speak out for reform. A health care worker in Kenya told us: “programs on maternal health, HIV/AIDS, malaria, and even clean water have taken a hit, and it’s increasing the disease burden and mortality... We’re seeing stockouts of vaccines and [antiretrovirals] (ARVs). Basically, health interventions have been disrupted.”

A transgender woman living with HIV in Tanzania told PHR how the experience of receiving care has changed due to

rising discrimination against LGBTQI+ community members following the Trump administration’s funding cuts to PEPFAR, the U.S. government’s global HIV/AIDS program: “even in the hospitals there has also been word going round...there has been stigma, like it was back then [before PEPFAR],” she said. “In the hospitals where we go to get services, they speak badly to us because of Trump’s remarks. They say that ‘Trump has made changes; because of that, what’s left for you is death, so you should repent.’”

PHR led efforts to explain that the aid cuts are not only a policy shift, but a profound human rights crisis. These reductions

in funding are not isolated budgeting decisions. They are a coordinated and systemic retreat from public health and – given the abruptness of the aid freeze – an assault on the world’s most vulnerable populations. These funding cuts also have broader global ramifications including the weakening of global health security, increasing the risk of infectious disease emergence that could threaten people worldwide.

PHR squarely challenged the Trump administration’s dismantling of USAID and cuts to lifesaving foreign aid by bringing the fight to the courts. Together with the Open Society Justice Initiative, PHR

filed amicus briefs in *Global Health Council v. Trump* and *Personal Services Contractor Association v. Trump* at the U.S. Court of Appeals for the District of Columbia Circuit. We offered the court perspectives otherwise absent: the voices of those who deliver care, advance lifesaving research, and bear the human cost of the U.S. government’s actions.

PHR and the Council for Global Equality also filed a [lawsuit](#) in the U.S. District Court for the Southern District of New York to compel the U.S. State Department to release critical PEPFAR data. For years, the State Department routinely released PEPFAR data on the number of people receiving lifesaving HIV treatment and prevention services as well as how the program was being implemented around the world. Under the Trump administration, that transparency abruptly stopped – a deliberate strategy to obscure the human cost of its policies.

Meanwhile, given the dearth of information available on the impacts of the U.S. aid cuts, the testimonials and data that PHR gathered in East and Central Africa provided a rare, much-needed resource to policymakers. PHR briefed members of the U.S. House of Representatives and Senate, including the Senate Foreign Relations Committee, on our findings and urged immediate action.

PHR’s advocacy yielded concrete legislative results. The Consolidated Appropriations Act, 2026 incorporated language we recommended on protections for PEPFAR funding, continued funding for sexual and gender-based violence services in crisis settings, and data transparency. PHR’s research was also extensively covered by dozens of media outlets including *The New York Times*, *The Guardian*, *NPR*, *The Washington Post*, *Vox*, *CNN*, and *The Independent*, bringing our findings to a wide public audience.

The United States built PEPFAR and the broader architecture of U.S. foreign aid over decades, yet the Trump administration decimated much of it in a matter of months. The devastating consequences of this manmade humanitarian catastrophe will compound with every passing day that aid funding and crucial global health programs remain cut or compromised.

PHR will continue to pursue every avenue available to reverse this trajectory – documenting the harmful impacts, elevating the voices of those most affected, equipping policymakers with the evidence they need to act, and challenging the Trump administration in court. PHR was built for exactly this kind of sustained, evidence-driven fight and we will not stand down until the people whose health and lives have been put at risk by these policy decisions are protected.



“Physicians for Human Rights...warns that the dismantling of our public health support for poor countries is causing irreversible losses.... When we stop treating tuberculosis or cholera abroad, we allow outbreaks to grow until they threaten us here at home....[W]e are dismantling the very fire alarm system that protects our own house.”

– U.S. Congressman George Whitesides citing PHR on the House floor



# From the Clinic to the Court: Mobilizing Forensic Evidence to Deliver Justice

At a school-turned-shelter in Panama City, where scores of asylum seekers who were expelled from the United States had taken refuge, PHR’s medical director conducted a forensic medical evaluation of a woman from Afghanistan who had worked for a women’s rights organization. After the Taliban takeover in 2021, her organization’s offices were ransacked and directors imprisoned. Despite going into hiding, a group of men found her and beat and raped her, warning they would return to imprison and kill her. She fled Afghanistan and made her way to the U.S.-Mexico border with the goal of requesting asylum and joining her family members in California. Instead, upon arriving at the border, she was detained in a U.S. detention center before being forced onto a military plane to Panama, where she was then detained in abhorrent conditions and held incommunicado for several weeks.

This is just one of many harrowing stories told to PHR’s team of expert clinicians who deployed to Panama this year to support a lawsuit brought by the Global Strategic Litigation Council against the Panamanian government for the detention and treatment of 112 migrants expelled from the United States without due process.

PHR’s team conducted evaluations of 29 people seeking asylum from countries such as Cameroon, China, Eritrea, Iran, and Russia. We captured physical and psychological evidence of the persecution, torture, and ill-treatment they had faced in their countries of origin that substantiated their claims of “credible fear of return,” as well as chilling accounts of their treatment by U.S. and Panamanian officials.

PHR’s findings from these evaluations provided critical evidence that was submitted as part of the Global Strategic Litigation Council’s ongoing lawsuit. After the lawsuit was filed, the Panamanian government extended the period that these migrants were able to remain in the country and allowed them to seek asylum. PHR also mobilized the powerful evidence we documented in Panama to fuel legal action against the Trump administration, including at the U.S. Court of Appeals and the Inter-American Commission on Human Rights.

The fight against the U.S.’s inhumane immigration policies did not stop there. We

used our expertise documenting the harms experienced by children in immigration detention to defend the Flores Settlement Agreement – the foundational framework that has governed the treatment and release of immigrant children in U.S. custody for three decades – against the Trump administration’s attempts to dismantle it. PHR and partners submitted an [amicus brief](#) in a case at the U.S. Court of Appeals for the Ninth Circuit arguing that the lifesaving protections in the Flores Settlement Agreement remain medically necessary and legally indispensable for protecting immigrant children.

Meanwhile, as protests grew in response to U.S. immigration raids across the country this year, U.S. federal law enforcement repeatedly misused crowd-control weapons – such as rubber bullets

and flash-bang grenades – against peaceful protestors, journalists, and medics, causing serious injury and violating the right to peaceful assembly.

PHR met this moment by leveraging our expertise from [nearly four decades of research](#) on the [health harms of crowd-control weapons](#) to provide expert submissions in three lawsuits challenging the U.S. Department of Homeland Security’s (DHS) use of force during protests in Los Angeles, California; Chicago, Illinois; and Portland, Oregon. In all cases with a final decision, the court granted a preliminary injunction or temporary restraining order halting DHS’s use of crowd-control weapons against non-violent protestors, often citing declarations by PHR experts in their decision.



During a PHR field investigation in Panama, PHR Asylum Network member Jim Recht, MD, conducts a medico-legal evaluation of a person who was expelled from the United States by the Trump administration.

A nine-year-old girl poses with an image of her taken at age two at the U.S.-Mexico border, while she and her mother were being taken into custody by U.S. Border officials. (Photo by John Moore/Getty Images)



## PHR's Forensic Evidence in Service of Justice Around the World

**KENYA:** While many of the strategic litigation initiatives above have swiftly catalyzed change, securing justice for human rights violations often takes years, if not decades. In 2025, we reached a landmark milestone in a case that PHR, three Kenyan NGOs, and eight sexual violence survivors brought at the High Court in Nairobi in 2013 to hold the government of Kenya accountable for sexual violence committed in the wake of the country's 2007 violent presidential election.

In a historic move, the government of Kenya paid 16 million Kenyan shillings (approximately \$124,000) in compensation to four of the eight

survivors, marking the first time in Kenya's history that survivors of conflict-related sexual violence received financial remedy for the harm they endured. This long-awaited payment came nearly five years after the High Court awarded the compensation in its [groundbreaking judgment](#) in 2020 and 12 years after the case was initiated. For these four survivors – who believed they would never receive their court-ordered compensation – as well as for sexual violence survivors across the country, this victory serves as an affirmation that justice, even if long delayed, is indeed possible.

**MYANMAR:** PHR's forensic medical evidence is informing a landmark

genocide case brought by The Gambia against Myanmar at the International Court of Justice. After Myanmar's security forces launched widespread and systematic violence targeting the Rohingya people in northern Rakhine State, PHR launched [a series of investigations](#) into the crimes committed – including mass killings, torture, mutilations, and sexual violence – that drove more than 900,000 Rohingyas into makeshift refugee camps in Bangladesh.

During oral arguments, The Gambia's legal team cited PHR's findings extensively, including our evidence on crimes against children, sexual violence, and long-term disability resulting from injuries sustained

during the clearance operations. This historic moment is the culmination of years of sustained collaboration with The Gambia's legal team. The reliance on PHR's forensic medical evidence in a case at the highest level of international law – which will help define state accountability for genocide – underscores the vital role that our forensic expertise plays in advancing justice and reaffirms that persistence pays off.

**PERU:** This year, Peru's National Court of Justice convicted three police officers for the 2008 aggravated torture and rape of an LGBTQI+ Peruvian, Azul Rojas Marín, sentencing each to 17 years in prison and ordering compensation for Ms. Rojas. This marked the first time in Peru that state agents were convicted for torture

due to prejudice against an LGBTQI+ person. PHR experts supported the case by conducting a forensic medical evaluation of Ms. Rojas. Along with submitting a medical affidavit on the findings to the court, our experts were cross-examined in the trial. The lead prosecutor credited the forensic medical evaluation as indispensable to the case's outcome.

When PHR's founders first brought forensic medical evidence to bear on human rights atrocities, the idea that medicine could be a tool for international accountability was still novel. Four decades later, forensic medical expertise and evidence are a cornerstone of justice processes and PHR regularly receives requests for support from justice mechanisms. In a major development this

year, PHR formalized a partnership with the Office of the UN High Commissioner for Human Rights to support their investigations around the world.

To meet the growing demand for case support from partner organizations and justice mechanisms, PHR recently formed a new Medical Expert Taskforce (MET). The MET brings together more than 25 expert clinicians from PHR's wider pro bono global network who we will mobilize to provide cross-specialty forensic expertise to support justice and accountability efforts around the world. With this dedicated taskforce, PHR is better equipped than ever to deploy forensic expertise in service of justice and accountability wherever it is needed.



*A training for frontline health professionals that PHR conducted in Vihiga County, Kenya to strengthen their capacity to effectively document forensic evidence of sexual violence and manage cases, while upholding survivor dignity, confidentiality, and safety.*

“Whether for strategic litigation – as in this case – or to enhance public awareness, clinicians can play a crucial role by documenting the physical and psychological effects of the wide range of human rights violations now occurring throughout the world, thereby helping achieve justice.

—Michele Heisler, MD, MPA, PHR medical director

THE LANCET

# Hospitals and Medics Should Never Be a Target: Documenting and Demanding Justice for Attacks on Health Care

A decade ago, the UN Security Council unanimously passed Resolution 2286 condemning attacks on health care facilities and personnel in conflict. While this resolution was hailed as a turning point, attacks on health care have since skyrocketed. 2025 saw a record 1,981 health workers and patients killed, more than twice as many killings as in 2024 and 2023 and more than eight times as many as in 2022.

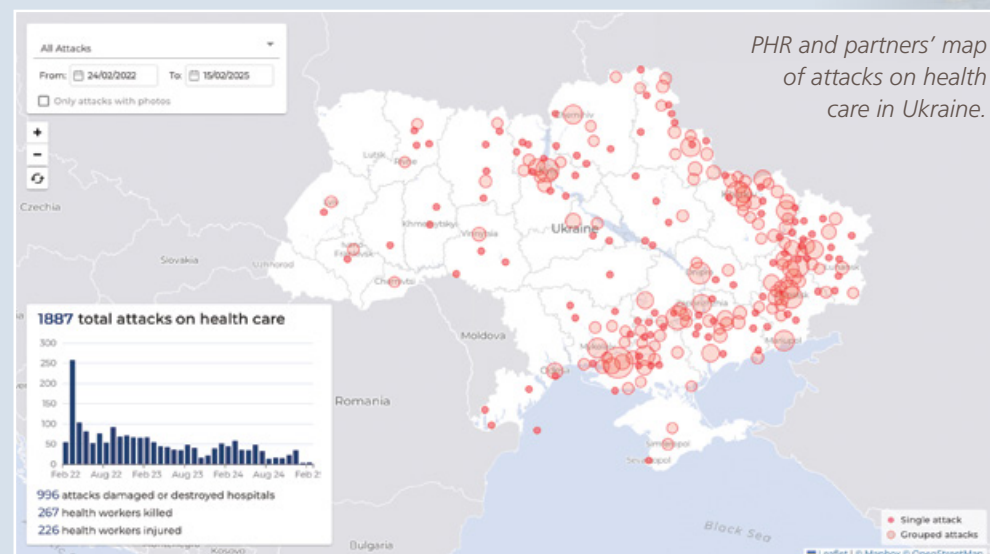
When hospitals and ambulances are attacked and health workers and patients are killed, the damage extends far beyond the immediate loss of life. Health systems collapse, civilians are cut off from lifesaving medical care, and maternal and child mortality rises.

Yet attacks on health care in conflict have largely gone unpunished. Reinforcing the principle of medical impartiality requires more than just reaffirming it. It demands consistent monitoring, credible investigations, and ensuring perpetrators are brought to justice.

PHR plays a leading role in documenting attacks on health care ranging from the persecution, torture, and killing of health professionals and the bombing of hospitals and ambulances to the obstruction of access to health care and the blockading of medical aid to populations in conflict zones. PHR's work exposes the nature, scale, and type of attacks committed and their catastrophic effects on public health, health professionals, and patients.

In **Ukraine**, PHR has collaborated with partners to document attacks on health care in the country since the start of Russia's full-scale invasion in 2022, publishing our findings in an [interactive, online map](#) that serves as a comprehensive public resource. In 2025, we documented a staggering 662 attacks on health care in Ukraine, which killed 87 health

Health workers move a generator supplying a pharmacy with electricity during a power outage in the western Ukrainian city of Lviv in December 2024, following widespread attacks by Russian forces on the Ukrainian power grid. (Photo by YURIY DYACHYSHYNIAFP via Getty Images)



workers and injured 152 more. This is the most attacks committed in any year since 2022, with attacks increasing almost 50 percent between 2024 and 2025.

In total, PHR and our partners have documented 2,591 attacks on health care in Ukraine since February 2022, making this one of the most sustained assaults on health care in a modern war.

Leveraging this trove of evidence, along with findings from our investigations into the [disappearance and torture of medics](#) and how [Russian attacks on the power grid harm health](#), PHR has spearheaded advocacy to push for accountability, protect health professionals, and ensure the right to health is upheld. This year, PHR pressured international decisionmakers to act through submissions and briefings to UN mechanisms, numerous countries' permanent missions to the UN, and the U.S. State Department, among others. In parallel, PHR closely collaborated with investigative mechanisms, sharing our evidence to inform their investigations and case-building efforts.

In the **Occupied Palestinian Territories**, PHR has monitored attacks on health care facilities, personnel, supplies, and transport since the start of the ongoing war in Gaza in October 2023, demanding accountability for these chilling violations and protections for civilians, health workers, and medical facilities.

In 2025, the World Health Organization reported 460 attacks on health care, which killed 125 people – bringing the total number of attacks since the outset of the conflict to 1,876. PHR met this moment by collaborating with the Global Human Rights Clinic at the University of Chicago Law School to conduct two groundbreaking investigations.

PHR and the Global Human Rights Clinic exposed how Israeli military operations



Dr. Tammy Abughnaim, an emergency medicine specialist who traveled to Gaza to provide care.

and the sweeping restrictions imposed on basic medical supplies entering Gaza – including anesthesia, gauze, sanitation materials, and orthopedic tools – have compounded the collapse of its already strained health system. Our award-winning multimedia investigation, [“We Could Have Saved So Many More”: Anguish and Death Caused by Israel’s Restrictions on Medical Supplies in Gaza](#), found that Israel’s restrictions on medical supplies have been extreme, inconsistent, and deliberately opaque and have prevented health care providers from maintaining a minimum level of medical care for civilians, leading to preventable, severe pain and suffering and loss of lives.



“ I heard her screams before I saw her. I was in the pre-op area when she was wheeled in, a tiny, 7-year old girl, screaming at the top of her lungs. That’s when I saw that she only had half her leg. She was grabbing in desperation at the physician who was standing next to her, and asking over and over again for anesthesia drugs. We rushed her into the operating room, despite knowing that the anesthesiologist does not have anesthesia drugs to give her ... As this little girl screams and writhes on the stretcher, the anesthesiologist just starts singing softly to her, like a lullaby. He knows that’s all the comfort he can offer her.

Dr. Mike Mallah

PHR and the Global Human Rights Council also investigated the impacts of the collapse of Gaza’s health system on the health of women and children. Our report, [Destroying Hope for the Future: Reproductive Violence in Gaza](#), demonstrates how Israel’s destruction of Gaza’s health infrastructure and restrictions on the entry of food, medicines, and medical supplies – including obstetric equipment, infant formula, and other essential care – have contributed to sharp increases in maternal and neonatal deaths, premature births, miscarriages, and long-term harm to reproductive capacity. We concluded that these harms are not isolated incidents but part of an ongoing pattern of systematic damage to the health of women and their children in Gaza that amounts to reproductive violence.

At the heart of both investigations are the firsthand accounts of international health care professionals who traveled to Gaza to provide medical care. Given how severely the flow of information from Gaza has been restricted by Israel throughout the conflict – with international investigators and journalists barred from entry to Gaza – the testimonies of these courageous clinicians are invaluable and complement the reporting of heroic Gazan clinicians.

## The Power of Partnership: Transforming Systems for Responding to Sexual Violence and Torture

PHR’s work to strengthen pathways to justice and healing for survivors of sexual violence and torture in Iraq and Ukraine produced landmark achievements this year, made possible by the rare and meaningful access we have gained to key government bodies in both countries.

Prior to PHR’s intervention in **Iraq** in 2017, survivors of sexual violence and torture faced profound barriers to justice. Forensic doctors lacked standardized tools and practices for documenting these crimes, leaving the quality and completeness of forensic evidence inconsistent at best and unreliable at worst. Forensic doctors, investigators, and prosecutors operated in silos, rarely coordinating effectively on cases. And justice processes were not evidence-based, survivor-centered, or trauma-informed – more likely to retraumatize survivors than to deliver accountability.

PHR’s years of sustained collaboration with Iraqi authorities have fundamentally

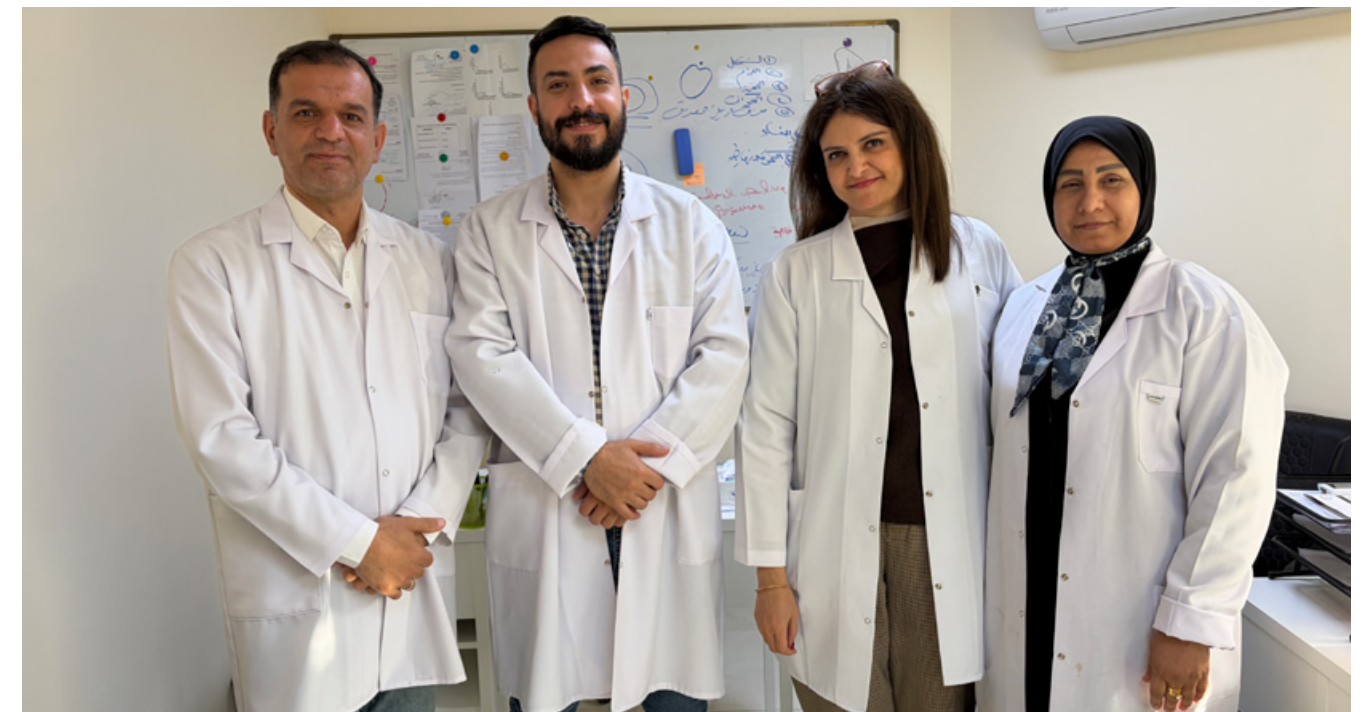
transformed justice processes and put justice within reach for many more survivors.

In 2025, we reached a critical milestone: the national adoption and implementation of the forensic medical form. This powerful tool, which enables forensic doctors to document medical and psychological findings during examinations of sexual violence and torture survivors and capture standardized forensic evidence, serves as the basis for compiling forensic reports that are presented as evidence in court.

To date, the forensic medical form has been used to document more than 4,500 cases of sexual violence and

torture in Iraq. Beyond improving clinical practice, the forensic medical form has strengthened judicial decision-making and accountability processes in torture and sexual violence cases. As one of the judges interviewed put it, “clear documentation helps judges make fair decisions.”

Building on the forensic medical form, PHR worked closely with Iraqi authorities this year to develop national guidelines for documenting, investigating, and prosecuting sexual violence, including sexual violence against children and conflict-related sexual violence. This comprehensive set of policies and standard operating procedures serves as a roadmap for the entire justice



Staff members of the Iraqi Medical-Legal Directorate, who PHR partners with to strengthen pathways to justice and healing.

process, from forensic documentation through investigation to trial, bridging gaps between the forensic and judicial sectors that have long impeded effective collaboration and coordination on sexual violence cases. Once adopted in 2026, all judges, judicial investigators, and forensic doctors across Iraq will be required to adhere to these guidelines, making survivor-centered justice processes the norm rather than the exception.

We also responded to surging rates of sexual violence – including conflict-related sexual violence – in **Ukraine** following Russia’s full-scale invasion in 2022.

Working in close partnership with Ukrainian authorities, as well as survivors’ organizations and international actors, PHR played a central role in advancing policy change this year through amendments to Order 278, a regulation that governs medical documentation of domestic and gender-based violence. Once adopted, these amendments will



*PHR’s medical director conducts a training on forensic documentation of sexual violence and torture in Ukraine in July 2025.*

transform how domestic and gender-based violence – including conflict-related sexual violence, which Order 278 does not cover – is documented across Ukraine.

The amendments embed the principle of informed consent directly into documentation processes. They expand

the scope of who can collect relevant documentation from forensic clinicians alone to the full range of doctors and nurses, dramatically broadening the pool of health professionals from whom survivors can access documentation services. And they introduce a new standardized forensic documentation form as well as more detailed protocols for clinical management of rape and documenting violations against children – among the most vulnerable survivors.

The amendments to Order 278 are in the final stages of review at the Ukrainian Ministry of Health and are likely to be adopted imminently. For survivors of domestic and gender-based violence, including conflict-related sexual violence, across Ukraine, this will ensure more accurate, consistent, and rights-based documentation of the violations they have endured.



*Iraqi Yazidi women hold pictures of their victims and missing relatives during a ceremony marking the 11th anniversary of the Yazidi genocide. (Photo by Ismael Adnan/SOPA Images/LightRocket via Getty Images)*



## MediCapt Delivers Justice for Survivors of Sexual Violence in Kenya

In Kenya, 139 partner clinicians across five health facilities are using PHR’s award-winning [MediCapt app](#) to document and securely store forensic medical evidence of sexual violence. Since 2018, MediCapt has been used to document more than 2,500 sexual violence cases in Kenya, including 681 cases in 2024 and 2025.

This year, an evaluation of MediCapt’s impact in Kenya showed that the tool is delivering justice for survivors. Based on a review of 350 sexual violence cases tried in Nakuru County between 2022 and 2025, 67 percent of cases supported by forensic medical evidence gathered using MediCapt resulted in convictions – more than double the 26 percent conviction rate for cases without it. A testament to MediCapt’s transformative potential, this serves as a powerful argument for putting this tool in the hands of every clinician who works with survivors of sexual violence.



*PHR partners, Clinical Officer Sylvester Mesa and Senior Nursing Officer Emily Kiragu, testing MediCapt at Kenya’s Naivasha Sub-County Hospital. (Photo by Adriane Ohanesian for PHR)*

A training for frontline health professionals that PHR conducted in Vihiga County, Kenya to strengthen their capacity to effectively document forensic evidence of sexual violence and manage cases, while upholding survivor dignity, confidentiality, and safety.



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PHR's executive director and members of PHR's Board of Directors at the organization's 2025 gala.

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PHR staff at the organization's 2025 gala.



Physicians for Human Rights (PHR) deploys scientific, medical, public health, and forensic technical expertise to document and seek justice for human rights and humanitarian violations and international crimes. Through advocacy and partnerships with affected communities, mobilization of the moral authority of medical and public health professionals, and collaboration with local and international organizations and associations, we empower our networks of health professionals to serve as human rights advocates. In parallel, we strengthen the methods by which clinicians, alongside law enforcement and legal sectors, gather and present evidence that documents cases of human rights violations and war crimes, crimes against humanity, and genocide.

Through evidence, change is possible.

Shared in the 1997 Nobel Peace Prize