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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of the future. This week Mark and Margaret speak with Susannah Sirkin, Director of Policy for Physicians for Human Rights, an organization that uses science and medicine to document evidence of atrocities occurring around the world in war zones and global emergencies. They also facilitate the documentation of medical and psychological conditions of migrants seeking asylum to help assess their refugee status.

Lori Robertson also checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives. If you have comments please e-mail us at chcradio@chcone.com or find us on Facebook or Twitter or wherever you listen to podcast. You can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Susannah Sirkin, at Physicians for Human Rights here on Conversations on Health Care.

Mark Masselli: We're speaking today with Susannah Sirkin, Director of Policy at Physicians for Human Rights a global organization working at the intersection of medicine, science, and the law to secure justice in human rights for all. Ms. Sirkin oversees the international policy engagement with the United Nations. She's launched numerous human rights investigations into genocide, war zone atrocities, the plight of asylum seekers and the banning of landmines for which they share the Nobel peace prize. She earned her BA in European studies at Mount Holyoke and her MED at Boston University. Susannah, welcome to conversations on health care.

Susannah Sirkin: Thank you.

Mark Masselli: You've been with Physicians for Human Rights for over 30 years and have dealt with some of the worst atrocities in history, the genocide in Myanmar, war crimes in Syria. By the way, I saw your full presentation to the United Nations. What a powerful presentation you made. You've also documented the mass migration and refugee crisis across the Mediterranean at our own Southern border. There are many NGOs in the space, like doctors without borders. What sets your organization apart from others? Tell us about your mission and how you carried out with your colleagues?

Susannah Sirkin: Physicians for Human Rights is essentially an organization that documents and advocates for change using science and medicine and the expertise of public health as well, and also the expertise of

psychologists to provide often irrefutable evidence of human rights violations. We don't provide medical care. We're really a human rights organization that does advocacy, and uses the power and influence of the medical and scientific professions to do this work. We compliment the many legal organizations that are also in the human rights movement.

Margaret Flinter: Well, Susannah, one of the things that really jumped out at us from the report to the Security Council was this issue of the seeming targeting of attacks on hospitals and health care facilities by the Syrian government against their own people. This in spite of a UN referendum that bans actions like this, talk to us about what the toll has been that the human toll and the toll just on the ability or the capacity of the system in Syria to respond to the needs of its people?

Susannah Sirkin: Physicians for Human Rights has documented and reported on a tax on health facilities and personnel all the way back to the 1980s because this is not a new type of violation. In the war in El Salvador, hospitals have been bombed or attacked. Certainly in the Israeli-Palestinian conflict that's been an issue. But what we've seen during this awful eight year war in Syria is a systematic targeting of health facilities and killing of doctors and other health personnel as a strategy of war, and it's actually unlike anything else that PHR has documented previously.

Physicians for Human Rights has now documented over 578 individual attacks on health facilities in the last seven plus years, and the killing of at least 890 health personnel and very likely many more. There are quite a lot of health professionals among others in Syria who remained missing. This obviously has created a horrific situation for the capacity to deliver health care in at least two thirds of the country of Syria. More than two thirds of the health professionals previously in Syria, which was not a developing country, it had a very advanced health care system, have left the country.

Multimillion dollar health facilities that the Syrian government established has been utterly decimated. Health professionals that we know have moved from city to city to city as they've been forced into now what is this a really terrible trap corner in Northwestern Syria. You can imagine that not only the wounded who have been coming in droves to these health facilities with legs blown off and terrible shrapnel injuries and also victims of chemical weapons attacks, which have also been used. But in addition, people with chronic health care needs prenatal and postnatal care, people with cancer, people who need dialysis and the list goes on. Of course it's really incalculable the devastation to basic health care in a huge part of this country

Mark Masselli: You know Susannah I was listening to your testimony and one of the things that probably the lay person's not going to be familiar were

that war has rules. You not only are dealing in that area and speaking truth to power, but Physicians for Human Rights has been really looking at the issues of land mines. That's what led to the Nobel Peace prize being awarded to your organization. You are very conservative in terms of the data. Tell us how that has also influenced the work that you've done on land mines as well as the work you do in terms of the documentation of these abuses?

Susannah Sirkin:

We as Physicians for Human Rights are relying on international humanitarian law, which as you said, even wars have rules. I said that in my statement, people don't realize that. They think, oh all war is awful. It's just a free for all and people are going to kill people and that's just the consequence. But in fact, we have the longstanding Geneva conventions as well as other rules on weapons and so forth. Of course, in the case of the attacks on health facilities, we have the conventions which almost every country in the world is a party to. Governments have obligated themselves to protect health facilities and health personnel in war.

Similarly, governments have signed many weapons conventions before we started the international campaign to ban land mines, something called the conventional weapons convention that restricts the use of so-called conventional weapons. Prior to 1991, the convention on conventional weapons had restrictions on anti-personnel land mines. We did an investigation in Cambodia using very, very precise methodology to look at land mine injuries. We found some really astounding data that we reported in a really a landmark and pioneering report called the Cowards War which detailed the not only the health consequences and the challenges to surgeons from the egregious injuries caused by these weapons, but also so many of the victims were children and civilians.

The statistic that we came out with was, I believe it's one out of every 256 Cambodians was a land mine amputee. After that study we discussed in our organization, should we just outright call for an absolute ban on this weapon. As doctors we said yes, this is an absolutely inhumane weapon and it should be banned under the laws of war because it's inherently indiscriminate just like chemical weapons are inherently indiscriminate. You can't say who is going to be injured by it, as we know now Afghanistan and in Somalia and in so many countries around the world.

We called for the ban and we helped to organize the campaign. We're one of the six initial founders of that incredible campaign that in five short years created a new treaty that have affectively now pretty much banned the use of this weapon in most parts of the world. There are still some outstanding non signers including the United States that has not signed or ratified this treaty. Nonetheless, because

it's such a taboo the US has essentially abided by the terms of the treaty without signing on the dotted line.

Margaret Flinter: Well, Susannah, one of the issues that I think maybe we've actually read about more with this conflict than most is the issue of sexual violence. You've set up an infrastructure, I understand to try and address the issue of sexual violence in conflict zones around the world. I think that's really important to talk about the challenges of trying to make an impact in this terrible problem that's associated with conflict as well.

Susannah Sirkin: Sadly, this has been considered to be the so called silent crime because it has been so incredibly difficult and stigmatizing for survivors of sexual violence to talk about it. Physicians for Human Rights started documenting the use of rape as a weapon of war in the Balkans Wars where rape was indeed used as a strategy as well to instill terror. We tried to figure out how could we document as physicians in a safe way and a way that respected the privacy and dignity of the survivors, the scale and scope of these crimes and how could we also advocate with lawyers to prosecute rape as a war crime.

Since then Physicians for Human Rights has been really on the forefront of helping to figure out how you can study these crimes without overly violating the dignity and rights of the survivors, but also enabling them eventually to speak out. In the horrific wars in the Democratic Republic of the Congo it was labeled as the rape capital of the world because there are believed to be hundreds of thousands of victims of rape in those wars. We started to do a project to help local health professionals do forensic examinations of rape survivors. I might add there are women and children, but there are also men and boys who are victims and in fact that is the even more silent crime.

Finally, there has been attention to these cases and there is a beginning of serious prosecutions for these mass atrocities. Physicians for Human Rights has a project working in Kenya, in the Democratic Republic of the Congo, now I've been working training health professionals as well as judges and lawyers and police in Iraq. Really the model that we have is meant to engage a multisectoral group of professionals who are needed if we're going to ever achieve an end to impunity for this crime.

Mark Masselli: We're speaking today with Susannah Sirkin, Director of Policy at Physicians for Human Rights. Susannah, Physicians for Human Rights also focuses in on the refugee community. Your organization does intake interviews of people seeking asylum in various parts of the world in places like Bangladesh where the Rohingya refugees have fled the genocide in Myanmar. I should note that our organization has provided specialty access to health care providers in those refugee

camps, but also you've focused in on the mass migration across Europe as well as Central America. I'm wondering you could tell us about the work that you're doing in this area.

Susannah Sirkin: Sure. Well, first of all, thank you for the work that you're supporting. It's extremely important. At the very beginning of any of these crisis where large numbers of people are forced into flight where they need to receive refugee status and care. The first thing that's needed obviously is a basic humanitarian response. What Physicians for Human Rights is able to do in those same environments is document the violations that cause people to flee. The asylum work that we do is so far largely focused on the United States where since our earliest days back in the mid 1980s, PHR developed a network, a trained network of health professionals who documented evidence of persecution. Some of the impacts of the violence that people experience in conflicts or due to domestic violence or psychological.

We need psychologists and internists who have an understanding of the full range of physical and psychological effects to document what has happened. In the U S we have over a thousand volunteer health professionals who are trained to do forensic documentation of trauma so that they can share that information with lawyers who are representing the legitimate claims of clients who are seeking asylum. Of course, as you can imagine in the last couple of years in the United States, the demand and need for this effort of ours has multiplied dramatically, especially along the Mexico border, but also in so many cities where more and more people seeking asylum need that kind of documentation.

Margaret Flinter: Well, Susannah, I wonder if I could ask you to expand upon this a little bit because this is an issue that is so much on the minds of I think of all of the people that we work with. This issue of children being separated from their parents, if you want to talk about adverse childhood events, we can't think of anything that's much higher than being separated from your parents and not knowing when you'll see them again or if you will see them again or what it even means. How can people follow this process or understand the work that you're doing?

Susannah Sirkin: We have done a number of studies that compliment the incredible and brave work that so many other medical and border organizations and immigrant rights they're doing where we think that our medical expertise can add to the documentation of the violations that occurred. We've published several reports, one of them on the health impacts of the family separation policy, and another one on the trauma that children who have sought asylum or fled their countries have experienced both before they left their home countries and at the border. Both of those reports can be found on our website at

PHR.org.

We are actually now starting a campaign to try to support and encourage more health facilities in the US to become what we call sanctuary hospitals, which would have policies that prevent ICE and CBP agents from entering the hospitals from arresting patients, from standing in rooms where people deserve to have privacy for treatment. Those are the kinds of violations that we consider to be serious human rights violations. We're doing it here in the US as well.

Mark Masselli: Susannah, I just wonder, for our listeners who are dealing with human rights abuses around the world, atrocities in Syria. How would you describe to our listeners about what your greatest need is now and how might they be engaged with the great work that you're doing?

Susannah Sirkin: Well, it's probably goes without saying, but we always need funds and we also need a stronger representation of the global health community. Our vision for the next three to five years is to really create a global network of health professional advocates for human rights. In the last, I would say seven or eight years, we've pivoted more to training health professionals on the front lines of many of these crises is because more and more of the international work has to be done locally. If you look at what's happening in Sudan right now where longtime dictator Omar Al Bashir who's charged by the international criminal court with genocide was ousted a few months ago, partly because doctors started demanding human rights in Khartoum. Those doctors are now documenting the killings that are happening.

This is happening in many, many countries where health professionals are the eyes and ears where they're seeing firsthand what is happening and they can document it medically. Maybe that's one of many reasons that they are targets. We want to defend them. We need to understand that what's going on here at home in the United States, let's say, is paralleled in so many other places. The network of responders in this world where travel and mass communication connects us all instantly to what's going on, like I can look at my email or my phone this morning and I can see a forensic report from the Middle East and saying, please help us this person died, can you look at those bullet wounds on this photograph? We hope that more and more will sign up and will become part of this global network where you can do advocacy from your home. You can also travel to the border and document, and maybe you can get trained to do these asylum cases or travel overseas to do this kind of human rights documentation.

Margaret Flinter: We've been speaking today with Susannah Sirkin, Director of Policy at Physicians for Human Rights. You can learn more about their important work by going to PHR.org or follow them on Twitter

@P4HR or @Susannah Sirkin. Susannah, thank you so much for your commitment to human rights and for sharing your message with us today on Conversations on Health Care.

Susannah Sirkin: Thank you.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Deadly mass shootings in El Paso, Texas and Dayton, Ohio have again prompted debate on the public health issue of gun control. One piece of legislation readers have asked us about in the past is a law signed by President Donald Trump that eliminated a social security administration reporting requirement for gun background checks regarding beneficiaries deemed to have a mental impairment. The reporting requirement applied to disability applicants unable to manage their finances due to a mental health condition. Under the federal background check system, which was launched in November 1998 individuals, "committed" to any mental institution, or "adjudicated" as a mental defective by a court board commission or other lawful authority are prohibited from purchasing or possessing a gun.

States can report those individuals to the national database used by federally licensed firearm dealers to screen for prohibited gun buyers. The Social Security Administration final rule issued in December 2016 one month before Trump took office was meant to comply with requirements in a 2007 act calling on federal agencies to report individuals prohibited from acquiring guns to the national instant criminal background check system. As of December 2015, more than 3.5 million people were receiving benefits because of a mental disorder. The Obama Administration estimated that the reporting requirement would cover about 75,000 people each year. Those who had a severe mental health issue received disability benefits and were unable to manage those benefits.

Trump opposed the rule the White House said, because it, "could endanger the second amendment rights of law abiding citizens." Other critics of the rule included the National Rifle Association and the American Civil Liberties Union, two groups that are usually on opposite sides of gun-related issues. The rule included a way for individuals to petition for the ability to obtain a gun. Trump repealed the rule months before the Social Security Administration actually had

to comply with its requirements. That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Here's a question for you. What is the last sound that you would want to hear when you die? Would it be this [beep] or this [Orchestra]? That's the question the ambient musician and composer Yoko Sen asked after an illness led to an extended hospital stay. During that time, Sen was hooked up to multiple machines that made a cacophony of discordant and disturbing sounds.

Yoko Sen: I was terrified by the sound of alarms in such dissonance. Lying on a hospital bed, I wondered why does it have this way, could it be better?

Margaret Flinter: She thought these sounds are not only jarring for patients who have no way to escape the constant din, but she also surmise they are likely pretty stressful for hospital clinicians and staff as well. She set out to compose hospital machines sounds that would create a more soothing and harmonious oral environment.

Yoko Sen: What if I tuned some of these into [Music] to make it too F major to same sound, just different tuning. Already, this is better.

Margaret Flinter: She found Sen Sound, a social enterprise that's aimed at reducing noise pollution in hospital settings and creating what she's calling the future of hospital sound. Sen Sound is collaborating with hospitals to reduce overall noise by interviewing patients and staff about what noises most disruptive and unsettling, and then creating solutions to address these concerns. As an artist in residence at the Johns Hopkins Sibley Innovation Hub, Sen has designed a multimedia tranquility room to relax with soothing music, moving projections, aromatherapy NT.

Yoko Sen: Staff members don't really have a place they can go to relax when there are stressful moments. As a patient, I believe that the heart of patient experience is really the compassionate interaction with staff members, especially nurses. If we could help take care of them who

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take care of patients, ultimately I think we are making everybody's experience better.

Margaret Flinter: Since hearing is often the last sense to leave before someone passes away, Yoko Sen is driven to provide a better answer to this question.

Yoko Sen: What is the last sound you wish to hear at the end of your life?

Margaret Flinter: Sen Sound. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please email us at chcradio@chcone.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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