This summer, I had the pleasure of interning at Physicians for Human Rights (PHR) in Cambridge, MA. PHR uses science and medicine to advocate for human rights, performing investigations to prevent mass atrocities, protect civilians, and prosecute the guilty. I was involved in several projects, including:

**War Crimes in Misrata, Libya**

When I arrived at PHR, it was just two days away from sending investigators to Misrata, Libya for an emergency investigation. The UN had reports of violations such as mass rape, attacks on civilians, using humans to shield weapons, and using indiscriminate weapons. PHR also received reports from contacts in Libya. The investigation would validate reports and advocate for the appropriate next steps.

My responsibilities included helping to prepare a list of contacts on the ground and gathering recent statements from Libyan officials. I also performed background research for the report and drafted the following sections: a chronological narrative of the conflict in Misrata, a timeline of important international events regarding Libya, Libyan domestic legal frameworks, weapons used in Libya (landmines, phosphorous weapons, AK-47s…), and background on previously documented violations.

On 30 August 2011, PHR published the report, [*Witness to War Crimes: Evidence from Misrata, Libya*](https://s3.amazonaws.com/PHR_Reports/Libya-WitnesstoWarCrimes-Aug2011.pdf), in which I was acknowledged for my contribution.

**Health and Food Insecurity in Burma**

In January 2011, PHR published a report on the prevalence of crimes such as murder, torture, rape, and group persecution in the Chin State of Western Burma, an area typically neglected by human rights organizations and news reporters. The governing junta has committed many of these crimes, targeting ethnic Chins. PHR surveyors had interviewed 702 households and determined that forced labor was the most prevalent crime. The regime was forcing families to execute unpaid labor, giving them fewer working days, and forced families to work on jatropha farms, decreasing the number of edible products.

Upon arriving at PHR, I began the sequel to that report, which will document how the crimes in Chin State have affected health and food security. I gathered research from the last year and a half from several sources: UN reports, human rights organizations’ reports, news, and Burmese government documents.

**Telemedicine**

I then began researching the validity of video conferencing as a means to conduct a psychiatric or forensic evaluation. The reasoning behind this project, called telemedicine, was that telemedicine could potentially be used instead of sending doctors abroad to perform evaluations. Telemedicine would be especially helpful in countries with travel bans. For example, Bahraini doctors have been detained for treating patients harmed during protests against the government. These detentions violate the principles of medical neutrality. If PHR could use telemedicine to determine that recently released doctors had cases of trauma, there would be a stronger case to advocate for the release of the remaining doctors.

After an extensive search of academic articles and studies, a fellow intern and I determined that telemedicine can replace in-person evaluations, opening a window of opportunity for PHR and potentially saving PHR several travel costs.

**Emergency Investigations**

I made three checklists for everything included in an emergency investigation: trip preparation, packing lists, and research components. The checklists extended from the project planning stages to distribution of the report and advocacy. Items included the project proposal, ERB approval, budgets, press, arranging interviews for investigators, contact with the UN and governments, and much more.

To make the checklist, I conducted informational interviews with several staff members. I got the chance to speak with established professionals in several fields and learn what they do on a daily basis.