

## PHR Calls for Intervention to Save Lives in Sudan: Field Team Compiles Indicators of Genocide

**A** PHR research team returned from the Chad-Sudan border on June 10th, bringing back eyewitness accounts and compelling information indicating that a genocidal process is unfolding in Darfur, Sudan. PHR is calling for a UN resolution supporting robust intervention to save lives and punish the crime of genocide.

Under the terms of the Genocide Convention, parties to the Convention are obligated to act to prevent when there are indicators that there is intent to destroy, physically or mentally, in whole or in part, a group on the basis of ethnicity, language, religion or race.

### SYSTEMATIC KILLING

Since early 2003, tens of thousands of civilians of non-Arab origin from the Darfur region in western Sudan have been systematically killed, raped and driven from

their homes by the Government of Sudan (GoS) and the GoS-supported Arab militia, the Janjaweed. Through coordinated land and air attacks, the GoS and the Janjaweed have destroyed entire villages, burning homes and crops, rounding up livestock, destroying wells, granaries and irrigation works, uprooting trees and stealing all of the villagers' possessions. The violence has displaced over one million people in Sudan. Thousands are homeless and wandering about the drought-stricken, barren landscape, while tens of thousands are reportedly held in prison enclaves in cities and villages throughout Darfur. A smaller number have been transported to the Sudanese capital of Khartoum where they live in squalid, insecure conditions on the outskirts of the city. An estimated 200,000 have crossed the eastern border of Sudan, seeking refuge in

*Continued on page 4*



John Heffernan

Young people at a refugee "location" (not a camp) near Chad's border with Sudan. UNHCR has moved most refugees from such settlements to camps because of the danger posed by frequent cross-border attacks by Sudanese militia.

## Stop Torture: Independent Investigation Needed for Abu Ghraib Crisis

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### DIRECTOR'S COLUMN



By Leonard S. Rubenstein

About a year ago I wrote here about allegations surfacing in the media of torture and cruel treatment of detainees by American forces. The Bush Administration brushed aside our efforts to learn about the interrogation techniques it was using.

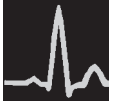
Since those revolting pictures surfaced of American sol-

diers gloating over the deep humiliation and abuse of detainees at Abu Ghraib, the public dimension of the scandal has gone through three phases, each more disturbing than its predecessor. The first was revulsion and anger that such despicable acts could have been performed by US forces. At this first stage, President Bush, though reacting with horror at the photos, characterized the torture as an aberration, the product of a few bad apples. Although the President has yet

to publicly retreat from that claim, that first phase lasted only a few days because it quickly became apparent that torture and cruel treatment were widespread and systemic.

As phase two of the scandal unfolded, we learned that the abuse was far from an anomalous crime perpetrated by a few soldiers on the night shift in one prison. It took place over many months, and in many places — in Iraq, Afghanistan and Guantanamo.

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## Libya

### Colleagues at Risk

PHR is urging its members to contact Libyan authorities to express serious concern over the recent death sentences handed down to five Bulgarian nurses and a Palestinian doctor in early May. The six health professionals were sentenced to death by firing squad after reportedly being detained for five years, tortured and, in some cases, raped by Libyan authorities. They were convicted of intentionally infecting more than 400 Libyan children with the AIDS virus, despite evidence that the spread of AIDS among these children began before these foreign workers arrived in Libya and that unsafe medical conditions were likely the reason for the spread of the virus. Nine Libyan health workers also accused of intentionally spreading AIDS among these children were all acquitted.

PHR President Holly Atkinson, MD, sent a letter to Libyan authorities urging the release of the health workers. PHR staff also organized 30 prominent virologists and other physicians and scientists from 10 countries, including Iran, Egypt, and the West Bank and Gaza, to sign onto another letter calling on Libyan authorities to heed the evidence that suggests that unsterile hospital conditions were to blame for the spread of the virus, not the health workers. Among those signed onto the letter are Dr. Luc Montagnier of France, and Dr. Robert Gallo of the US, the two co-discoverers of HIV, the

virus that causes AIDS. The case and PHR's sign-on letter are covered in the July 1, 2004 issue of *Nature*.

### Action

Please send a letter to Libyan leader Mu'ammarr al-Gaddafi and urge any health-related association of which you may be a part to speak up about this issue to the Libyan authorities. See [www.phrusa.org/campaigns/action\\_alerts/libya.html](http://www.phrusa.org/campaigns/action_alerts/libya.html) for a sample letter and more information.

## United States

### Leading Dentists and Doctors Call for an End to the Use of X-Rays to Determine the Age of Asylum Seekers

PHR organized more than 70 prominent American dentists, physicians, and psychologists — including 13 deans of dental, medical, and public health schools — to sign onto a letter to Department of Homeland Security Secretary Tom Ridge calling on US immigration authorities to stop using dental and wrist bone X-rays to determine the age of young people seeking asylum in the US. The letter states: "Medical and dental experts have demonstrated the variability and inaccuracy of these exams, and we are concerned that these unreliable tests, often used as the sole age determinant, are irresponsible and are given unwarranted scientific legitimacy."

The health professionals state in the letter that the margin of error for dental and bone age exams can be as much as three years, and that many minors end up in adult deten-

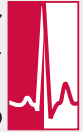
tion, sometimes alongside violent offenders, as a result of immigration authorities' mistaken reliance on these tests as exact science.

Each year, it is estimated that over 5,000 foreign-born children come to the United States unaccompanied by a parent or guardian. Many of these children are seeking asylum, having experienced horrendous persecution in their home countries, while others are smuggled here as victims of human traffickers in child labor or sexual exploitation. It is not known exactly how many undergo dental and/or bone age testing exams, though anecdotal evidence suggests that the number is high. Reportedly, these exams are conducted by a limited number of dentists and physicians in New York, Florida, Texas, California, Louisiana, Washington, DC/Virginia, and possibly elsewhere.

Asylum seekers deemed to be children by US authorities face a very different path through the US immigration system than do those determined to be 18 or older. Under the expedited removal provisions of immigration law, adults are subject to immediate deportation, or mandatory detention in jails. Minors are sent through a juvenile system in which detention is not mandatory, and they often have access to educational programs and a better chance of release to family members or an outside agency.

To read the letter and for more information, visit [www.phrusa.org/campaigns/asylum\\_network/agetesting06032004.html](http://www.phrusa.org/campaigns/asylum_network/agetesting06032004.html)

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# PHR and Fortune Society Call for Reform of New York's Rockefeller Drug Laws

New York's Rockefeller drug laws were created in 1973 to deter drug crimes by establishing some of the toughest mandatory minimum prison sentences in the nation. In fact, the State of New York maintains tougher mandatory minimum sentences for some repeat felony drug offenders than for offenders convicted of rape or attempted murder. As a result, New York's prisons are filled with people convicted of drug felonies.

*"The parole board was not concerned with my addiction, just my crime record. I felt bad, used, stupid. I'm why these people [corrections staff] have a job."*

## A prisoner in New York State

Physicians for Human Rights and The Fortune Society conducted interviews with fifty men and women who served in New York state prisons for non-violent drug offenses. Most political and media attention has focused on long sentences handed down to the most severe category of offenders. But, as with the people interviewed for this study, most incarcerated for drug offenses in New York prisons are convicted of lower level felony offenses. Until now, little survey work exists to paint a full picture of the lives of the people incarcerated by these laws.

In a new report, *Unjust and Counterproductive: New York's Rockefeller Drug Laws*, PHR and Fortune's findings demonstrate how lengthy mandatory sentences and, more commonly, the cumulative effect of multiple incarcerations for low-level drug crimes, have a devastating impact on individuals, their families and their communities and are often disproportionate punishments to the crimes committed. The vast majority of those impacted by these laws, as those in this study, are minorities struggling

with drug use and poverty and trapped in a cycle of prison time and unsuccessful reintegration into society. Among the findings:

Many respondents, while convicted of a nonviolent crime, served portions or all of their sentences in maximum-security facilities housed with inmates convicted of violent crimes. Many reported widespread violence and the availability of illegal drugs in prison.

Everyone interviewed for this study was a drug user and nearly everyone struggled with

addiction. But in prison, respondents described being taken out of treatment when they were moved to different prisons, mediocre program, and a dearth of continuity in treatment – all of which are targeted as responsible for low success rates in the drug treatment literature.

Indeed, at the time of their interviews, 70 percent had attempted and failed re-entry into society; most of the prior felony offenses were drug-related.

## Healing Across the Divide: An Israeli and a Palestinian Doctor Tour the US

PHR sponsored an inspiring speaking tour in March, Healing Across the Divide, to introduce American audiences to an important and frequently overlooked Israeli-Palestinian discourse. Two physicians, Israeli psychiatrist Zeev Wiener and Jumana Odeh, a Palestinian pediatrician, spoke at medical schools, humanitarian organizations and policy think tanks, and on the airwaves in Boston, New York, Washington and Atlanta. They discussed the impact of the ongoing conflict on the health of the individuals they treat and their societies. Both physicians are leaders of their respective organizations, the Palestine Happy Child Center and Physicians for Human Rights-Israel. These organizations have already crossed the Divide and work together to improve the health status of both Israelis and Palestinians.



Dr. Zeev Wiener, left, and Dr. Jumana Odeh on their U.S. speaking tour.

What brought these two committed and eloquent physicians together, despite differences, was the common bond of their professional commitment to the Hippocratic oath, working to improve the health of both populations. They realized that promoting and protecting the mental and physical health and safety of both populations was a key step in

eventual reconciliation even at this time of political stagnation.

In addition to being a first responder to suicide bombings in the Tel Aviv area, Dr. Wiener has helped to treat Palestinian patients in the West Bank through Physicians for Human Rights-Israel. In his presentation, he described the state of chronic traumati-

*Continued on page 5*



John Heffernan

Dr. Jennifer Leaning talks to the leader of the Goz Amer refugee camp. The man at left and the woman behind Dr. Leaning to the right are both translators. Because of the sensitive nature of testimony given by female refugees, many of whom were raped, PHR interviewed men and women separately. Dr. Leaning, working with a female translator, interviewed women who had been raped or suffered other forms of sexual violence.

## SUDAN

*Continued from page 1*

Chad. By destroying, stealing, or preventing access to food, water, and medicine, the GoS and Janjaweed are creating conditions destined to destroy the non-Arab Darfurians.

### A HUMANITARIAN CRISIS

For several months, humanitarian and human rights groups, the United Nations and governments including the United States have predicted that without major international humanitarian support, tens of thousands of internally displaced persons in Sudan will die. According to some reports, the early stages of those grim predictions have already been realized.

PHR investigators John Heffernan and Dr. Jennifer Leaning spent two weeks traveling extensively throughout eastern Chad, collecting information on the humanitarian crisis within Chad and documenting past and ongoing atrocities of alleged violations of international humanitarian law committed by the Government of Sudan in concert with militias in Darfur. They conducted semi-structured interviews with refugees living in camps and scattered in loca-

tions along the Chad-Sudanese border. The interview process, developed in consultation with humanitarian law expert Dr. Kelly Askin of the Open Society Institute's Justice Initiative, was designed to elicit information on the nature of the experiences that prompted refugees in Darfur to flee their homes. The aim of the PHR investigation was to gather testimony from refugees who came from different parts of Darfur about the timing, nature, and targets of the attacks, descriptions of the attacking forces, and the militia's pursuit of the refugees to the border of Chad.

One woman told the team: "Four of the military men came into my house. They took all of my property out and then they burned my house. My husband fled first. Then I ran away with my four children...they killed my sister and her daughter. She was running with the baby on her back. They shot them both with a machine gun."

"From the dozens of refugee testimonies we took, it appears to be clear that there was and continues to be an intent by the GoS to destroy in whole or part these ethnic groups," said Heffernan. "We found there to be a consistent pattern of attack whereby the victims are killed, raped, their homes pil-


laged, their crops burned and their livestock taken away in an attempt to completely destroy their livelihood. We were told over and over again by the eyewitnesses that the reason why they were targeted is because 'we are black Africans and the Arabs want us out of Darfur'."

Responding to what appear to be clear indicators of genocide and the need for action to prevent a full blown genocide, PHR supports the principles articulated in the Convention on Genocide and the UN Charter: that governments have an obligation to intervene as a last resort to stop such crimes.

"After all that we know and have learned from the last decade's genocides and mass atrocities, it is unconscionable for the world to witness these crimes and fail to take steps to protect and save the lives of tens of thousands of innocent men, women, and children. We owe it to the victims of Darfur and potential victims to do everything we can to prevent and account for what the PHR report establishes is genocide," said Justice Richard Goldstone, former Chief Prosecutor for the International Criminal Tribunals for the former Yugoslavia and Rwanda and a PHR board member.

The team also found that the refugee population in Chad was at risk of being cut off from crucial supply lines. The rainy season, which makes many roads in the region impassable, threatened to severely curtail access to aid deliveries.

In Chad, the team reported that humanitarian workers with years of experience in Africa said that these were by far the worst conditions that they had seen for conducting humanitarian relief. "Seasoned aid workers in Chad have reached a dangerous consensus. They know that time is not on their side," said Leaning.

And while the violence is directed at native Darfurians, its effects are spilling over national borders. "We also found that the large refugee flows are exerting tremendous ecological and economic pressure on Chad," said Heffernan. "Such added stress can have a real destabilizing impact on the fragile political balance in Chad, which could have serious consequence for the refugee population." 

### Take Action on Sudan:

Write to Sec. Colin Powell. Visit [www.phrusa.org/sudan](http://www.phrusa.org/sudan) to read the PHR report and view video footage and photographs.



Jennifer Leaning

PHR's John Heffernan, left, with two translators and a driver at a roadside table in Adre, Chad. The four are looking at maps and discussing how to travel to refugee settlement areas along the Chad/Sudan border.

# PHR Student Conference Draws Record Crowd



Over 600 health professional students and activists attended the PHR Conference in Chicago, making it the largest event in the history of the PHR student program.

**M**ore than 600 students and activists from 33 states attended PHR's conference on "The Power of the Health Professional Voice: Human Rights at Home and Abroad," making it the largest event in the history of PHR's growing Student Program. Held at the University of Chicago in February, the conference featured presentations by Paul Farmer, MD, PhD, and H. Jack Geiger, MD, Msci, as well as panel discussions and a range of workshops.

PHR organized the confer-

ence with the support of University of Chicago Pritzker School of Medicine and Loyola University Stritch School of Medicine. Its theme was chosen to span the broad range of topics that PHR student chapters work on throughout the year and to highlight two PHR campaigns: Health Action AIDS and a new campaign to eliminate racial and ethnic disparities in healthcare.

The day began with a dedication to Robert Kirschner, MD (1940-2002), the first director of PHR's International Forensic Program and one of



Christine Curry, winner of the Navin Narayan Award for Achievement in Health and Human Rights Student Activism, moderates a panel discussion at the conference.

the founding members of the University of Chicago Human Rights Program. Throughout the day, conference participants listened to inspiring presentations, including Paul Farmer's talk on "Fighting Global AIDS" and Jack



PHR Policy Director Holly Atkinson with Dr. Paul Farmer.

Geiger's "The Unsteady March: Eliminating Racism in Health Care."

Christine Curry, a founder and current leader of the PHR Chapter at Loyola University, was awarded the Navin Narayan Award for Achievement in Health and Human Rights Student Activism. Ms. Curry's achievements include converting an annual talent show into a benefit for Kenyan AIDS orphans, organizing a service fair for Loyola medical students and working with the Loyola Business School to create a Global AIDS credit card. She is an combined MD-PhD student focusing on AIDS vaccine research.

View the keynote presentations online at: [www.phrusa.org/multimedia/index.html](http://www.phrusa.org/multimedia/index.html)



## HEALING

*Continued from page 3*

zation that Israelis live under in the wake of repeated suicide attacks and the erosion of values and withdrawal from society that has resulted for many Israelis. Dr. Odeh runs extraordinary programs for children in the West Bank town of Ramallah and in Jerusalem, giving them daily opportuni-

ties for health and hope in a time of despair. In her presentations, she painted a grim picture of the impact of military occupation on Palestinians and pointed to the frightening rise in malnutrition and anemia, particularly among children. She categorically rejected suicide bombings under all circumstances and also spoke movingly of the medical care that some Palestinians, includ-

ing family members, have received from Israeli physicians and hospitals.

As physicians, the two presented a deeply humane response to a human rights crisis and standoff. Suffering is suffering, according to Drs. Odeh and Wiener, and debates about who has suffered more in recent times and historically are not fruitful. Both of these physicians, who have literally

put their lives at risk in crossing the Divide, brought a glimmer of optimism, pointing to the strength of civil society and professionals to breach walls that politicians cannot. For further information on the tour and the two organizations, see: [www.phrusa.org/research/tour/report\\_tour.html](http://www.phrusa.org/research/tour/report_tour.html)



## Member Profile



Dr. Nadine Semer, right, with colleagues at a clinic in South Africa's Transkai region.

### Nadine Semer, MD

Nadine Semer is both a general surgeon and a plastic surgeon, specializing in reconstructive surgery for trauma and burn victims. She volunteers for a month each year in the Transkai region in South Africa, where she helps build local capacity by training doctors and nurse practitioners in surgical procedures that can be done without access to high-tech equipment or advanced surgical skills. As a result of her work in the Transkei and Malawi, Dr. Semer wrote a book, *Practical Plastic Surgery for Non-Surgeons*, which spawned a website, [www.practicalplasticsurgery.org](http://www.practicalplasticsurgery.org). Dr. Semer is a Fellow of the American College of Surgeons and has been a member of PHR for four years.

**TR:** How did you get involved in human rights work?

**NS:** My mother was a nurse and my father was a social worker, so I grew up in an environment where giving and caring for the community was a given. We helped set up the local food program and took part in a number of other community-based service programs.

**TR:** Did you always want to be a health professional?

**NS:** Except for a brief temptation with astronomy, yes. Becoming a doctor was a natural progression for me—a way to use science to help people.

**TR:** What made you choose plastic surgery?

**NS:** Plastic surgery deals with quality of life issues, not generally with life or death. I wanted to help trauma and burn victims avoid long-term disability.

**TR:** How did you hear about PHR?

**NS:** I was in the public health program at Johns Hopkins and took a course taught by Bob Lawrence. (Note: Dr. Lawrence, an associate dean and professor at Johns Hopkins, is a founder and past president of PHR). He of course mentioned PHR as a resource for health

professionals interested in human rights work. I'd been trying to come up with a way to make an impact on a bigger scale than treating individual patients, so I went to the PHR website to learn more.

**TR:** Tell us about your volunteer work in South Africa.

**NS:** I work in Transkai, a resource-poor setting that was a "homeland" under apartheid. When I am there, I am the only plastic surgeon serving this area of over 3 million rural people. Many of the patients I see have lost the use of their hands, fingers, or legs due to trauma or burns that have healed on their own. Surgery can free up scar contractures and restore function to the injured limbs.

**TR:** How do you see the role of health professionals as advocates?

**NS:** It's the logical extension of being a physician. We are granted the privilege and responsibility of caring for people, of understanding the connection between policy and health outcomes. Where government officials see "policy" and "legislation," health professionals see the impact of policy on people's lives.



## DIRECTOR'S COLUMN

Continued from page 1

At least thirty-nine people have died in US custody, at least 10 of them likely homicides, and when the results of internal investigations are disclosed, we could see that number climb. The mechanisms of abuse, including the use of unmuzzled dogs and deprivation of food, spread from one facility to another. At Guantanamo, interrogators had (and may still have) access to confidential medical files of detainees.

We still don't have a complete picture of that system, and the effort to establish an independent investigation has been obstructed by the Bush Administration. At the same time, we have entered an even more frightening third stage, in which the scandal has become a crisis. Officials no longer talk about their revulsion, are silent on the systemic nature of the interrogation techniques, and refuse to repudiate practices that amount to torture. Leaked memos, moreover, show its proclivity to justify the use of torture.

To this day, the Administration refuses to acknowledge officially what interrogation practices are currently authorized and which are forbidden, and where. We are told that this information is classified, despite the fact that an Army manual setting out restrictions on interrogation techniques remains publicly available. The Administration has also refused to respond to repeated requests from Physicians for Human Rights and other human rights organizations to declare that it won't use techniques that amount to torture and cruel treatment, such as sleep deprivation, hooding, threatening detainees with dogs, placement in contorted positions for long periods of time, incessant exposure to loud noise or bright lights and denial of food.

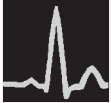
Now the reason for the stonewalling is becoming clearer: The Justice Department advised the President that, as commander in chief, he is not bound by either international treaties or domestic laws that ban the use of torture. Under enormous politi-

cal pressure, the Bush Administration has retreated from that advice, though not from its efforts to evade compliance with the laws of war and interrogation.

We should not underestimate the depth of this crisis. We have seen many departures from the rule of law in this Administration, particularly regarding the rights of detainees. But to distain law on such a fundamental human right as protection against torture is catastrophic. We can be sure that regimes like those in Syria, Uzbekistan, Tibet, and Cuba, will torture with even greater impunity than before, but that is not even the worst of it. If it succeeds, it undermines everything the human rights movement has stood for and threatens all it has achieved. We must not allow it.

Read PHR's statements on Abu Ghraib and take action by contacting President Bush and calling on him to establish an independent commission to investigate Abu Ghraib. Visit [www.phrusa.org](http://www.phrusa.org) for more information.





## Find a Quiet Harbor in the Financial Storm! Consider Planned Giving

If you are over 50, considering your retirement plans, and want to protect human rights, Physicians for Human Rights can help you do that.

There are many planned giving options which enable you to make a gift, save on taxes, and even pay you income for the rest of your life. An investment in PHR could be right for you.

For more information, please contact Josh Friedman at 617-695-0041 or [jfriedman@phrusa.org](mailto:jfriedman@phrusa.org)

## PHR Says Thank-You

With the end of June comes the closure of fiscal year 2004 for PHR, a year of remarkable growth. Over 1,690 individuals and 20 foundations contributed to making the year one of our most successful ever. Here are just a few examples:

- Over 800 new members joined;
- New grants allowed PHR to grow from a staff of 33 to 37;
- Projects were begun in many parts of the world, including Botswana, El Salvador,

Sudan, Swaziland, Thailand and Uganda;

- Members of PHR responded more generously than ever, contributing at record levels to support our human rights work.

As the summer begins, so does planning for a new year of human rights investigations, reports, and advocacy. Supporting all these efforts are donors like you, who have shown their belief in the work of PHR through their generosity.

Thank you, on behalf of all at Physicians for Human Rights.

Physicians for Human Rights would like to express its appreciation to the Essex Conference and Retreat Center in Essex, MA, which provided a beautiful wooded setting and comfortable accommodations for our staff retreat in April.

## Next Issue Will Focus on HIV/AIDS



Thai activists at a demonstration in Bangkok protest lack of access to treatment and the high cost of AIDS drugs. July 11, 2004.

As *The Record* is going to press, a delegation from PHR's Health Action AIDS Campaign is in Bangkok, Thailand, for the XV International AIDS Conference, July 11-16, 2004. PHR will release two new reports during the week of the conference, *No Status: Migration, Trafficking & Exploitation of Women in Thailand* and *An Action Plan to Prevent Brain Drain: Building Equitable Health Systems in Africa*. The team in

Bangkok is following several key issues: infrastructure challenges; brain drain (the exodus of doctors and nurses from AIDS-affected countries) and need for safe health care; special challenges facing women who have HIV and strategies to promote gender equity; migrants rights in Thailand; the state of international funding; and harm reduction/needle exchange.

In the next issue of *The Record*, we'll focus on the Health Action AIDS Campaign, reporting on events in Bangkok and developments in the fight against global HIV/AIDS.

For more on the Bangkok conference, see the Health Action AIDS website: [www.healthactionaids.org](http://www.healthactionaids.org)



## Vince Iacopino Honored

PHR Director of Research Vince Iacopino, right, receives the Eclipse Award from Douglas A. Johnson, Executive Director of the

Center for Victims of Torture, at a ceremony in Washington, DC on June 26. Dr. Iacopino received the award in honor of his leadership in developing the Istanbul Protocol, the first set of international guidelines for documentation of torture and its consequences.

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**Special Health Action AIDS issue coming this fall!**

Look for an issue of The Record devoted entirely to PHR's campaign to fight global HIV/AIDS. Coverage of PHR's participation in the XV International AIDS Conference, AIDS Town Meetings across the US, our work in Uganda, and the PHR Health Action AIDS Nursing Summit will be featured.

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