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Physicians for Human Rights

Do No Harm

BAHRAIN: THIS SPRING THE WORLD TURNED ITS ATTENTION to the widening ripple of demonstrations across the Middle East, as citizens took to the streets to defend their rights.

In the Kingdom of Bahrain, a demonstration in Pearl Square became a flashpoint for unrest. Beginning on February 14, 2011, protesters gathered there to call for a new constitution, greater political freedom, and an end to discrimination by the Sunni ruling elite against the majority Shi'a population.

A swift government crackdown was launched wherever protests erupted. Civilian protesters were fired upon without warning. Even as they attempted to flee, they were shot at close range with live ammunition, birdshot, and rubber bullets and sprayed with tear gas and unidentified chemical agents.

What happened next unfolded outside of international attention or media glare. The Government of Bahrain systematically turned its medical facilities into instruments of repression and retaliation. Patients were abused and physicians were targeted in what Richard Sollom, Deputy Director of Physicians for Human Rights, and chief investigator for the report calls, "possibly one of the worst government attacks on a medical community in the last 50 years."

Emergency Investigation

Following the February protests, the capital's highly respected 821-bed Salmaniya Medical Complex was overwhelmed with more than 700 emergency cases. Protesters brought to the emergency room were beaten and arrested by security forces. Their wounds marked them for retaliation.

On March 15, Bahrain's military forces seized Salmaniya Medical Complex, placed armed guards on each floor, and positioned tanks at the entrance. Some doctors abandoned the white coats they once wore with pride for fear of reprisal.

As the alarming reports escalated, PHR staff began planning an emergency investigative trip to Bahrain. They quickly established methodology and logistics for the trip, drawn from PHR's 25 years of experience investigating abuses of medical neutrality. Dr. Nizam Peerwani, a forensic pathologist and chief medical examiner with prior service as a volunteer medical advisor on PHR missions, joined Richard Sollom on the trip. His experience and fluency in Arabic were crucial to the investigation's success.

When the team left on April 2, they were not sure if they would be barred upon arrival at the Bahrain airport. They managed to gain entry and during the next week conducted 47 anonymous interviews with medical staff and eyewitnesses to abuse. They reviewed medical records (when available), examined victims to corroborate their stories, and secured independent verification for each incident.

Safety of the Bahraini interviewees was paramount. The PHR team switched cars, changed locations and met victims in private homes, or wherever they felt most comfortable. A public stroll in a crowded shopping mall was sometimes the best cover.

At a local health clinic, the team met with a physician in a private room. In hushed tones she explained that young men wounded in protests were not coming to her clinic for treatment, for fear of arrest and imprisonment. "As a physician this was shocking to me," said Dr. Peerwani. "We are accustomed to treating patients in need, speaking freely, and sharing medical records and opinions. This physician was not able to do any of these things. She was clearly very frightened."



Military Seizes Health Facilities. After seizing control of the Salmaniya Medical Complex, the Bahraini government posted tanks and guards at the hospital and other key facilities. This tank is positioned at the College of Health Sciences, located within the Salmaniya compound.

Dr. Peerwani's cultural fluency enabled the team to closely interact with two families whose loved ones had died under suspicious circumstances. One family presented photos detailing extensive injuries to the body of a man who had since been buried. The second family invited the team to inspect a man's body at an Islamic funerary where it was being prepared for burial. "Families were desperate to learn the truth about what had happened. We shared what we could from the evidence. It was dangerous for these families to speak with us, and I worry about the risk they took. But I think their need to know simply overcame their fear. We are honored to be a voice for them and tell the world what we learned in Bahrain," said Dr. Peerwani.

On their visit to Salmaniya Medical Complex on April 8, masked security guards confronted the PHR team, demanding to know the purpose of their visit, and later escorted them from the facility. The research team left the country without incident that night and returned with the first forensic evidence of the human rights abuses unfolding in Bahrain.

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Collecting Evidence. Dr. Nizam Peerwani, forensic pathologist and PHR medical advisor, collected evidence to support the accounts of family members, eyewitnesses, physicians, nurses, paramedics and ambulance drivers interviewed by the research team.

Report Findings

Excessive Force Against Unarmed Persons

February 14—Rubber bullets fired at close range fractured a 25-year-old’s jaw and blasted his eye from the socket. The eye was surgically removed, but the patient refused to return to Salmaniya Medical Complex for follow-up treatment. He feared the security forces stationed there. The physician who treated this patient was later detained.

March 15—A 17-year-old protester carrying a flower to symbolize non-violence was fired upon without warning. Shotgun pellets blinded his right eye. Armed men entered the hospital room he shared with three other wounded protesters. They each were beaten with fists and batons, and an “X” was marked on the door. The abuse was repeated each night. Upon release from the hospital, the youth refused to return for urgent post-operative care.

Hospital Hijacked for Political and Military Retribution

March 16—Security forces pulled a dozen young men from their hospital beds. Dragged through the hallway, leaving trails of blood, they lay on the floor for four hours before being transferred to Ward 62 on the 6th floor. This room became a torture center, where false confessions were coerced and videotaped.

April 2—Four armed security officers began a night of terror by cursing and bludgeoning three on-call physicians, accusing them of being “traitor doctors.”

“Traitor doctors”—Insult used by armed security forces that physically and verbally abused on-call physicians at Salmaniya Medical Complex.

Physicians Abducted and Disappeared

Transplant surgeon, endocrinologist, pediatric orthopedic surgeon, obstetrician, dentist, ophthalmologist. Not only does this list attest to the world-class level of medical care delivered in Bahrain, but physicians from these disciplines joined the ranks of nurses, paramedics and ambulance drivers who were detained or disappeared. At least 70 medical personnel were arrested or abducted:

March 17—Security forces abducted a pediatric surgeon from the operating room while he was performing surgery.

April 1—At 4 a.m., police and masked men tore a rheumatologist from his home as his family watched in terror.

April 4—A pediatrician was ordered to report to the Ministry of Interior at 8:00 p.m. She was held overnight but her family heard nothing more about her whereabouts.

Why Attack Medical Professionals?

According to Sollom:

Because doctors are trained to apply their skills without discrimination, they glean first-hand knowledge of types of injury and numbers of deaths during a conflict. And importantly, they can discern the cause of injury and death. That expertise and knowledge make doctors important witnesses to government abuses and, in the case of Bahrain, make them targets themselves.

In response to the PHR investigation, Bahraini officials made inflammatory accusations. In a BBC interview, the Minister of the Interior claimed that physicians performed unnecessary surgeries or made small wounds larger to dramatize the protesters’ case. But according to Sollom, “All of our interviews dispute that claim and conclude that physicians acted impartially and in the best interest of their patients.”

Advocacy and Action

The news from the PHR report, “DO NO HARM: A Call for Bahrain to End Systematic Attacks on Doctors and Patients” was immediately carried by the international media: front-page and follow-up coverage in *The New York Times*, reports on CNN and BBC, and pickup in every global newswire.

Richard Sollom briefed elected officials in Washington and testified before the Tom Lantos Human Rights Commission of the US Congress. He also met with the Bahraini Ambassador to the United States and with the Bahraini Foreign Minister.



Congressional Testimony. May 13, 2011—Richard Sollom, Deputy Director of PHR, testifies before the Tom Lantos Human Rights Commission, “Bahrain’s abuses in the spring of 2011 are among the most extreme violations of medical neutrality in the past half century, and history will remember them as such.”

Through professional associations, the international medical community condemned the actions of the Government of Bahrain. The American Medical Association issued a model letter based on PHR’s call for action and delivered 815 member letters to the Bahraini consulate, demanding the unconditional release of the doctors.

Incredibly, more than 40 physicians have been singled out for criminal prosecution. “This breach of medical neutrality will have an incalculable effect on the people of Bahrain,” said Richard Sollom. “There is no ‘undo’ button to reset trust in the medical system. In addition, every medical professional detained or arrested is not serving patients. The healthcare system of Bahrain, once a shining model in the Arab world, has been seriously undermined.”

Medical Neutrality

Doctors have an ethical duty to prevent illness and care for the sick and wounded without regard to politics, race, or religion.

Society in turn has an obligation to protect physicians’ independence as they impartially heal the sick and treat the injured.

The ethics of medical practice date back as far as the Hippocratic oath, and include modern treaties covering medical delivery in times of war and armed conflict.

PHR is an authority on abuses of Medical Neutrality, and since 1987 has investigated cases in: Panama, Chile, El Salvador, Iraqi-occupied Kuwait, Thailand, Kashmir, the former Yugoslavia, Somalia, Russia, Iraq, Nepal, Zimbabwe, Saudi Arabia, Libya, Bahrain and the United States.

The entire “Do No Harm” report is available at www.physiciansforhumanrights.org

Breaking Impunity: A Joint Medical–Legal Response to Rape Crisis

MASS RAPE IS A CRUEL COMPANION TO WAR AND CONFLICT. In the 1990s, Physicians for Human Rights investigated its horrific effects in the former Yugoslavia, documenting how rape was used as a tool of “ethnic cleansing.”

Two decades later, across Central and East Africa, tens of thousands of women and girls have been, and continue to be sexually assaulted by government troops, rebel forces, and civilians.

After conducting a field assessment in January 2011, PHR is raising funds for an innovative program to combat mass sexual violence by forming a network of local medical and legal professionals. It will focus on the African countries indicted for rape crimes by the International Criminal Court.

The PHR program will launch in Kenya and the Democratic Republic of the Congo (DRC), eventually including the Central African Republic (CAR) and Sudan.

Rape as a Weapon of War

Rape is no longer considered only a by-product of war but a tactic deployed against innocent civilians as part of an intentional strategy to humiliate the enemy, destroy communities, and inflict terror on whole populations.

In addition to the initial physical and psychological trauma, rape survivors are often shamed, derided for speaking out, shunned, rejected by their families and even banished from their communities, along with children they bear as a result of the attack.

It is a sobering reality that sexual violence spikes during armed conflict and flourishes in its aftermath. Soldiers who raped as warriors may perpetuate sexual assaults in their own communities. The act of rape then becomes local and “normalized.”



Women's Work. Women's daily duties, water carrying and wood gathering, often require miles of travel through unprotected areas, placing them at risk for sexual assault.

The Moment for Change

The past year has brought increased media coverage and new leadership to help solve the rape crisis:

- UN Women (led by Michelle Bachelet, physician and first female president of Chile) is a new force combating gender violence.
- Margot Wallström, the UN's Special Representative on Sexual Violence in Conflict, declares the highest priority is the elimination of impunity for rape perpetrators.
- International leaders recognize sexual violence is a de-stabilizing force that threatens global security.
- US Secretary of State Hillary Clinton urges punishment for mass rape at the highest levels of accountability.

The International Criminal Court (ICC) is prosecuting rape as a war crime, or crime against humanity, in the DRC, Kenya, CAR, Uganda and Sudan. The charges in Sudan also include an additional charge of rape as genocide. These trials target the chief architects and leaders of mass rape campaigns.

Because the DRC, Kenya, CAR and Uganda are all signatories to the 1998 Rome Statute that established the ICC, these four countries are also legally bound to prosecute rape at the local level. This brings new urgency for local action.

According to Deputy Director Susannah Sirkin, who heads PHR's work on gender-based violence:

For the first time, public awareness, judicial reform and political will are all aligned to address the crime of rape in war. The major players in the international community now have a stake in seeking justice. Even governments that stood by in the past feel scrutinized and, for the moment, wish to be seen as doing something.

With this groundswell, PHR has the opportunity to help local physicians, lawyers, judges, police and NGO leaders curb rape through the formation of a network that trains and connects these “first responders.”

“For the first time, public awareness, judicial reform and political will are all aligned to address the crime of rape in war.” —Susannah Sirkin

Joint Medical and Legal Training

Local doctors and nurses often need training in the collection of medical evidence, and are discouraged by not having “high tech” devices or DNA testing at their clinics. But a careful exam recorded in a standardized rape kit can provide powerful forensic evidence.

Joint training would be helpful because most medical reports do not help attorneys. Personally I have not known ONE case helped by a medical report. —Attorney, Goma, DRC

Medical staff will learn to prepare court-admissible documents, legal staff will learn the effective use of medical evidence, and judges will expand their understanding of what constitutes forensic evidence. Physicians will prepare before testifying in court, so that they are not humiliated by the challenges and questions of opposing attorneys.

The doctors are asked to answer legal questions, not medical ones. Lawyers want “yes” or “no” answers to simple questions. Often we do not have these answers. —Hospital Official, South Kivu, DRC

Law Enforcement

Police are often a weak link in justice for victims. Officers may perpetrate rape, or accept bribes in exchange for dropping charges. Districts with specially trained officers assigned to a “Gender Desk” may not even deploy them properly. However, some police in leadership posts value joint training:

Ideally, police, clinicians and attorneys would get the same kind of training. Then we would work together. —Police Chief, Goma, DRC

An End to Impunity

To break the cycle of violence and impunity, communities must witness a complete system: women empowered to report rape, medical personnel providing appropriate care and collecting the necessary evidence, prosecutors proving their cases, and perpetrators tried and punished for their crimes.

The medical-legal network can do more than gain justice for individuals. It has the potential to empower communities, building a culture of courage and a refusal to accept brutality against women. —Susannah Sirkin

Read more about PHR's programs to combat sexual violence at www.physiciansforhumanrights.org

Spotlight Dr. Coleen Kivlahan

DR. KIVLAHAN'S STORY IS A LESSON IN LISTENING VERY CLOSELY when children answer the question, "What do you want to be when you grow up?"

When she was in the third grade, Dr. Kivlahan read a book written by an American doctor working in Southeast Asia. She wrote to Dr. Tom Dooley volunteering to join him at his medical mission in Laos. Not needing the services of an eight-year-old Albert Schweitzer, the doctor suggested she study hard if she wanted to be a physician and serve overseas.

She took his advice, eventually attending Dr. Dooley's alma mater, St. Louis University. Dr. Kivlahan then set her own course, building a multi-dimensional medical career that continuously weaves together healing, health policy and human rights.

The daughter of a roofer and a secretary whose family of six children did not have health insurance, she has continually put service to the needy at the forefront of her work.

After completing her family medicine residency in 1983, Dr. Kivlahan and her four-year-old son went to live and work in a village of 800 people in Sierra Leone. She tackled rebuilding the village medical clinic and calculating the expansion needs of the overflowing cemetery. The richness of her experience in Africa led her to add an M.P.H. to her M.D. She then founded a family practice and an urban health clinic, treating uninsured patients. She formerly served as Missouri's Director of Public Health and is currently an executive in a major health insurer's Medicaid division. She still works one day a week in a clinic for low-income people.

For a dozen years, Dr. Kivlahan specialized in the treatment of young sexual abuse victims. Children are often too trauma-

tized to create a narrative suitable for criminal prosecution. Torture victims likewise have difficulty speaking about their experiences and require medical documentation to gain political asylum. The Chicago-based Marjorie Kovler Center originally recruited her to work with torture survivors.

Dr. Kivlahan is now a member of PHR's Asylum Program, helping to train its network of 450 medical professionals. "Dr. Kivlahan is one of the key volunteers who elevate PHR's asylum work. Her imprint is on every aspect of our program," said Christy Fujio, Asylum Program Director. "She serves asylum seekers directly, trains other professionals, mentors them, and shares her insights so that we can develop the program in meaningful ways. She inspires us."

Dr. Kivlahan honors the "secret stories" carried by asylum seekers. "We assume that the economic 'American Dream' is the great

"If we knew the courage it took to leave their families, careers and homeland behind, we would begin to understand what asylum seekers lose and gain." — Dr. Coleen Kivlahan



Dr. Coleen Kivlahan, volunteer and valued colleague, serves PHR by conducting asylum evaluations, training other professionals in the Asylum Network, and serving as a medical advisor on research missions.

driver of immigration," she said. "But we don't know that the Somali neighborhood bakery fled a forced marriage in Pakistan, or that the airport custodian traded a comfortable professional life for freedom of religion. If we knew the courage it took to leave their families, careers and homeland behind, we would begin to understand what asylum seekers lose and gain."

Dr. Kivlahan was recently a key investigator for PHR's field assessment of mass rape in Central and East Africa, and is an ongoing advisor to the medical-legal network forming to fight the epidemic (page 3).

"There are so many ways to get involved with PHR's work," she urges. "In addition to working with survivors, physicians can provide financial support, act as advocates, mentor students, and participate in the Asylum Network." She emphasizes that treating victims of torture is an isolating experience that can take a toll, "It's not something you talk about at cocktail parties. PHR creates an important network of clinicians for mutual support and scientific advancement."

Physicians for Human Rights

Physicians for Human Rights (PHR) is an independent, non-profit organization founded in 1986 on the idea that health professionals—with their specialized skill, impartial judgment and ethical duty—are powerful, credible voices in the international movement to stop human rights violations.

PHR uses the integrity of medicine and science to stop mass atrocities and severe human rights violations. We use our investigations and expertise to:

- Prevent small scale acts of violence from becoming mass atrocities.
- Protect the internationally guaranteed rights of individuals and civilian groups.
- Prosecute those who violate human rights.

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