



# Physicians for Human Rights 2014 Annual Report



# Physicians for Human Rights



For nearly 30 years, Physicians for Human Rights (PHR) has used science and medicine to document and call attention to mass atrocities and severe human rights violations.

PHR is a global organization founded on the idea that health professionals, with their specialized skills, ethical duties, and credible voices, are uniquely positioned to stop human rights violations.

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*Cover:*

*Protesters hold up their hands as they gather in Taksim Square in Istanbul before clashing with Turkish riot police during the Gezi Park protests.*

*Photo: Bulent Kilic / AFP / Getty Images*

PHR's investigations and expertise are used to advocate for the protection of persecuted health workers and medical facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

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# Letter from Executive Director & Board Chair

Today in Syria, Bashar al-Assad's regime bombs doctors and hospitals to inflict maximum damage on civilians. In the Democratic Republic of the Congo, armed militias kidnap and rape women and girls. Closer to home, U.S. policymakers approved torture under the guise of medical treatment.

These cases, all of which illustrate the intersection between science, medicine, and human rights, represent the work Physicians for Human Rights (PHR) has been focused on for nearly 30 years.

PHR has been called "the CSI of the human rights world" because we are uniquely positioned to bring forensic scientists, physicians, psychologists, and public health experts to the front lines of conflicts where they can detect patterns of abuse through medical examinations, use forensic tools to gather evidence for prosecutions, and ensure the safety of those providing life-saving care.

We do not just speak truth to power. PHR backs up that truth with cold, hard facts and irrefutable evidence. We bring a credible scientific and medical voice to the human rights discussion.

But we can't do this alone. PHR works side-by-side on the ground with local doctors, nurses, police, lawyers, and judges who are committed to documenting evidence of human rights abuses and achieving justice.

Our partners work in unimaginable conditions that most would have abandoned long ago. But they take their oath to heal seriously, and believe that their ethical responsibilities include helping survivors secure justice, eliminating impunity, and preventing future violations. Many of the physicians we work with are risking their lives simply to speak about the atrocities they witness first-hand – but they see no other option.

When a physician treats a patient who has endured torture, she's helping one individual heal. When a physician documents that torture and provides evidence to hold the perpetrators accountable, she is helping to heal an entire community and ensure that these crimes are not repeated.

Your support enables us to work in places like Syria and the Congo with partners who speak out despite the risks. But that's what it looks like to be a medical worker and a human rights activist. Once a doctor has seen how medical evidence can help a survivor obtain justice, they can't go back to simply treating patients. Being an activist and an advocate for survivors becomes part of their ethical mandate.

We're proud to do this work together and prouder still to know you're standing with us.



*Donna McKay,  
executive director, and  
Deborah Ascheim, MD,  
board chair.*

A handwritten signature in black ink that reads "Donna McKay".

Donna McKay  
Executive Director

A handwritten signature in black ink that reads "Deborah Ascheim".

Deborah Ascheim, MD  
Board Chair

# Syria

## The Most Dangerous Place in the World to Practice Medicine



*A Syrian man carries a wounded child at a makeshift clinic following reported air strikes by forces loyal to President Bashar al-Assad in the rebel-held area of Douma.*

*Photo: Abd Doumany / AFP / Getty Images*

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**On average, a medical worker was killed every other day in Syria in 2014.**

### **Documenting and Mapping War Crimes**

In 2011, Syrians took to the streets as Arab Spring protests broke out across the Middle East. Their efforts to gain access to basic human rights and dignity were met with a fierce crackdown by the Syrian government. Nearly four years later, that violence has spiraled into a brutal civil war, devastating the country. As of the end of 2014, more than 200,000 people had been killed, 3.2 million had taken refuge in neighboring countries, and 7.6 million were internally displaced. The fighting in Syria has led to one of the largest forced migrations since World War II.

The Syria of today is plagued by grave violations of human rights and international humanitarian law: attacks on civilians, the use of indiscriminate weapons (such as barrel bombs and chemical warfare agents), sieges, intentional starvation, enforced disappearance, torture, and rape.

One of the Syrian government's most egregious tactics is the deliberate targeting of physicians, nurses, and other health professionals, as well as systematic attacks against facilities providing treatment to the sick and wounded. This strategy has become a key weapon of war in the

government's arsenal. The individual targeting of clinics and hospitals is a war crime, and given the widespread and systematic nature of the attacks by government forces, they rise to the level of crimes against humanity. These intentional attacks have not only destroyed much of Syria's already fragile health infrastructure, but have also limited civilians' access to medical care and created a public health crisis. In eastern, opposition-controlled Aleppo, for example, only 11 hospitals remain functioning, with an estimated 40 physicians available to care for its 300,000 residents. Before the war, eastern Aleppo had at least 44 hospitals to serve its population of more than a million.

To track these crimes and ensure that perpetrators are brought to justice, Physicians for Human Rights (PHR) set out to document and call attention to the attacks committed against medical workers, health care facilities, and patients. We launched an online, interactive map of Syria, which provides location information and details on attacks committed by the Syrian government and various anti-government armed groups across the country. The map also offers

comprehensive quantitative and qualitative data, including photographs and videos from inside Syria, on violations of medical neutrality – the longstanding principle that obligates states and armed groups to protect medical personnel and facilities, and compels health care providers to treat all individuals regardless of religion, race, ethnicity, or political affiliation. Between March 2011 and the end of 2014, PHR researchers verified the deaths of 599 medical personnel and documented 224 attacks on 175 separate medical facilities, finding Syrian government forces responsible nearly 90 percent of the time.

As the conflict rages on, we identify additional attacks, corroborate this research with field sources inside the country, plot the new violations, and issue monthly map updates. We consult with numerous Syrian organizations, and their collaboration has been essential to this process. In addition to our map, PHR compiles and disseminates important information on the health crisis inside Syria, such as identifying areas where medicine and supplies are lacking, diseases are emerging, and the health infrastructure is weakest.



**"We have seen targeted bombing and killing of health workers and willful destruction of ambulances and hospitals. In the last few years, we have noticed an almost extreme flouting of norms and laws that exist to protect the safety of health care workers."**

*Susannah Sirkin,  
PHR director of international  
policy and partnerships*

PHR's online, interactive map of attacks on health care in Syria can be found at [phr.org/syria-map](http://phr.org/syria-map).



## The New York Times

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**"Syria is among the worst examples of targeting medical care as a weapon of war, and we must not allow these rampant abuses to become the new norm in conflict."**

*Donna McKay,  
PHR executive director*

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**"We never ask a victim what political side they are on; we've treated victims from all sides. It's our job as doctors."**

*Syrian physician and PHR partner*

### *Documenting and Mapping War Crimes (continued)*

Through this documentation, we seek to better inform the media, motivate governments and the UN to denounce such violations, and reinforce that attacks on medical workers, hospitals, and health care infrastructure must stop. PHR provides the UN and U.S. State Department with updates for monthly reports on the implementation of UN resolutions on Syria. UN Secretary-General Ban Ki Moon has regularly cited our map data. Shortly after the map's release, the UN Security Council (UNSC) passed Resolution 2165 authorizing the opening of direct supply routes for humanitarian aid, including medicines and medical equipment, to opposition-controlled territories. Our map statistics were included in the UNSC report on the resolution in reference to the need for cross-border aid; PHR was the only nongovernmental organization to be cited in the report.

### **Training Syrians to Document Crimes against their People**

PHR is helping to set the stage for accountability and justice in a post-conflict Syria. For more than three years, we have been engaged in an extensive multi-disciplinary training program for Syrian doctors, psychologists, and lawyers on documenting human rights abuses, particularly torture and sexual violence, emerging from the conflict. Many of the professionals with whom we work are refugees living in Jordan and Turkey. Despite being survivors of detention and torture themselves – or with their families and friends still in danger – our colleagues in the region risk their lives to not only treat patients, but also to document the abuses they witness with a view toward future accountability.

PHR provides training and mentoring programs for medical and legal professionals that focus on a number of key issues, including how to conduct

physical and psychological exams on torture survivors; injury recognition and documentation, with specific emphasis on sexual and gender-based violence; and forensic medical photography. PHR teaches these professionals how to document cases in a way that is consistent with international standards for court-admissible evidence – standards that PHR helped develop more than a decade ago. Additionally, we help our network of trainees set up their own documentation centers and arrange for victims to be evaluated.

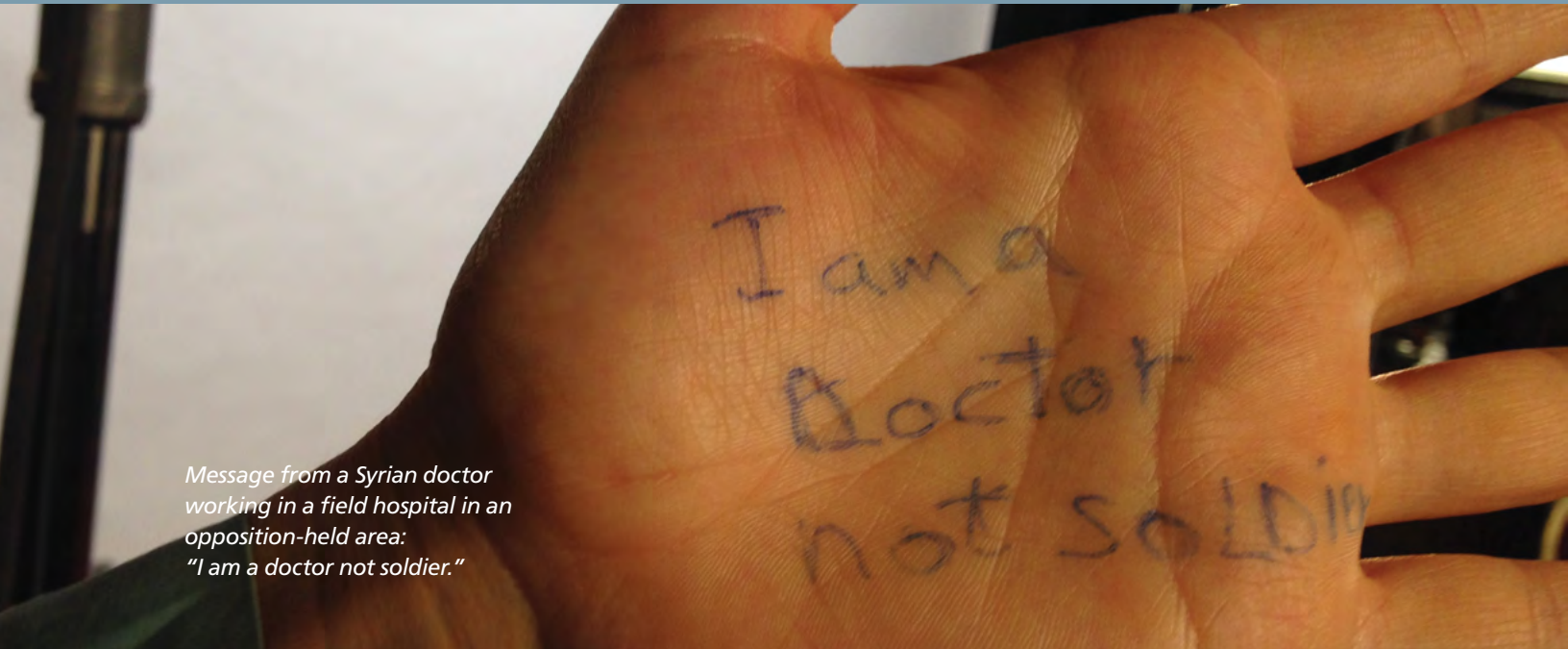
These in-depth trainings are helping Syrians build a sustainable network of professionals who can conduct medical evaluations, collect forensic evidence, and properly document human rights abuses. Evidence collected by the Syrian professionals PHR has trained is now being submitted to the UN Commission of Inquiry on Syria for use in future national or international justice processes. PHR's committed group of volunteer trainers mentor and advise long after the trainings are over to help our partners hone their documentation skills. PHR works with our Syrian colleagues to ensure that their evaluations are of the highest quality and will hold up in court in any future justice proceedings.

Our Syrian partners tell us that PHR's trainings have contributed to an important change in attitude and have introduced them to the rights they and their fellow Syrians deserve. Because of PHR's work, our trainees have become familiar with the UN Commission of Inquiry on Syria and various other potential post-conflict justice mechanisms. Through our work together, PHR is positioning our partners to develop their own accountability mechanisms and rebuild a Syria founded on universal freedom and justice.



*A medical worker at Bab al-Hawa Hospital emerges from the rubble following an air strike by government forces.  
Photo: Bab al-Hawa Hospital*

# A Syrian Doctor's Plea



*Message from a Syrian doctor working in a field hospital in an opposition-held area: "I am a doctor not soldier."*

The health care system in Syria is in critical condition and desperate need of life-saving support. The situation is particularly grave in opposition-held areas – where Dr. Amal Leila\*, a female Syrian physician and member of the network of doctors Physicians for Human Rights works with in the region, practices medicine.

The work is demanding, not just because Dr. Leila and her colleagues are trying to save lives in a war zone, but because there are so few physicians left. Approximately 70 percent of doctors who were practicing medicine in 2010 have left the country. Those who remain have been decimated by detention, torture, and execution at the hands of Bashar al-Assad's intelligence service, which considers

it a crime punishable by death to provide medical treatment to "the other side." Then there are the near constant attacks on hospitals that are destroying structures and equipment and killing the patients and doctors inside.

Dr. Leila and her colleagues are in an impossible position: dodging barrel bombs from the government; praying that bombs dropped by the U.S.-led coalition don't fall on them by accident; and treating the wounded who are flooding into hospitals.

Every day, Dr. Leila sees people die. Some die quickly from wounds too devastating to treat. Some die slowly from diseases that could have easily been managed before the war.

Dr. Leila lives to help and heal people – not to watch them die. Every one of the doctors living in opposition-held territory in Syria has made a conscious decision: despite all the risks, they will stay and treat whoever needs them.

She asks for urgency. There is no time left for bureaucracy. The UN can alleviate the suffering of people living in besieged areas by delivering life-saving aid. She pleads, "As bombers tear across the sky on their way to drop deadly cargo, I wish that the urgency that moved the United States and other governments to bomb ISIS was matched by an urgency to save the lives of civilians. Please do not wait until there is no one left to save."

*\*Dr. Leila's name has been changed to protect her security.*

# The CSI of the Human Rights Field

Physicians for Human Rights (PHR) regularly provides forensic analysis on cases of deaths in custody or other suspicious deaths or disappearances. We respond to requests for expert evaluations from the media, other human rights organizations, and governments. Our experts review case files, including autopsy reports, related photographs and videos, and crime scene records, to ensure that documentation is thorough and accurate, and that evidence was properly collected, handled, and analyzed. PHR frequently assesses the roles of police, security forces, military, prison guards, and others in positions of authority to determine their level of involvement in the deaths in question. We examine photos of bodies and crime scenes, assessing the evidentiary value of digital photographs and accompanying information on where and when the photographs were taken in order to support the allegations at hand or identify manipulation. While much of this work is confidential or relates to ongoing criminal investigations, PHR has supported numerous investigations this year, such as looking into allegations of summary executions in Ukraine and analyzing photographs taken of corpses in Syria to assess evidence of torture, starvation, and killings.

For one project this year, PHR participated in a death investigation in the West Bank. In May 2014, two Palestinian teenagers, Nadim Siam Abu Nuwara and Mohammed Mahmoud Odeh Salameh, were shot



*Palestinian teen, Nadim Siam Abu Nuwara, lies on the ground after being shot following a protest marking Nakba Day in the Palestinian village of Bitunya in the West Bank.*

*Photo: Abbas Momani / AFP / Getty Images*

dead following protests in the town of Bitunya in the West Bank. Security cameras at a local business and residence near the protest site captured their deaths on video. The Israel Defense Forces (IDF) denied that live ammunition was used that day, claiming that only rubber bullets were fired. After the two deaths, families of the victims reported wounds consistent with live fire rather than rubber bullets. Nuwara's family, who reportedly had recovered a bullet from the backpack their son was wearing at the time of the incident, agreed to an autopsy.

At the request of local human rights organizations Al Haq and B'tselem, PHR immediately dispatched a leading U.S. forensic pathologist to assist

in the autopsy. The post-mortem, conducted in cooperation with the Palestinian attorney general, indicated that – despite claims by the IDF that live ammunition was not used that day – a live round caused the death. As a result of this autopsy, charges are pending against a member of the IDF. Charges were not filed in the second case because no autopsy had been performed, demonstrating the critical role of medical and forensic evidence in prosecutions.

PHR's expertise is specifically sought out in these types of cases, not only because of our extensive experience with death investigations, but also because of the professionalism and neutrality that we bring to our work.

# Technology and Human Rights

## **Harnessing Technology to Streamline Evidence Collection**

In conflict zones, post-conflict situations, and resource-poor settings, ineffective judicial processes often leave survivors of human rights violations without justice. In cases of sexual violence, many prosecutions fail for lack of evidence. Limited resources for investigations and evidence collection coupled with weak infrastructure, such as impassable roads and long distances between health care facilities and police stations, renders justice elusive for many survivors. To address these challenges, Physicians for Human Rights (PHR) is developing MediCapt, a forensic mobile application designed to help clinicians more effectively collect, document, and preserve forensic medical evidence of sexual violence crimes.

This year, PHR piloted an early prototype of MediCapt in the Democratic Republic of the Congo (DRC). This low-cost technology provides a digital version of a standard medical form for sexual violence evaluations that can be completed and eventually submitted to a court as evidence. Future iterations of the mobile app will have photo, note-taking, and touch-screen capabilities for use when examining sexual violence survivors. The app will allow doctors to photograph injuries and will provide a checklist of steps for care and documentation, enabling clinicians to track both patient information and details of the crime. The app will also ensure secure uploads and storage in a protected location.

Moreover, an accompanying web app will let police officers, lawyers, and judges securely access case information while still preserving chain of custody. By combining these components, MediCapt will bolster sexual violence investigations and strengthen prosecutions by delivering accurate and secure forensic medical documentation to local courts.

Our colleagues in the DRC have expressed how important MediCapt will be for their work, noting that the app improves patient confidentiality by reducing the risk that medical records will be tampered with or lost. Additionally, they have highlighted that the technology enables streamlined documentation and encrypted transmission of forensic medical information from the exam room to the court room. One clinician remarked on how the app will simplify the patient evaluation process, which is particularly useful when doctors must care simultaneously for multiple family members who have been raped.

PHR is building MediCapt to support the documentation of human rights violations in a variety of other contexts, such as Syria and Central Asia. Once MediCapt is successfully deployed in the DRC, we plan to add mapping features in the next phase, which will allow us to analyze anonymous patient information to track patterns of sexual violence. Aggregate data may then inform identification of the armed group or military unit responsible for the attacks and may be used to prosecute commanders.

## **Satellite Imagery Corroborates Violations in Syria**

Through a partnership with the Geospatial Technologies and Human Rights Project at the American Association for the Advancement of Science, PHR receives pre- and post-attack high-resolution satellite imagery of medical facilities in Syria, information that is then embedded in our interactive map. PHR's researchers use this information as another layer of verification for our reports of damage and destruction of Syrian hospitals. Given extreme levels of violence inside the country, verifying the location and dates of attacks can be problematic, but with satellite imagery analysis, we can conduct this important verification remotely.

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**“With MediCapt, I can use my medical skills not just to heal my patients, but to help them seek justice.”**

*Dr. Sandrine Masango Kaboya,  
General Reference Hospital of Uvira,  
Congolesse physician and PHR partner*



*Dr. Patrick Kubuya, Panzi Hospital, Victims of Sexual Violence Clinic, and Dr. Sandrine Masango Kaboya, General Reference Hospital of Uvira, pilot MediCapt, the mobile phone application under development by PHR, in Bukavu, DRC.*

### **Improving Conflict Mapping through Analytic Technology**

PHR is also collaborating with the Carter Center on documentation of atrocities committed in Syria. We are combining our data on attacks on health care with the Carter Center's information on other conflict events and the formation of armed groups in Syria. Additionally, the Carter Center works with Palantir Technologies, a Silicon Valley software company, which provides an analytical program and database that assists with deeper, more complex analysis of

the Syrian conflict. Palantir's software, which the company has generously provided to PHR on a *pro bono* basis, allows us to conduct more extensive analysis of our data. Our partnership with the Carter Center and Palantir enables us to analyze how attacks on medical facilities fit within the broader conflict. Importantly, we can now more easily determine if attacks are simply collateral damage in areas with ongoing fighting or if hospitals have been intentionally targeted in violation of the laws of war. With this technology, we can also more deeply analyze trends in facility and personnel attacks over time,

including location, type of weapon, cause of death, and perpetrators. The patterns we document will serve as crucial evidence for future investigators who will prosecute those responsible for these crimes.

Technology holds enormous potential for progress on human rights issues, and PHR is committed to harnessing these advancements and innovatively applying them to better document crimes and seek accountability.

# Securing Justice for Survivors of Sexual Violence

## **The Power of Forensic Medical Documentation in the Democratic Republic of the Congo and Kenya**

Every year, tens of thousands of men, women, and children endure sexual violence during and after armed conflict. Unfortunately, the survivors rarely see justice, with many cases failing due in large part to lack of evidence. Perpetrators of these crimes must not escape punishment. Ending this impunity is essential to any systematic response to this crisis. While health professionals are often the first responders to rape survivors, many have little training in the forensic collection and documentation of evidence. In recognition of this gap, Physicians for Human Rights (PHR) created the Program on Sexual Violence in Conflict Zones to institutionalize the important role doctors play in documenting rape and other forms of sexual violence by collecting and preserving forensic medical evidence.



**THOMSON REUTERS**

**“One tool that we are using at Physicians for Human Rights (PHR) to ensure justice for sexual violence victims in the Democratic Republic of Congo (DRC) is medical forensic documentation. While the use of sexual violence as a weapon of war in the DRC is widely recognized, justice remains elusive for the vast majority of the victims.”**

*Widney Brown,  
PHR director of programs*

In the Democratic Republic of the Congo (DRC) and Kenya, PHR trains doctors and nurses to comprehensively and securely document the physical injuries and psychological trauma experienced by survivors of sexual violence. We also train law enforcement personnel, legal professionals, and the judiciary on the importance of medical evidence. This year, we trained military judges – whose jurisdiction includes sensitive cases such as mass crimes and sexual violence – to better understand forensic medical documentation. In addition to training, we provide mentoring opportunities by connecting African judges with their international counterparts to discuss the challenges of and best practices in sexual violence cases.

In total, we have trained nearly 700 doctors, nurses, police officers, lawyers, and judges to increase capacity for the collection of forensic medical evidence of sexual violence that will be admissible in national and regional courts, as well as at the International Criminal Court (ICC) in The Hague. This work is critical to securing justice for survivors.

And we are starting to see results. With PHR facilitation, our Congolese partners have developed a standard medical certificate to formally capture forensic medical evidence that is then used to corroborate sexual violence cases in local courts. Moreover, there have been a series of successful prosecutions in the DRC. In 2014, 135 members of the armed forces, national police, and armed groups were convicted of sexual violence crimes, including rape and sexual slavery.

## **Horrific Attacks against Children in the DRC**

In an appalling trend, a surge in sexual violence against children has been reported in eastern DRC. Panzi Hospital, one of PHR's main partners in Central and East Africa, has been responding to a spate of unsolved rapes of very young girls in the Kavumu district, located outside of Bukavu. These serial cases are unusual because the children are so young – aged 12 years and younger, with some as young as six months – and the rapes are often accompanied by severe injuries that require extensive surgery. More than 23 rape victims have arrived at the hospital for emergency medical treatment over an 18-month period.

Thus far, thorough investigation and prosecution have proven elusive, allowing the brutal sexual assaults to continue with impunity. However, to achieve justice, the PHR team and Panzi staff are working together with local networks to support investigators as they gather evidence. PHR also held specialized trainings focused on pediatric evaluations, covering the specific challenges and nuances of interviewing child survivors and collecting physical evidence. Additionally, a PHR medical expert worked closely with Panzi clinicians to support sexual violence medical care and treatment for survivors.



*A survivor of sexual violence works at a sewing cooperative in Bukavu, DRC to gain employment skills that will help on her path to recovery. Photo: Jonathan Silvers*

### **New Evidence of Mass Rape during Post-Election Violence in Kenya**

In addition to our ongoing training and mentorship program in Kenya, PHR published an important study this year in *PLOS One*, a peer-reviewed journal of science and medicine. Our study – a major medical review written in partnership with Kenyan doctors, nurses, and hospital administrators – exposed new systematic patterns of sexual assault in the period following Kenya's contested 2007 presidential election and found that mass rape had taken place. While it is not possible to generalize the number of rapes that took place during this period, the analysis exposed a very pointed, time-specific change in the way rape occurred that perfectly correlated with the post-election period. PHR's expert study provides indisputable evidence to support the claims being advanced in legal processes under way at both the ICC and in Kenya – that the episodes of sexual violence following the election can be categorized and prosecuted as crimes against humanity.

### **Drawing Global Attention to the Scourge of Rape in War**

In the largest gathering ever devoted to the issue, the UK government hosted the Global Summit to End Sexual Violence in Conflict in June 2014 in London. The summit attracted 123 country delegations and a total of 1,700 delegates. PHR led a delegation of nearly 30 participants – doctors, lawyers, police investigators, human rights advocates, and judges – from seven countries. The summit, hosted by UK Foreign Secretary William Hague and UN Special Envoy Angelina Jolie, was instrumental in bringing worldwide attention to this important issue. PHR was invited to lead several events at the summit, and we succeeded in connecting with new partners for collaboration in promoting justice and accountability for crimes of sexual violence in the DRC and Kenya. Our participation resulted in extraordinary visibility for our unique methods and approach. U.S. Secretary of State John Kerry singled out PHR's important work in his closing keynote remarks, stating that the United States is proud to support the critical role of partners like PHR.

*Below: Karen Naimer, director of PHR's Program on Sexual Violence in Conflict Zones, is interviewed by the Canadian Broadcasting Corporation at the Global Summit to End Sexual Violence in Conflict.*



# Ebola

## Bringing a Human Rights Perspective to a Humanitarian Crisis



*Volunteers in protective suits carry an Ebola victim for burial in Sierra Leone. Photo: Florian Plaucheur / AFP / Getty Images*

In 2014, West Africa experienced the worst Ebola outbreak in history. As of the end of 2014, more than 20,000 cases had been reported and nearly 8,000 deaths. In response to the outbreak, Physicians for Human Rights (PHR) contributed an important human rights and medical voice. We highlighted the potential for human rights abuses due to mismanagement of the outbreak, as well as the international community's obligations and the immediate and long-term actions it must take. We also provided essential medical insight amid enormous public fear of the virus, clarifying that it can only be transmitted by someone who is symptomatic and even then only through direct contact with bodily fluids, such as blood. PHR called for public health policies that educate people – not ones that pander to panic and spread misinformation.

Additionally, PHR played a lead role in calling for the protection of medical workers risking their own lives to care for Ebola patients in Guinea, Liberia, and Sierra Leone. We spoke out about the threats facing those responding to the outbreak, noting that quarantines and national lockdowns can exacerbate animosity toward health workers and undermine efforts to build confidence in the health care system. Moreover, the use of the military and police, combined with health workers operating in hazmat suits, can appear threatening to people who have emerged from decades of brutal wars. Sadly, such fears, rooted in a lack of understanding of a deadly disease never before seen in these countries and a long history of corruption and mistrust of government, led to health workers being attacked and killed. PHR highlighted that governments must do more to educate people about Ebola and must recognize that when a response restricts people's rights, governments will likely face resistance and even violence.

PHR also took to the airwaves to encourage decision making based on science, not politics. We organized influential leaders from the fields of infectious disease and public health when U.S. governors imposed quarantines and violated the rights of health care workers returning from West Africa. In partnership with these experts, PHR urged all governors to adopt procedures that are consistent with public health and human rights standards, and end policies that ultimately serve to spread misinformation and stigmatize health workers returning from Ebola-affected countries.

We also emphasized the broader public health issues at stake, reminding the international community that we must learn from this crisis: the only way to promote the right to health is to invest in this right for all people. The price we are paying to learn this lesson – the deaths of thousands of West Africans – is already too high.

# Precursors to Genocide

## Unchecked Violence against Muslims in Burma

Throughout much of the second half of the 20th century, Burma (officially the Union of Myanmar) was ruled by military-led governments that committed grave human rights violations, including mass atrocities against civilians. The government has implemented a number of reforms since 2011, including releasing many political prisoners, signing temporary ceasefires with armed groups, and completing what were assessed as largely free and fair elections. While the international community has heralded these promising signs of change, the nation's Muslim minority has been the target of continued violence, and the Burmese army has routinely violated the human rights of ethnic minorities, such as the Karen and Kachin.

Long-standing discrimination against the Rohingya, often considered one of the world's most persecuted minority groups, has spiraled into waves of violence against this Muslim community. Physicians for Human Rights (PHR) documented this violence, as well as inaction by the Burmese government and even support for this discrimination, in our report: "Patterns of Anti-Muslim Violence in Burma: A Call for Accountability and Prevention." For this investigation, PHR interviewed victims and witnesses of the violence, as well as dozens of Muslim, Buddhist, and Christian community leaders, in more than 18 locations in Burma where separate incidents had occurred.

PHR documented widespread violence against Muslims and serious human rights violations that have taken place throughout Burma over the last two

years, which have resulted in the displacement of nearly 150,000 people and the destruction of more than 10,000 homes, scores of mosques, and a dozen monasteries.

Using public health research methodologies, PHR epidemiologists were able to identify patterns of human rights abuses, examining how the police, military, and Buddhist monks behaved in different locations. After analyzing these patterns from various sites across the country, PHR found police complicity in some cases and that the government consistently failed to properly address attacks and protect those at risk, indicating an unacceptable measure of support for the acts of violence.

Although both majority Buddhists and Muslims have been killed and displaced as clashes have spread, Muslims have suffered the majority of attacks while being disproportionately punished for the violence. PHR's report calls on the government of Burma to investigate and prosecute all those involved in these violations (including members of the police), to provide humanitarian organizations with full access to those in need, and to institute the judicial and legal reforms needed to end pervasive discrimination against Rohingya and other minorities. As we have witnessed in the past, these elements are ingredients for catastrophic violence in the future, including potential crimes against humanity and/or genocide. If left unchecked, this particular combination could lead to mass atrocities on a scale heretofore unseen in Burma.

### Bangkok Post

**"Local officials and armed policemen stood on a nearby ridge and watched as dozens were killed. The sheer impunity with which community leaders, law enforcement, and the local citizens participated in this horrific slaughter haunts me to this day."**

*Dr. Holly G. Atkinson,  
PHR volunteer medical advisor*

The report complemented PHR's previous work on Burma by providing a broader context to the problems of discrimination and violence against Muslims in the country. A thousand copies of the Burmese translation of the report were distributed through grassroots networks of PHR's civil society partners, who subsequently reported that non-Muslim Burmese, including Buddhist monks, were shocked at the findings. Our partners also noted that the report helped to convince more Burmese to take a moderate stance toward anti-Muslim violence.

Our report also reinforced PHR's position as the go-to organization for information on anti-Muslim violence in Burma for U.S. government officials, UN organizations, and other human rights groups. PHR's reporting influenced statements and resolutions at the UN and legislation in the U.S. House of Representatives that called specific attention to violence and discrimination against Rohingyas and other Muslims.



*Burmese boys stand near their destroyed home in Meiktila, Burma, following sectarian violence between Muslims and Buddhists. Photo: Paula Bronstein / Getty Images*

# Defending the Rights of Persecuted Health Workers in Turkey



*Riot police fire tear gas to disperse protesters near Taksim Square in Istanbul during the Gezi Park protests. Photo: Ozan Kose / AFP / Getty Images*

**AP**

**“Instead of supporting doctors and other health workers, who are following their ethical duty to provide care to protesters, they are in the process of making it a crime to render emergency health services.”**

*Dr. Vincent Iacopino,  
PHR medical director*

**Police beat and detained dozens of physicians and other health professionals for providing emergency medical care to the wounded.**

When Dr. Utku Gürhan volunteered to provide injured protesters with medical care during demonstrations in Turkey that began in May 2013, he hardly imagined that he would require medical attention as a result. An idealistic recent medical school graduate, he volunteered at a makeshift infirmary near the heart of the protests in Ankara, treating people wounded by tear gas canisters, rubber bullets, and police batons. His efforts to help others were interrupted by a police raid on the infirmary where he was volunteering; Dr. Gürhan was beaten, arrested, and then detained for more than 36 hours.

In the wake of massive protests in cities across Turkey, and at the request of our long-time partners, the Turkish Medical Association and the Human Rights Foundation of Turkey, Physicians for Human Rights (PHR) deployed a team of experts to conduct an emergency investigation into attacks by security forces on independent medical personnel, like Dr. Gürhan, the abuse of protesters, and the inappropriate use of tear gas.

The PHR team saw first-hand the effects of unnecessary use of police force – injuries resulting from tear gas canisters being fired directly at protesters at close range, in confined spaces, and with no outlet for escape. We met with victims whose injuries supported reports that police fired not only rubber bullets, but also live ammunition, and used water cannons spiked with chemical agents, probably tear gas. PHR's medical team found that the Turkish authorities systematically used tear gas as a weapon on hundreds of thousands of demonstrators. At least seven people lost their lives due to the unnecessary and/or excessive use of force and other demonstration-related injuries. Police and other law enforcement officials also attacked clearly identifiable, independent medical personnel and facilities with tear gas, water cannons, and rubber bullets. Police beat and detained dozens of physicians and other health professionals for providing emergency medical care to the wounded. PHR's report and subsequent advocacy have drawn worldwide attention to the serious harms caused by these attacks and has helped garner support for even greater restrictions on the use of so-called less-than-lethal weapons.

The Turkish Ministry of Health (MoH) failed to provide adequate medical services to the injured during the protests, leading independent physicians and other health workers to provide essential emergency care as individuals and through the organization of the Turkish Medical Association (TMA). Moreover, in violation of the ethical principle of patient confidentiality, the MoH requested that medical personnel report the names of both injured protesters and those providing care to the wounded.

While the protests have ended, government intimidation of medical professionals has continued. The Turkish parliament passed a bill that criminalizes unauthorized emergency medical care and punishes doctors with heavy fines and imprisonment for assisting those in need. PHR and other leading medical organizations, as well as the UN Special Rapporteur on the right to health, warned that the law would have a chilling effect on the availability and accessibility of emergency care. The bill was passed into law and came into effect at the beginning of 2014, but it remains to be seen how the legislation will be applied in practice.

The MoH also brought a court suit against members of the TMA in Ankara, requesting their removal from office on the grounds that they illegally established infirmaries during the 2013 protests. PHR organized an advocacy campaign against the suit with colleague organizations, including the World Medical Association, targeting national and international media. We also wrote to the Turkish prime minister, calling for the government to immediately and unconditionally drop the current legal actions. In two major successes, the Ankara case was dismissed, as was another similar case in Hatay. Our partners in Turkey maintain that PHR's advocacy work was essential to these dismissals.



*Dr. Michele Heisler, PHR board member and volunteer medical advisor, meets with Hasan Kılıçgedik, who was struck in the head with a tear gas canister fired by police during the Gezi Park protests in Istanbul.*

# Seeking Justice for Peruvian Miners

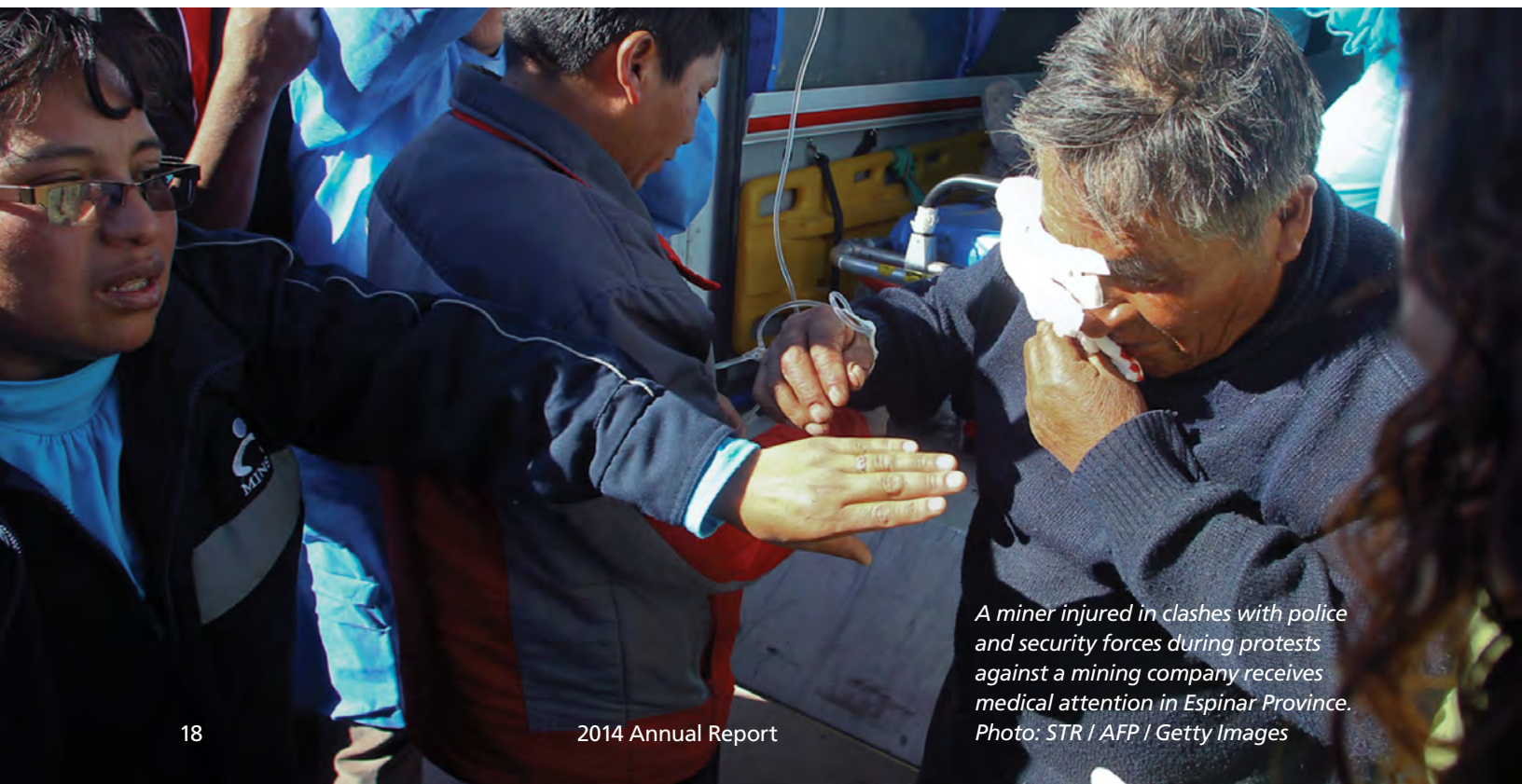
In May 2012, protests broke out against the operation of an open pit copper mine in Espinar Province in southern Peru. Clashes escalated between demonstrators and the police and security forces, who – armed with machine guns, rifles, hand guns, and tear gas – had been deployed to subdue protests and protect the mine. Among other abuses, police officers and private security forces employed by the mining company allegedly used live ammunition, fired tear gas canisters directly at groups and individuals, beat protesters with rifles and riot shields, and threatened individuals at gunpoint.

Leigh Day – a law firm representing the victims in a civil redress case against the British company that owns the mine and its Peruvian subsidiary that operates it – requested the expertise of Physicians for Human Rights (PHR). In response, a team of four PHR forensic experts deployed to Peru in 2014 to conduct forensic evaluations of 18 individuals who allegedly suffered torture and ill-treatment at the hands of police officers and private security forces responding to protests.

PHR experts documented numerous physical symptoms during their evaluations of the victims, including paralysis, impaired eyesight, and chronic pain. Common psychological findings

included severe post-traumatic stress disorder, depression, and anxiety. PHR documented that the violence had numerous lasting psychological effects on the protesters, including terrifying flashbacks, weight loss, and suicidal thoughts. The medical-legal affidavits and provisional details of damages that PHR prepared were submitted as evidence in the civil case against owners of the Peruvian mine, which remains pending.

This case represents just one example of the critical role forensic medical evidence can play in gaining justice for survivors of violence, and we hope it contributes to success in this case.



*A miner injured in clashes with police and security forces during protests against a mining company receives medical attention in Espinar Province. Photo: STR / AFP / Getty Images*

# Accountability for Torture in Kyrgyzstan and Tajikistan

Physicians for Human Rights (PHR) works to integrate the Istanbul Protocol – the international standard for the effective investigation and documentation of torture and ill-treatment – into policy and practice in some of the world’s most challenging environments. These include the post-Soviet states of Central Asia, where authorities have historically used torture to obtain confessions, torture allegations were rarely investigated by law enforcement, and those responsible for abuse regularly acted with impunity.

In both Kyrgyzstan and Tajikistan, PHR has trained hundreds of local professionals on the international standards for forensic medical evaluations, creating comprehensive, in-country networks capable of passing these skills along to others. PHR has worked with local partners, governmental and nongovernmental stakeholders, and regional experts in both countries with the goal of implementing Istanbul Protocol methodologies, moving policy reform forward, and creating detailed action plans for effectively investigating and documenting torture and ill-treatment. These local networks of PHR-trained professionals are now working with their country’s health and justice ministries, prosecutors’ offices, and forensic institutions to enact reforms that will help secure accountability and redress, and prevent torture and ill-treatment in the future.

Through trainings and mentorship, as well as persistent engagement with representatives from nongovernmental organizations, forensic and mental

health experts, attorneys, prosecutors, judges, and government officials, PHR has helped change the way in which these countries approach and address the issue of torture and ill-treatment. We have contributed to roadmaps for combatting torture in both countries, and have given detailed recommendations on criminal codes, forensic laws, and regulations.

Through our trainings, mentorship, and stakeholder engagement in Kyrgyzstan and Tajikistan, we have fostered strong networks of dedicated local professionals who are poised to take ownership over the process. PHR’s work is making a real difference in these countries by building systems that will allow for more frequent and robust prosecutions of torture and eventual redress for these crimes. In an exemplary success story this year, two police officers in the Bazar-Korgon district of Kyrgyzstan were sentenced to 11 years in prison by the court, the first ever convictions of police officers for torture in the country. PHR has been proud to play a part in this significant step forward in accountability for torture.

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**“The Istanbul Protocol serves as a standard for medical evidence given by experts, for benchmarking the effectiveness of the evidence, and for establishing redress for victims.”**

*Juan E. Méndez, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*

## Standards for the Medical Documentation of Torture

PHR’s medical director, Dr. Vincent Iacopino, was the principal organizer of an international effort to develop the UN guidelines on the effective investigation and documentation of torture and ill-treatment, later known as the Istanbul Protocol. The UN adopted the Istanbul Protocol in 1999, and it has since been recognized by a range of international human rights bodies, including the UN General Assembly, the UN Commission on Human Rights, the UN Committee against Torture, the European Court of Human Rights, and the Inter-American Court of Human Rights.

Combining impartially collected evidence with expert analysis, the Istanbul Protocol yields forensic medical evaluations that can independently corroborate a victim’s allegations of abuse, give credibility to defense claims that confessions were obtained under duress, or help elucidate patterns of torture or ill-treatment that constitute wider human rights violations. Forensic medical evaluations conducted in compliance with the Istanbul Protocol constitute critically important evidence in torture cases. The Istanbul Protocol is now being used in dozens of countries across the globe, including Armenia, Chile, Colombia, Georgia, Mexico, the Philippines, Sri Lanka, and Thailand.

# Helping Asylum Seekers Win Protection in the United States

While just 13-years-old, Maria\* already suffers from post-traumatic stress disorder and major depression. Originally from El Salvador, Maria fled to the United States after a gang member attempted to rape her and force her into joining his gang. Maria escaped physically unharmed, but received subsequent death threats from gang members after she refused to join. They also threatened to kill her grandparents, and Maria felt that the police could not protect her. Dr. Carol Kessler, a child psychiatrist and volunteer with the Asylum Network at Physicians for Human Rights (PHR), who documented Maria's symptoms for her immigration court case, noted that Maria "would rather die than return to El Salvador," and suffers from nightmares, a sense of helplessness, and acute anxiety.

Maria is just one of the thousands of unaccompanied children who have fled El Salvador and are seeking humanitarian protection in the United States. Despite the harrowing events that Maria suffered, she is one of the lucky ones. Maria was able to secure *pro bono* legal counsel and her attorney requested a psychological evaluation through PHR's Asylum Network.

As part of the PHR Asylum Network, our volunteer doctors, psychologists, and clinical social workers provide *pro bono* examinations of those seeking asylum in the United States to evaluate their claims and testify on their behalf. We train health professionals in providing physical and psychological evaluations of victims of torture, ill-treatment, sexual violence, and persecution, and have established an expert network of evaluators who can meet the mounting needs across the country. We now have more than 450 volunteers who have evaluated asylum seekers from over 58 countries.

Each year, hundreds of survivors submit affidavits prepared by PHR experts that confirm abuse and lend support to their asylum applications. Cases that involve a PHR expert result in asylum being granted more than 90 percent of the time. This figure far exceeds the national average, illustrating the power of medical testimony. Over the past three years, PHR has steadily increased the number of asylum cases placed with our network volunteers for evaluations. This year, we placed 472 cases – the greatest number to date. We also tripled the number of trainings, holding six around the United States, in Ann Arbor, Buffalo, Chicago, New York City, Oakland, and Providence.

In addition to evaluations, PHR's Asylum Program collaborates with a number of medical student-run human rights clinics that are dedicated to providing asylum seekers with forensic evaluations. The clinics are made possible by small groups of enthusiastic medical students and a growing group of Asylum Network

volunteers who are committed to training the next generation of evaluators. For students, participating in a clinic is an incredible learning experience, offering a hands-on opportunity to incorporate human rights into their medical school curriculum. Shadowing asylum evaluations by PHR experts not only exposes students to uncommon injuries, but also allows them to observe and practice trauma-informed interviewing and cross-cultural communication skills. PHR, in partnership with the Weill Cornell Center for Human Rights, created the first student-run asylum clinic at a U.S. medical school in 2010. Since then, the same model has been employed at a number of other medical schools. This year, PHR worked with three medical schools to open asylum clinics: Columbia University College of Physicians and Surgeons, Brown University Alpert Medical School, and University of Michigan Medical School.

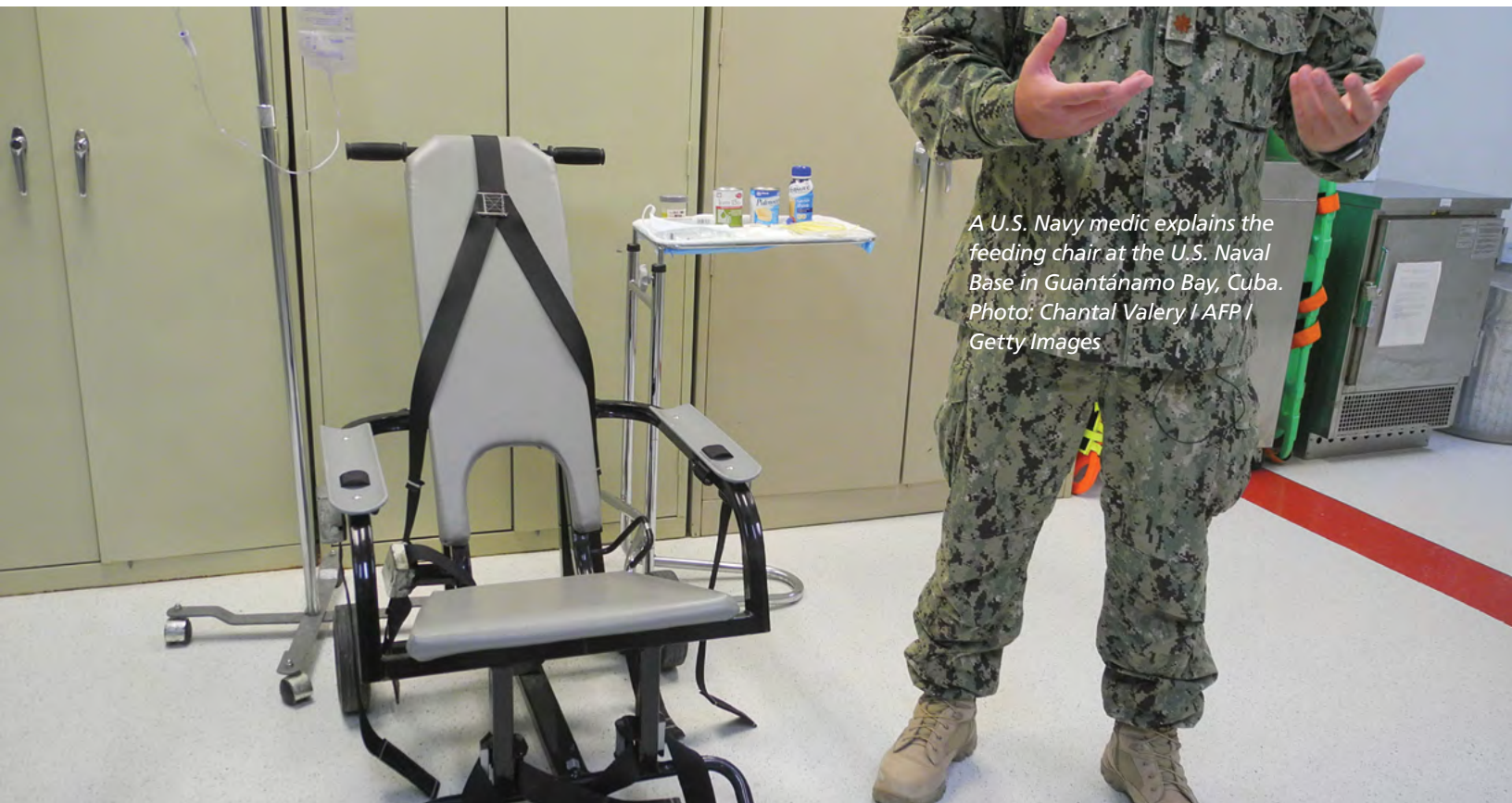
\*Maria's name has been changed to protect her security.



*Immigrants arrive for a naturalization ceremony held at the U.S. Citizenship and Immigration Services office in New York City. Photo: John Moore / Getty Images*

# U.S. Torture Program

## Unsafe, Ineffective, and Illegal



*A U.S. Navy medic explains the feeding chair at the U.S. Naval Base in Guantánamo Bay, Cuba. Photo: Chantal Valery / AFP / Getty Images*

For more than a decade, Physicians for Human Rights (PHR) has been relentless in our work to investigate, expose, advocate against, and seek accountability for the torture and ill-treatment of detainees by the United States, as well as the use of medical professionals in this practice. Over the past year, we have built on our previous groundbreaking research and used our unique expertise to press the U.S. government to uphold its obligation to prevent torture, to advocate for the humane treatment of detainees, and to prevent health professionals from participating in mistreatment and harm.

### **PHR Shapes Discourse around Release of CIA Torture Report**

PHR has long-called for the public release of the U.S. Senate Select Committee on Intelligence's (SSCI) report on CIA torture to ensure a full accounting of abuse. This year, we mobilized the medical community to urge the White House and the Senate Committee to support the report's release. These efforts contributed to a bipartisan vote in April 2014 in favor of partial declassification.

When the executive summary and findings were finally released in December 2014, PHR's team of experts – with specific expertise in

caring for survivors of torture and detainees, medical and psychological ethics, and human rights law – conducted a detailed review of the 500-page executive summary and findings, and ultimately found that the CIA's use of torture was not only far more brutal than previously known, but also failed to produce actionable intelligence.

PHR brought a key medical perspective to the discussion, which helped debunk the U.S. government's historical claim that torture practices ("enhanced interrogation techniques") were safe, effective, and therefore legal.

*PHR Shapes Discourse around Release of CIA Torture Report (continued)*

Our analysis, *Doing Harm: Health Professionals' Central Role in the CIA Torture Program*, found that these practices were indeed unsafe: CIA health professionals intentionally inflicted harm on detainees, including carrying out clinical procedures for non-medical reasons and making adjustments to their physical state to allow for continued or increased harm. PHR experts found that the techniques outlined in the SSCI report caused severe physical and mental pain. One of the most egregious examples was the use of rectal hydration or rectal feeding. While the CIA defended this practice as medically necessary, PHR's medical experts confirmed that rectal hydration or feeding, as described in the SSCI summary, was conducted without medical necessity and was used to control and/or punish the detainees.

Moreover, PHR found that health professionals played a central and essential role in the CIA torture program – to an extent not previously understood. Psychologists designed, supervised, and implemented an intricate system of torture, and physician participation in administering and monitoring these practices created a fiction that these interrogation techniques were safe and effective, which ultimately led to misguided legal justification. Our team of experts determined that the techniques used by the U.S. government cannot be considered safe or effective. Further, without the participation of health professionals, they found that this illegal program might have been prevented.

The release of the executive summary and findings present one of the most significant opportunities in recent years to advocate for the legislative, administrative, and institutional reforms needed to strengthen the prohibition against torture and to ensure the United States does not repeat its mistakes. However, we cannot stop here. PHR will continue our efforts until full accountability for these crimes has been achieved.

### **Seeking an End to Force-Feeding**

Detainees at Guantánamo Bay – most of whom have been cleared for release – have repeatedly resorted to hunger strikes as a desperate protest against indefinite detention and other human rights violations. In response, the United States has instituted a policy of force-feeding, in violation of international standards, including those of the World Medical Association (WMA). While military officials have portrayed force-feeding as a therapeutic response, it is often used to punish those detainees on hunger strike. Under these circumstances, force-feeding constitutes inhuman and degrading treatment and, in some cases, torture. In addition, medical ethics prohibit physicians, nurses, and other clinicians from participating in this punitive treatment, which includes the use of force, coercion, and violence, specifically through forced cell extractions, the use of physical restraints, and the painful insertion of nasogastric feeding tubes.

At the height of the 2013 hunger strikes, PHR leveraged our medical expertise to launch a targeted advocacy effort against force-feeding as a human rights violation, highlighting the practice as unethical, unlawful, and medically unsound. PHR organized a letter with signatures from dozens of prominent physicians and public health experts to President Barack Obama, urging him to end force-feeding and repeal the protocols that authorize it. In response to pressure from PHR and others, the U.S. government imposed an information blackout on the hunger strikes instead of correcting its practices – signaling that the fight is far from over.

### **U.S. Navy Nurse Puts Ethics First at Guantánamo**

In mid-2014, news reports confirmed that a Guantánamo nurse, who has served in the U.S. Navy for more than 18 years, was facing potential discharge from the military for refusing to participate in force-feeding.

PHR immediately expanded our advocacy efforts to support the nurse. PHR mobilized the medical and human rights community and engaged policymakers and the media, emphasizing the importance of not only upholding the human rights of detainees, but also of protecting clinician autonomy and military health professionals' right to refuse to violate medical ethics.

PHR also engaged the American Nurses Association (ANA), with whom we co-hosted two press briefings on the issue. Significantly, this case represents the first time that the ANA has ever spoken out on the issue of force-feeding at Guantánamo. In releasing a statement and publicly supporting the nurse, the ANA joined other national and international medical associations that have also denounced the practice, including the WMA, the American Medical Association, and the International Council of Nurses.

As this report went to print, the Navy decided not to discharge the nurse, allowing him to return to his duties and continue serving his country. PHR continues to advocate for an end to force-feeding and the primacy of medical ethics in U.S. military policy.

### **» TORONTO STAR «**

**“[Rectal hydration and feeding] is a form of sexual assault masquerading as medical treatment. In the absence of medical necessity, it is clear that the only purpose behind this humiliating and invasive procedure is to inflict physical and mental pain.”**

*Dr. Vincent Iacopino,  
PHR medical director*

# Raising a Collective Voice for Human Rights



Since our founding, Physicians for Human Rights (PHR) has approached our work with the understanding that promoting the dignity of individuals and protecting their rights is not a solitary endeavor. It takes the ingenuity, will, and generosity of many to help elevate all of humanity. This was true when PHR and six like-minded groups brought unprecedented attention to the public health threat that landmines pose to civilians – work for which we shared the Nobel Peace Prize in 1997 – and it is still true today.

In 2014, PHR established a new Partnerships Department dedicated to managing and multiplying strategic partnerships at the local and international levels. The team is working to deepen our relationships with other nongovernmental organizations and medical institutions in order to enhance our effectiveness. PHR is not only developing new connections with groups whose missions complement ours, but also deepening our engagement with individuals, institutions, and initiatives that bolster our work, which ultimately helps us to better leverage our resources and

strategically apply our expertise without duplicating the efforts of others. By building trusting and reciprocal relationships globally and sharing information and ideas, we are increasingly known as an organization that broadens the impact of advocacy, brings others to the cause of human rights, amplifies the voice of local partners, and provides critical support to frontline human rights defenders. Through our Partnerships Department, PHR is also expanding our roster of professionals from a range of specialties in the fields of medicine and science who generously provide their skills and expertise, *pro bono*.

Formalizing our commitment to working in partnership contributed to a number of successes on a range of issues across regions in 2014. As PHR's map of attacks on medical workers and facilities in Syria launched, we worked with the UN Office for the Coordination of Humanitarian Assistance and Norway's ambassador to the UN, who subsequently convened other critical UN missions for a special briefing by PHR on the crisis. When health care workers returning from Ebola-stricken countries were unjustly detained and quarantined

in the United States, PHR organized high-level sign-on letters to all U.S. governors to condemn such policies.

Recognizing strength in numbers, PHR also teamed up with a number of medical associations throughout the year to further our advocacy. We collaborated with the American Nurses Association to defend the U.S. Navy nurse who was facing punitive sanctions for his refusal to participate in force-feeding at Guantánamo. Constant pressure on the Navy to respect professional ethics was instrumental in the Navy's ultimate decision not to dismiss the nurse from service. Separately, PHR joined forces with a number of prominent medical groups, including the World Medical Association, the British Medical Association, and the German Medical Association, to condemn the Turkish government for bringing a case against members of the Turkish Medical Association (TMA), a longtime PHR partner, whose members provided emergency medical care to injured demonstrators. Our joint advocacy ultimately resulted in the dismissal of charges against the TMA. Throughout this annual report are examples of how PHR's partnerships inform and improve all of our work.

## The Next Generation of Human Rights Activists

Physicians for Human Rights (PHR) is fortunate to work with highly enthusiastic and self-motivated student chapters and their leadership. We meet regularly with PHR's Student Advisory Board to keep them abreast of developments and advocacy opportunities. Through PHR's National Student Program, we are strengthening medical and public health students' understanding of the health and human rights nexus and training them on the important role their profession plays in defending human rights and raising awareness about violations.

In addition to our national student program, PHR supports dozens of internships each year, which provide practical experience that is seeding the human rights field and will yield the next generation of human rights leaders. Every semester, the PHR team hosts a group of intelligent and passionate students from a wide variety of academic backgrounds, including medicine, public health, law, and human rights, among others. Our interns collaborate with staff on a range of projects, including desk research, data analysis, reviewing video footage and documenting attacks on medical facilities, and monitoring and researching human rights developments around the world. PHR's internship program has reciprocal value: students are afforded an opportunity to gain hands-on experience in human rights by working closely alongside PHR experts and deepening their knowledge of the field, while PHR benefits from the fresh ideas and dedicated work of these individuals who substantively contribute to our mission.

## Volunteers

**Physicians for Human Rights thanks the many physicians, scientists, lawyers, and other health and legal professionals who volunteer their time and expertise to help us document and call attention to mass atrocities and severe human rights violations.**

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Magistrate Harrison Adika, LLB  
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Kamiar Alaei, MD  
Edward Ameen, PhD  
Mike Anastario, PhD  
Toni Andrews, PhD  
Claudia Antuña, PsyD, MHSA, LICSW  
Deborah D. Ascheim, MD  
Holly G. Atkinson, MD, FACP  
Carl Auerbach, PhD  
Soussan Ayubcha, MD, MHSA  
Paola Bailey, PsyD  
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Michaela Beder, MD  
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Rusudan Beriashvili, MD, PhD  
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John W. Bishop, PhD  
Toni M. Biskup, MD, MPH  
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Kathy Brock, PhD  
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Albana Dassori, MD  
Gregory DeClue, PhD

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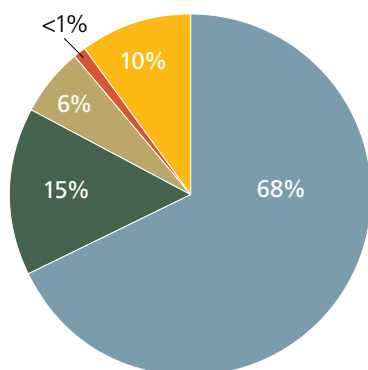
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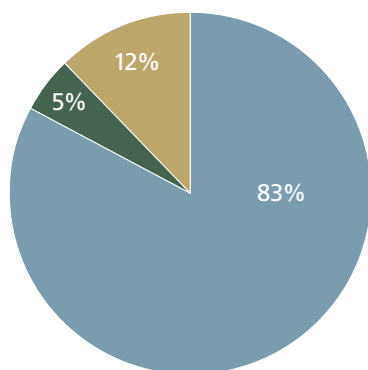
# Statement of Finances

## FY14 Operating Revenues



Grants	\$ 5,189,959
Contributions	\$ 1,159,315
Investment Income	\$ 488,662
Other	\$ 24,052
In-Kind Contributions	\$ 757,218

## FY14 Operating Expenses



Program Services	\$ 5,875,468
Fundraising	\$ 369,484
Management & General	\$ 863,192

## Statement of Activities (for the year ending June 30, 2014)

### Revenues

Grants Available for Use in FY14*	\$ 5,189,959
Contributions from Individuals	\$ 1,159,315
Investment Income	\$ 488,662
Other	\$ 24,052
In-Kind Contributions	\$ 757,218

Total Operating Revenues For FY14 \$ 7,619,206

Operating Expenses\*\* \$ 7,108,144

## Statement of Financial Position (for the year ending June 30, 2014)

### Assets

Cash and Cash Equivalents	\$ 158,873
Accounts Receivable	\$ 5,264
Grant and Contribution Receivables	\$ 3,826,622
Prepaid Expenses and Other	\$ 101,010
Property and Equipment, Net of Depreciation	\$ 441,442
Investments	\$ 4,723,821
Deposits	\$ 49,658

Total Assets \$ 9,306,690

### Liabilities and Net Assets

Line of Credit	\$ 1,486,891
Accounts Payable	\$ 82,325
Accrued Expenses	\$ 303,896
Deferred Revenue	\$ 462
Unrestricted Assets	\$ 3,643,536
Temporarily Restricted Assets	\$ 3,789,580

Total Liabilities And Net Assets \$ 9,306,690

\* Includes restricted funds received in prior years, earmarked for use in FY14

\*\* Does not include \$292,075 in headquarters transition and relocation expenses previously allocated by the PHR Board of Directors

A complete version of PHR's financial statements for the fiscal year ending June 30, 2014 is available at [phr.org](http://phr.org).



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