

Abstract

The founding of Physicians for Human Rights (PHR) arose out of concern within the scientific and medical community about the human rights violations affecting their colleagues and the severe health effects of human rights violations on the general population. PHR, as a membership organization, has pioneered the field of the activist health professional in human rights, through its many missions documenting violations both of human rights and of humanitarian law; its advocacy efforts; and its educational programs. It identifies new challenges and effective strategies to protest abuses, engage governments and professional colleagues in dialogue, and support likeminded health professionals who work in situations in which their obligations to their patients are often overridden by their obligations to States that want to hide human rights violations.

La création de “Médecins pour les Droits de l’Homme” (association connue en anglais sous son acronyme PHR) a pour origine la préoccupation de la communauté médicale et scientifique envers les violations des droits de l’homme dont leurs collègues étaient victimes, ainsi que les graves conséquences sanitaires qu’elles engendrent dans la population générale. Composée de militants, l’association PHR a été parmi les premières à développer la notion du travailleur de santé oeuvrant pour les droits de l’homme. Elle l’a réalisé au travers de ses nombreuses missions qui dénonçaient les violations des droits de l’homme et du droit humanitaire, de ses plaidoyers et de ses programmes d’éducation. Elle recherche de nouveaux défis et des stratégies efficaces pour protester contre les abus, amorcer le dialogue entre les gouvernements et les professionnels de la santé, et soutenir les travailleurs de santé qui partagent ses préoccupations mais dont les devoirs vis-à-vis de leurs patients doivent souvent s’effacer devant leurs obligations envers les États qui cherchent à occulter les violations des droits de l’homme.

La creación de Médicos por los derechos humanos (PHR, por sus siglas en inglés) surgió de la preocupación dentro de la comunidad médica y científica acerca de las violaciones de los derechos humanos vividas por sus colegas y los severos efectos de salud que provocan las violaciones de los derechos humanos en la población en general. PHR, como una organización de miembros, ha sido entre los primeros a desarrollar el trabajo del profesional de salud activista, a través de sus múltiples misiones documentando violaciones de los derechos humanos y de la ley humanitaria; sus esfuerzos de defensor; y sus programas educacionales. La organización identifica nuevos desafíos y estrategias efectivas para protestar abusos, involucrar a gobiernos y colegas profesionales en el diálogo, y apoyar a profesionales de salud afines que trabajan en situaciones en las cuales las obligaciones a sus pacientes son con frecuencia impedidas por sus obligaciones a Estados que quieren ocultar las violaciones de los derechos humanos.

THE HEALTH PROFESSIONAL AS HUMAN RIGHTS PROMOTER: Ten Years of Physicians for Human Rights (USA)

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Health professionals have been on the frontlines of the struggle for protection of international human rights, often being the first witnesses of the physical and psychological harm that human rights violations cause to individuals and communities. In the past three decades, the health care community has mobilized itself to act to protest violations, to document their health consequences, and to examine its own role in perpetrating or ending these abuses. This article examines the role of one activist organization, the U.S.-based Physicians for Human Rights (PHR), in the international human rights movement.

Origins

Like most human rights organizations, the mandate of PHR is largely defined by the rights enunciated in the Universal Declaration of Human Rights, adopted by the United Nations in 1948 in response to the Nazi atrocities of World War II. Other standards that PHR uses in its work are the Geneva Conventions of 1949 and the Additional Protocols of 1977. These further define the protections and guarantees of medical neutrality during armed conflict, and mandate the protection of patients and health professionals, the right to access to care, and the humane treatment of civilians living in war zones.

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Recognition of human rights became an important element of U.S. foreign policy during the Carter administration (1977-1981), at the same time that the world learned of large-scale political repression in Argentina, the Soviet Union, and Cambodia. In the former Soviet Union, leading scientists such as Andrei Sakharov and Yuri Orlov were sent into internal exile, stripped of their scientific duties, or banished to labor camps. Groups such as Amnesty International, Helsinki Watch, the Committee on Scientific Freedom and Responsibility of the American Association for the Advancement of Science (AAAS) and the Human Rights Committee of the National Academy of Sciences (NAS) denounced the human rights abuses directed against these dissident scientists, and organized efforts within the scientific and medical communities to secure the protection of colleagues.

Attention to human rights in U.S. foreign policy diminished in the 1980s due to political changes in the Administration and the intensification of the Cold War. As a result repressive régimes were often rewarded for their staunch anti-Communist policies despite flagrant human rights abuses. Increasingly, U.S. military assistance provided the means to suppress civilian populations in such countries as El Salvador, the Philippines, and South Korea. Violations of medical neutrality were reported with alarming frequency. Indigenous groups of human rights activists documented episodes of torture, assassination, and disappearances. The abuse of psychiatry in the Soviet Union, where diagnoses of mental disorders were used to suppress dissent, and the collaboration of physicians in the monitoring of torture victims in Chile, Uruguay, and elsewhere added new and disturbing dimensions to the linkage between health and human rights. The Colegio Medico in Chile, the Medical Action Group (MAG) in the Philippines, and Tutela Legal in El Salvador requested assistance from U.S. human rights groups to help document abuses, expose official complicity, and break down the walls of impunity.

Early in 1983, two U.S. scientific and medical delegations conducted human rights missions of inquiry to El Salvador. One represented the Institute of Medicine (of the NAS), the International League for Human Rights, and the AAAS Committee on Scientific Freedom and Responsibility. The

other team consisted of health professionals representing the American Public Health Association. On their return to the United States, both groups testified before Congressional committees, gave Grand Rounds at teaching hospitals, and spoke to professional colleagues at conferences about their findings, as well as the role that concerned health professionals could play in the politics of the United States' assistance to government security forces in El Salvador. In the professional community, interest in the public health consequences of human rights abuses and the application of public health and medical skills to curtail these abuses was beginning.

At about the same time, Jonathan E. Fine, MD, long active with Physicians for Social Responsibility (PSR) and International Physicians for the Prevention of Nuclear War (IPPNW), was visiting the Philippines at the request of MAG, to discuss the work of IPPNW. MAG leaders told him of the harassment experienced by some of their colleagues trying to deliver health care in contested zones. This harassment was conducted by the Marcos security forces. MAG and the Task Force Detainees, a group of Franciscan nuns monitoring human rights, invited Dr. Fine to return to conduct a medical fact-finding mission. The assassinations of two Filipino physicians added urgency to the MAG request.

The November 1983 mission was funded and sponsored by the AAAS Committee on Scientific Freedom and Responsibility, along with the American College of Physicians and the American Nurses Association, in order to provide broad, mainstream support and to enhance the delegation's political influence. The delegation, which included Dr. Fine, another physician, and a staff member of the AAAS Committee, spent three weeks traveling throughout the Philippines and established a pattern of activity that influenced many subsequent missions. The team contacted government officials, opposition groups who had invited the team, family members, professional colleagues, and local officials. Team members interviewed and medically examined victims of human rights abuses and obtained forensic materials such as x-rays and copies of medical records when possible. After the Justice Department denied a request by the team to visit political prisoners in the detention centers, the team divided itself up. Accompanied by a nun from the Task Force Detain-

ees, individual team members were able to present themselves as concerned colleagues from the United States, and to enter detention centers to obtain testimony and examine prisoners directly.

Dr. Fine returned to Boston committed to forming a human rights group that could respond to groups like MAG and intervene on behalf of victims of human rights violations. He created the American Committee for Human Rights (ACHR) and invited a small group of colleagues to serve as members of the Board of Directors. Supported largely by Dr. Fine's personal savings and the *pro bono* work of the Board members, the ACHR struggled in 1984 and 1985 to define a coherent mission statement, raise funds, and respond to crises in South Korea, Chile, and Central America. Slowly it became clear that the ACHR's unique contribution lay in its capacity to mobilize physicians to work for human rights. At the urging of Board members, the name of the organization was changed in 1986 to Physicians for Human Rights, reflecting the focus of their mission. Jane Green Schaller, MD, chair of the Department of Pediatrics at Tufts University, had joined PHR, after returning from a profoundly disturbing trip to assess child health in South Africa. That summer, she convened a meeting of Board members and interested health professionals to plan the future of the new organization and the recruitment of a broad base of member support from the health professions. She was elected PHR's first president.

Methods Of Work

The philosophy behind the decision to create an organization of health professionals to work on behalf of human rights arose from two insights, best described by PHR members H. Jack Geiger, MD, and Robert Cook-Deegan, MD:

First was the recognition that many human rights violations had significant health consequences. These include the physical and psychological trauma of individual victims of violence, torture, and rape, but also stem from breaches of medical neutrality, forced deportations, the use of indiscriminate weapons, mass executions, and other violent acts that affect entire populations. The purposeful destruction of health facilities and essential civilian infrastructures also leads to slower forms of death—from epidemic infectious disease, untreated chronic disease, or starvation.¹

The second insight was that health professionals are uniquely situated to collect the medical documentation that provides concrete evidence of human rights violations. PHR members are internists, nurses, pathologists, social workers, epidemiologists, toxicologists, burn specialists, orthopedic surgeons, psychiatrists, psychologists, and forensic scientists, among others. These specialists contribute “many relevant medical tasks, ranging from physical examinations of individuals to forensic exhumations of mass graves.... These can often produce evidence of abuse more credible and less vulnerable to challenge than traditional methods of case reporting. Such medical documentation is far more difficult to refute than oral or written testimonies of abuse, no matter how well corroborated by witnesses.”²

Because PHR organizes its responses to human rights violations based on these two premises, it has adopted three interdependent and complementary strategies in its work: direct documentation, advocacy, and education and training.

A. Direct Documentation

PHR’s most visible and effective method of investigating human rights violations affecting health is the fact-finding mission. PHR brings both the prestige of the medical profession and high-level medical documentation and evaluation skills to its investigations. Health professionals have led or participated in virtually all of the 75 missions PHR has undertaken to more than 43 countries in the past decade. Mission delegates not only document the health consequences of human rights violations, but examine the ethical obligations and responses of the local health community when faced with these violations.

PHR’s first missions were highly visible investigations of specific incidents involving allegations of systematic torture, disappearances, extrajudicial killings, and political imprisonment. Typical of its early missions were interventions on behalf of a Malaysian medical colleague imprisoned without charge or trial, of detained leaders of the Chilean Medical Association, and of the suspicious death in custody of a political prisoner in Czechoslovakia.

As PHR gained experience and began to receive requests for help from other countries, it started investigating the dire

health consequences of the systematic use of indiscriminate weapons of mass destruction on civilian populations. In response to reports of the South Korean government's excessive use of tear gas to quell demonstrations, PHR sent a delegation to study the chemicals' health effects. Subsequent PHR missions investigated the reported use of toxic chemicals as a method of crowd control in Soviet Georgia, as well as the Iraqi government's use of poison gas against its Kurdish population. PHR's systematic epidemiological studies of the medical consequences of landmines in Cambodia and Northern Somalia were the first of their kind.

In the late 1980s with the waning of the Cold War, regional and ethnic conflicts erupted that deprived whole populations of basic human rights and means of survival. PHR attempted to respond selectively to these massive humanitarian emergencies. For example, following the complete collapse of Somalia with the fall of Siad Barre, PHR and Africa Watch visited hospitals and spoke with international relief staff in Mogadishu in February 1992. The delegation documented substantially larger civilian casualties than media reports had suggested at the time, and warned the international community of an approaching famine of unprecedented proportion. PHR also conducted epidemiological studies on the effects of war, conflict, and forced relocation on civilian populations in Iraqi and Turkish Kurdistan, and in Panama. Accompanying many of these large-scale attacks on civilians were assaults on medical personnel, interruption of medical care to civilians, and other violations of medical neutrality. PHR found that armed groups were purposefully disrupting the ability of health professionals to carry out their tasks. It became apparent that procedures for the protection of medical neutrality in all conflicts were inadequately defined by international codes, and not protected on the ground.

Many of PHR's missions in recent years have investigated acts of genocide and extrajudicial executions. PHR forensic experts have introduced medicolegal evidence from their investigations into court cases in Honduras, Brazil, Israel, Guatemala, and the former Yugoslavia. They have also worked with the families of victims to lay to rest their uncertainties about the fates of their loved ones, as well as to set the historical record straight.

PHR frequently receives requests for assistance from local human rights or medical organizations, as well as governments and intergovernmental organizations. With the Salvadoran-based Association in Search of Disappeared Children, PHR is using genetic testing to assist their efforts to prove family relationships in order to reunite children kidnapped from their parents during the military assaults on civilians in the early 1980's. Today, PHR is under contract with the International Criminal Tribunal for the former Yugoslavia and the International Tribunal for Rwanda to provide technical assistance in the investigation of extrajudicial executions and other massive human rights violations in those regions.

Fact-finding missions are powerful mechanisms for exposing violations and alerting governments and health professionals to their destructive health impacts. Original data collected on missions, including medical documentation of physical and psychological trauma, supplemented by first-hand testimonies collected by PHR and other groups, are powerful evidence to convince policy makers, the health professional community, the media, and the public about often unreported or clandestine abuses.

B. Advocacy

PHR's documentation efforts are only as successful as the use that is made of the data. With the help of its board, staff, and members, PHR has developed a variety of techniques to advocate for the protection of human rights.

PHR's primary method of disseminating the findings of a mission is through published reports or articles in peer-reviewed scientific journals. In the past five years, conclusions and recommendations from over 12 PHR-sponsored missions have appeared in medical journals. Dozens of print and radio media in the United States and overseas have released stories based on PHR press releases or position statements. Substantive pressure is also brought to bear through meetings of PHR mission delegates with foreign government officials and embassy staff, and within the United States in meetings with officials at the State Department, representatives of Congress and the Administration. Because offending governments do not always welcome PHR's findings, sus-

tained attention through ongoing dialogue with government officials, local human rights and medical organizations, and the media is often necessary to press for resolution of human rights problems.

Letter-writing, long a tactic of international and national human rights organizations, remains a standard method of response to many reports of human rights violations. The organization and its members regularly send letters to government leaders on behalf of individual health professionals whose human rights have been violated, or political prisoners who need immediate medical attention.

While sometimes effective, letter-writing strategies do not always yield significant results and may not be full-filling to health professionals who want to make use of their medical skills to protect human rights. Many human rights organizations are reevaluating their use of letter-writing campaigns and are designing new tactics to exert pressure on governments to change behaviors that cause or condone human rights violations.

PHR has found that coordinated efforts from the health care community are a vital means of exerting pressure for change. Collective appeals from prominent health organizations, medical schools, hospitals, and individual health care providers will often force policymakers in the targeted country to take notice. For example, widespread and prolonged pressure from the health and scientific communities in the United States and Europe certainly facilitated the release of prominent Soviet dissident and psychiatrist Anatoly Koryagin in 1987. Certain issues, such as the worldwide problem of landmines, require the mobilization of the medical community, in addition to collaboration with human rights, legal and other professional organizations operating as nongovernmental or governmental entities, as well as intergovernmental organizations.

PHR's role in introducing a medical focus to the international campaign against the production, sale, use, and export of landmines is a good example of such cooperation. The international campaign estimates that 100 million landmines lie unexploded in at least 62 countries, with some 500 injuries or deaths from landmines occurring each week.³ Through investigative missions to Cambodia, Mozambique, and So-

malia, where medical teams examined hospital records and interviewed communities affected by landmines, PHR was among the first organizations to document and publicize the devastating health effects of mines on civilian populations and on the health care systems of countries recovering from war and displacement. PHR has hosted symposia, press conferences, briefings for governments officials and encouraged groups (such as the American College of Physicians, the American Nurses Association, the American Fracture Association, and the American Public Health Association) to join the international campaign to ban landmines.⁴ With over 400 participating organizations, including hundreds of human rights, humanitarian, arms control, professional, civic, and religious organizations around the world, the campaign is mounting a concerted effort to convince government experts reviewing the Conventional Weapons Convention to adopt a total ban on landmines, just as chemical weapons were banned in the past.

C. Education and Training

PHR's membership is a fraction of the health professional population in the United States. While the mission of PHR may be immediately attractive to only a limited number of health professionals, the organization also realizes that the human rights message needs to reach many more health care providers in the United States. Today's challenge is to make international human rights relevant and obvious to the American health professional.

One method is to provide opportunities for clinicians to use their medical skills to help victims of human rights violations in their own country. For example, thousands of people attempt to emigrate or receive asylum in the United States every year, having fled war, civil conflict, torture, or persecution in their native countries. In response, PHR has established a network of 260 volunteer physicians and psychologists who conduct medical evaluations of asylum seekers in the United States. Network volunteers receive orientation materials on evaluating evidence of physical or psychological trauma, preparing written reports, and testifying before officials of the Immigration and Naturalization Service. In 1995, PHR's asylum network evaluated over 100 asylum seek-

ers from 36 countries—a fourfold increase from 1994. Of cases completed over the last five years of the program, more than 90 percent of applicants evaluated by PHR members have been granted asylum.

Lessons Learned

Early PHR missions were often single investigations into a critical situation in a country, as the organization searched for a balanced response to world-wide reports of oppression. In recent years, PHR has made long-term commitments to work intensively with local health and human rights groups in several countries, including Turkey, Cambodia, the former Yugoslavia, Israel and the Occupied Territories.

PHR has learned in its work that the most effective investigations are coordinated with local groups, provided that they exist. Together, the visiting delegation and local groups can plan strategies for exposing and ending violations in ways that are most productive and culturally sensitive. Collaborative planning and publicity about human rights violations also strengthen the international human rights movement, while avoiding enhancing one organization's reputation at the expense of another.⁵ In addition, visits from foreign delegations can lend support and prestige to local organizations, which are often under suspicion or attack by their own governments. Due respect must be given to the political constraints under which local organizations operate.

It follows that people who are sent on missions should have a solid understanding of international human rights and humanitarian law and be prepared for adverse circumstances. They need to be politically astute, quick-thinking, sensitive to cultural and legal differences, resilient in the face of physical and psychological obstacles, and able to gather information with minimal retraumatization of the population they are trying to assist. Solid pre-mission preparation and post-mission debriefings are now a priority at PHR (and at many other organizations), particularly for individuals sent to volatile situations or those who are new at human rights fact-finding.

Human rights as a theoretical issue involving laws or codes of ethics has little appeal for many health professionals. But with exposure to a real situation, especially one in-

volving their peers, human rights becomes a reality for health professionals. For instance, many health professionals around the world were inspired to speak out in support of a medical colleague in South Africa who was under pressure from her medical superiors under the apartheid government not to report torture-related injuries in a prison population.⁶ Those who participate in human rights missions, who volunteer for the asylum program, or who have met with government leaders for PHR on human rights issues, are excellent advocates for international human rights because of these experiences.

As PHR increases its membership, it is challenged to put to good use all of the individuals who volunteer to help. A recent survey of PHR's 5,500 members revealed that of those who responded, primarily health professionals, 79 percent expressed interest in participating on fact-finding missions. Forty-four percent volunteered to use their medical skills to care for victims of humanitarian or human rights violations by participating in PHR's program to provide medical evaluations to asylum applicants.

Because of timing, money, language, and professional skills needed, PHR has not yet been able to meet the needs of all its volunteer members. As a first step, it hopes to create a critical mass of health professionals who are well informed about international human rights. Through its educational events, PHR trains health professionals on the application of their skills to the documentation and promotion of human rights. Armed with such knowledge, PHR next expects health professionals to identify for themselves areas of research, advocacy, public policy, and medical education where the health and human rights intersections deserve greater attention from the medical community (and also need little PHR staff support).

Future Plans

PHR's work has generally been reactive to reports of human rights violations. Such work is frequently frustrating: new crises arise each week and one is daunted in the face of so much human-made catastrophe. PHR and many other human rights organizations are searching for ways to protect human rights, and not merely report on violations and their consequences. PHR missions to Somalia in 1992 and to

Burundi in 1994 warned the international community of impending large-scale violence, and of the desperate need for immediate international humanitarian assistance for the civilian populations. But the crises were not averted.

International and national courts of inquiry or investigation, which are also able to try those accused of crimes of war, crimes against humanity, and massive human rights abuses can have a preventive effect. Truth commissions, tribunals, international courts, and other legal and quasi-legal proceedings not only publicly air and recognize past crimes, but work toward ensuring that criminal actions not go unpunished. PHR contributes to these processes by providing medical and scientific documentation on specific and often large-scale human rights violations.

Education about human rights has been adopted as a prevention strategy by PHR and many other human rights groups. Health professionals knowledgeable about human rights can provide better care to patients who have suffered from traumatic physical and psychological persecution due to political violence. They are also best suited to move forward the dialogue concerning the scope of a health professional's obligations in the face of human rights violations.⁷ Health professionals need to know when to report abuses, to whom they should report them, how to stop them, and how to balance that obligation with the personal risks they may assume for reporting abuses.

Human rights should be incorporated into the medical and nursing education of future health professionals. Courses taught at the public health and medical schools of the University of California-Berkeley and Harvard University can serve as models for educators interested in human rights education for health care providers.⁸ Measures to evaluate the effectiveness and usefulness of human rights education for the health professional still need to be developed and systematically reviewed.

The staff and directors of PHR acknowledge that human rights is best approached from a holistic point of view—with full realization of the interplay of economic, social, cultural, civil, and political rights in promoting good health and in respecting the dignity and well-being of the individual. Nevertheless, PHR's Board has voted repeatedly to limit the

projects that the organization undertakes and to move slowly in introducing new issues that will expand its mandate into areas related to social, economic, and cultural rights. However, PHR joined John Snow, Inc. in a 1995 mission to examine the environmental and health effects of industrial pollution from a government-owned petrochemical plant in the Lake Maracaibo region of Venezuela. Based on the mission's findings, a Venezuelan court ruled that residents were entitled to immediate relocation to housing away from contaminants and to medical exams and treatment—all at the expense of the plant.

PHR has made a conscious effort to expose health and human rights problems not only overseas but also in the United States. It has examined abusive restraint practices in a Syracuse, New York prison, is currently researching the health care given to unaccompanied minors held in detention facilities of the Immigration and Naturalization Service, and has repeatedly spoken out against physician participation in state-sponsored executions as a violation of medical ethics. The PHR Board and staff will continue to balance PHR's overseas activities with its work in the United States.

Today, many organizations—and the United Nations itself—rely on the expert opinions of those who can provide physical evidence of human rights abuses to corroborate witness testimony. The factual evidence these organizations offer can provide incontrovertible proof that human rights violations have taken place and make it impossible for governments to deny them. Through this documentation, the objectives of many human rights organizations, including PHR, are to hold violators accountable, promote the rule of law, seek justice and relief for victims of abuse, pressure the perpetrators to change their behavior, and urge other governments and/or the international community to respond effectively to stop human rights abuses. Health professionals constitute a powerful international community that can help achieve the goals of the UN Charter, to affirm “fundamental human rights [and] the dignity and worth of the human person.”¹⁹

Selected Activities of Physicians for Human Rights 1994-1996

Investigations and Research

Cambodia (1994)

PHR recommended specific procedures to protect prisoners from abuses in Cambodian prisons, and to improve sanitary conditions and access to health care. In response, Cambodian authorities moved inmates from an overcrowded prison.

El Salvador (1995-96)

PHR is working to locate children abducted by military personnel during counterinsurgency operations in El Salvador in the early 1980s. Through genetic family tracing and training of local health professionals in blood collection protocols for DNA testing, PHR is helping to establish the family identity of these children.

Israel (1995)

PHR participated in the autopsy of a Palestinian prisoner who died in 1995 shortly after his arrest by Israeli security forces, helping to establish that the man had died because he was shaken violently while in custody. PHR submitted an opinion to the Israeli High Court of Justice, bringing further attention to Israel's controversial policy of allowing security forces to use "moderate physical pressure" on detainees.

Mozambique (1994)

PHR conducted an epidemiological study of landmine injuries in Mozambique in March 1994, later published in *The Lancet*.

Rwanda (1995-96)

PHR provided forensic expertise to the International War Crimes Tribunal in Rwanda in late 1995 and early 1996, and conducted the largest excavation of a mass grave in history.

Turkey (1994-1995)

PHR sent several missions to investigate and report on

the role of health professionals called on to care for patients who have been victims of state-sanctioned torture. It is also examining violations of medical neutrality and the health consequences of the conflict in southeast Turkey.

Venezuela (1994-1995)

PHR joined with other groups on a mission to investigate allegations that a state-owned petrochemical company had contaminated the town's environment and nearby water supply. Team members presented their findings in a civil case brought before the Venezuelan courts.

Former Yugoslavia (1995)

Forensic evidence collected and documented by a PHR international team at a mass grave found in Vukovar was critical to securing the indictments against three senior Yugoslav People's Army (JNA) officers on charges of war crimes and crimes against humanity in connection with the alleged killings of more than 200 civilians in 1991.

Medical Assistance

Asylum Network (ongoing since early 1990s)

In the United States, volunteers conducted physical or psychological evaluations of 100 asylum seekers from 36 countries. In the last five years, 90 percent of the applicants evaluated have been granted asylum.

Legislative Action

Asylum (1995-96)

PHR joined a broad-based coalition effort to preserve the right to seek asylum in the United States. PHR opposed proposed restrictions in immigration legislation that would drastically limit the time to apply for asylum, effectively excluding survivors of torture.

International Campaign to Ban Landmines (1995)

PHR members wrote to their Congressional representa-

tives urging them to support U.S. legislation aimed at ending the U.S. military's use of landmines. By year's end, that legislation passed both the House and Senate and President Clinton signed the bill in 1996.

Campaign Against Medical Participation in Capital Punishment in the United States (1994)

PHR was party to a legal complaint filed in the state of Illinois seeking disclosure of the identities of physicians who had participated in an Illinois execution, and an injunction against such involvement. The suit became legally moot.

Education and Training

Course at the University of California, Berkeley (1995-1996)

The PHR Western Regional Director taught graduate-level courses on health and human rights.

Course on Medical Documentation of Human Rights Abuses (May 1995)

Over 60 health professionals attended a one-day Continuing Medical Education course on "Human Rights and the Health Professional: Medical Documentation of Human Rights Abuses and Political Asylum" co-sponsored by PHR, the Columbia University College of Physicians and Surgeons, and the New York Academy of Sciences.

Human Rights and Humanitarian Assistance (February 1995)

PHR organized a day-long conference on human rights and humanitarian assistance at Tufts University, one of the first inter-agency discussions of the links and tensions between the humanitarian and human rights responses to ethnic cleansing and genocide.

Turkey (January 1995)

150 Turkish doctors participated in a two-day conference on "Human Rights and Physician Responsibility," co-sponsored by PHR, the Turkish Medical Association, and the Human Rights Foundation of Turkey.

Case Advocacy

Alerts (1995)

PHR issued six Medical Action Alerts (letter-writing actions for PHR members) for cases in Ethiopia, Vietnam, and Nigeria and to support U.S. action to ban landmines, passage of the Torture Victims Relief Act, and intervention to stop further killing in Bosnia.

Individual Case Advocacy Letters (1995)

PHR researched dozens of cases of health professionals and others who experienced violations of their human rights or were in need of medical care, and sent letters to government officials in 26 countries on their behalf.

References

1. H.J. Geiger and R.M. Cook-Deegan, "The role of physicians in conflicts and humanitarian crises: Case studies from the field missions of Physicians for Human Rights, 1988-1993," *JAMA* 270 (1993):616-620.
2. H.J. Geiger and R.M. Cook-Deegan, see note 1.
3. "International Campaign to Ban Landmines," brochure (Boston: PHR, 1995).
4. To date, 22 countries have called for a comprehensive ban on mines (the U.S. has not) and 43 countries have issued moratoria or other restrictions on the export of landmines. Belgium and Norway have enacted a total ban while France has banned production and trade of landmines.
5. The authors thank Virginia Sherry, Human Rights Watch/Middle East, for her insights on these issues.
6. For more information on this doctor, Wendy Orr, MD, see M. Rayner, *Turning a Blind Eye: Medical Accountability and the Prevention of Torture in South Africa* (Washington DC: American Association for the Advancement of Science, 1987).
7. Conversation with Robert Cook-Deegan, MD, January 1996.
8. EDITOR'S NOTE: See J. Brenner, this volume, for survey of human rights education in public health graduate schools.
9. See Preamble, *Universal Declaration of Human Rights*, adopted and proclaimed by UN General Assembly Resolution 217A (December 10, 1948).